



Performance-Based Contracting SCO Forum

June 2, 2026

Agenda – 90 minutes



- Implementation delay
- HCSIS Updates
- Intensive TSM
- Billable Hours
- Dissatisfaction Measure Results and Future Survey Measures
- Referral Tracker Template
- Previewing Measures Updates
- PPR
 - Health Disparities
 - Wellness activities and well child resources (YOUR TOPIC CHOICE)
 - Tech

Billing Changes Implementation Delay



WE HEARD YOU

Based on stakeholder feedback, ODP is delaying implementation of the SCO billing changes to ensure SCOs have adequate time to prepare and receive training.



TIMELINE CHANGE

Original Implementation date
JULY 1, 2026

New Implementation date
JANUARY 1, 2027



WHY THE DELAY?

- Stakeholder Feedback
- IT readiness
- Training needs
- More time to prepare



OPPORTUNITY CREATED

- Allow SCOs time to adjust internal processes
- In-person & Virtual Training Opportunities (Fall 2026)
- Additional ad hoc testing (Fall 2026)



OUR GOAL

A well-prepared workforce, a stable system and a successful statewide implementation



Face-to-face monitoring and monitoring tool completion will now be separated into two distinct List A activities.



Graduates may now be identified for Intensive TSM up to one year prior to graduation.



Intensive TSM (T1016) may be used for an individual who is not enrolled in an ID/A waiver, has medical assistance and requires multiple Intensive TSM activities, as outlined in the Billing Requirements, for at least 3 months within a 6-month period.



The determination for Intensive TSM should not be based solely on the completion of three or more billing activities. Consideration should also be given to the intensity, frequency, complexity, and level of risk associated with the individual's needs.



Review Periodically – Reassess at annual ISP to determine if Intensive TSM remains necessary.

New Procedure Codes



Service	Procedure Code	Frequency / Unit	Added and Authorized in the ISP
Supports Coordination – P/FDS	W1700	Monthly Unit	Will be added to Plans and authorized in HCSIS.
Supports Coordination – Community Living	W1701	Monthly Unit	Will be added to Plans and authorized in HCSIS.
Supports Coordination – Consolidated	W1702	Monthly Unit	Will be added to Plans and authorized in HCSIS.
Supports Coordination – Base Funded (15 mins)	W1704	15-minute Unit	Will be added to Plans and authorized in HCSIS.
Supports Coordination – Base Funded (Monthly)	W1706	Monthly Unit	Will be added to Plans and authorized in HCSIS.
Initial Plan Development – ID/A	W1705	One-time Unit	Will be added to Plans and authorized in HCSIS. For Waiver Participants Only.
Support Coordination – Standard Targeted Support Management	T1017	Bi-annual Unit	Will not be added to Plans and will not be authorized or billed using HCSIS.
Support Coordination – Intensive Targeted Support Management	T1016	Monthly Unit	Will not be added to Plans and will not be authorized or billed using HCSIS.



New Validations

Service	Procedure Code	Frequency / Unit	Maximum Total Annual Units
Supports Coordination – P/FDS	W1700	Monthly Unit	12
Supports Coordination – Community Living	W1701	Monthly Unit	12
Supports Coordination – Consolidated	W1702	Monthly Unit	12
Supports Coordination – Base Funded (15 mins)	W1704	15-Minute Unit	Per Individual Needs/Budget
Supports Coordination – Base Funded (Monthly)	W1706	Monthly Unit	12
Initial Plan Development – ID/A	W1705	One-time Unit	1



With the implementation of PBC, Service Notes are available in two formats based on the **Contact Date** entered:



Prior to PBC Format

Used for contact dates
on or before 12/31/2026



After PBC Format

Used for contact dates
on or after 01/01/2027



Key Rules

1

Service Notes with contact dates on or before 12/31/2026 follow the **Prior to PBC** format.

- ✓ These notes may be edited, but the contact date **cannot be changed to 01/01/2027 or later.**
- ✓ Attempting to do so will result in an error message in HCSIS.

2

After 01/01/2027, users **cannot** create new Service Notes with contact dates on or before 12/31/2026.

- ✓ Attempting to do so will result in an error message in HCSIS.

Service Note Functionality



Activity Type	Description
List A Activity	Activities identified as List A by ODP, including real-time/face-to-face meetings and generating ISP updates
List B Activity	Activities identified as List B by ODP, including contact with an individual's team members and review of records or documentation
Base Activity	Activities completed for individuals receiving Base-funded Supports Coordination services
Other Activity	Activities not listed above, including general correspondence and meeting preparation

Current Individual	Name: PCG, ABBOTT	SSN
MA Eligible:	Yes	
Program Diagnosis:	F73 Profound intellectual disabilities	
SERVICE NOTE DETAILS		
Date of Service/Contact (MM/DD/YYYY):	*	<input type="text"/>
Service Type:	*	<input type="text" value="v"/>
Category:	*	<input type="text"/>
Sub-Category:		<ul style="list-style-type: none"> List A Activity List B Activity Base Activity Other Activity
Begin Time (HH:MM):		<input type="text"/>
End Time (HH:MM):		<input type="text"/>

New Location Options



Location Type	Description
SC Entity Office	Select if the meeting or conversation took place at the SC Entity office
Individual's Home	Select if the meeting or conversation took place at the individual's home
Community	Select if the meeting or conversation took place in the community
Individual's Home – Teleservice	Select if the meeting or conversation took place at the individual's home via teleservice
Community – Teleservice	Select if the meeting or conversation took place in the community via teleservice

Current Individual: Name: PCG, ABBONDIO | SSN: XXX-XX-1278 | MCI#: 450396206 | Residential County: Allegheny | Info

Location of Service is a Required Field and must be completed for a Service Note to be Saved.

Location of Service: * [Dropdown Menu]

- SC Entity Office
- Individual's Home
- Community
- Individual's Home-Teleservice
- Community-Teleservice

Service Type: * [Dropdown]

Category: * [Dropdown]

Sub-Category: [Text Field]

Begin Time (HH:MM): [Text Field] AM [Dropdown]

End Time (HH:MM): [Text Field] AM [Dropdown]

Follow-up: * [Dropdown]

Follow-up Due Date (MM/DD/YYYY): [Text Field]

Credited to: * [Dropdown]

Billable: Yes No



AUTO POPULATED SERVICE NOTES

- PUNS creation and update
- First-pass draft plan submission for:
 - Initial Plan Creation
 - General Update
 - Critical Revision
 - Fiscal Year Renewal
 - Annual Review Update
- Individual Monitoring Tool
- IM4Q Activities

HCSIS Updates



Service Note Field	Pre-populated	Prepopulated Value
Date of Service/Contact	YES	Date of system activity
Service Type	YES	Service Type for the activity
Category	YES	Category for the activity
End Time	YES	Time of system activity
Credited To	YES	Individual's Supports Coordinator (if applicable)
Billable	YES	Default value for the Service Type and Category
Location of Service	No	N/A
Sub-Category	No	N/A
Begin Time	No	N/A
Number of Units	No	N/A
Follow-up	No	N/A
Follow-up Due Date	No	N/A
Service Note	No	N/A
Supervisory Edit	No	N/A

New SCO Billable Activity Report



A new report will be created to provide information to users about billable SCO PBC activities based on information captured within Service Notes:

- Report will only consider Service Notes marked as billable
- Waiver/Program will be displayed based on individual's enrollment at the time of report generation
- Results will be sorted alphabetically by Region, County/Joinder, SC Entity, SC Last Name, SC First Name, SC Supervisor Last Name, SC Supervisor First Name, Waiver/Program, and then MCI in ascending order

SCO PBC Billable Activity Report																
Request ID:		1234567														
Requested On:		7/15/2026														
Requested By:		SMITH, EDWIN														
Fiscal Year:																
Month of Service/Contact:		July 2026														
Region	County/Joinder	SC Entity	SC Last Name	SC First Name	SC Supervisor Last Name	SC Supervisor First Name	Waiver/Program	MCI	Last Name	First Name	List A Activities	List B Activities	Base Activities	Base Activity Units	Other Activities	Other Activity Units
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	Base	678901234	MARTINEZ	MARIA	0	0	4	6	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	Base	901234567	SMITH	JANE	1	0	0	0	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	Community Living Waiver	234567890	SMITH	JASMINE	1	0	0	0	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	Consolidated Waiver	123456789	SHORT	ALLEN	1	2	0	0	1	1
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	P/FDS Waiver	345678901	SMITH	JOHN	0	2	0	0	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	P/FDS Waiver	456789012	SMITH	CHRISTINA	0	1	0	0	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	P/FDS Waiver	567890123	SMITH	TIM	0	0	0	0	0	0
Western	Allegheny	ALLEGHENY CASE MANAGEMENT	SMITH	EDWIN	BROWN	TAYLOR	SC Services Only	789012345	HALL	BRAD	0	0	0	0	4	0



- **Regional Training Session**
 - In-person training opportunities - Fall 2026
- **Ad Hoc Testing**
 - Second round planned for Fall 2026
- **Updated Resources**
 - LMS PBC HCSIS User Guide
 - LMS PBC Reports Guide



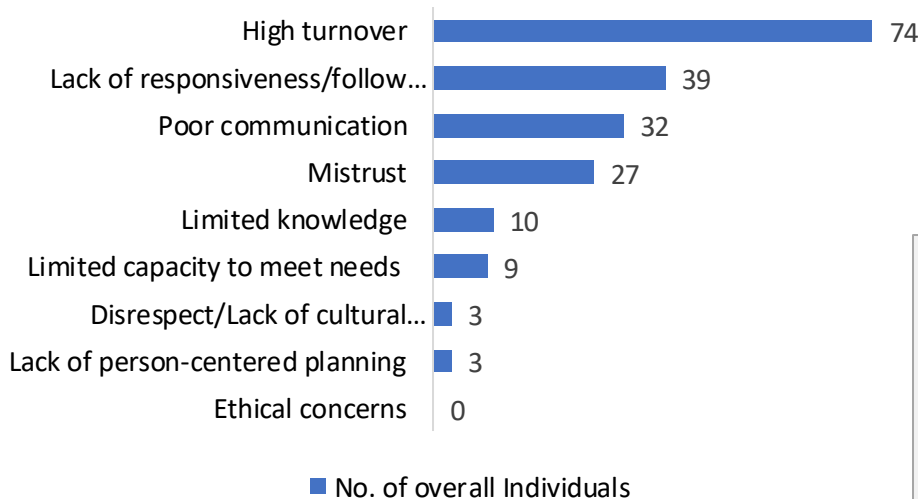
Questions?

Individual Satisfaction with SCO Services

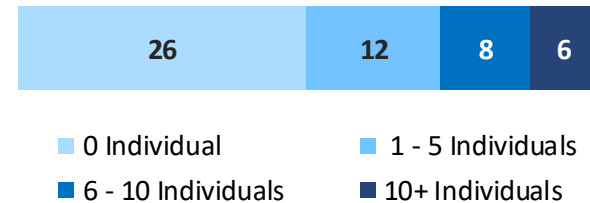


Of the fifty-two (52) supports coordination organizations (SCOs) who responded to PBC, **26 SCOs** indicated that individuals reported dissatisfaction with services (SC-QI.01.2).

Individuals by Dissatisfaction Reason



Distribution of Dissatisfied Individuals by SCO



Takeaways:

- Dissatisfaction stems from quality-of-service indicators, potentially related to staffing
- High staff turnover is the leading driver, and it is logical that this also affects agency responsiveness and communication
- Mistrust is also a commonly chosen response, and it may worth investigating the drivers of that selection

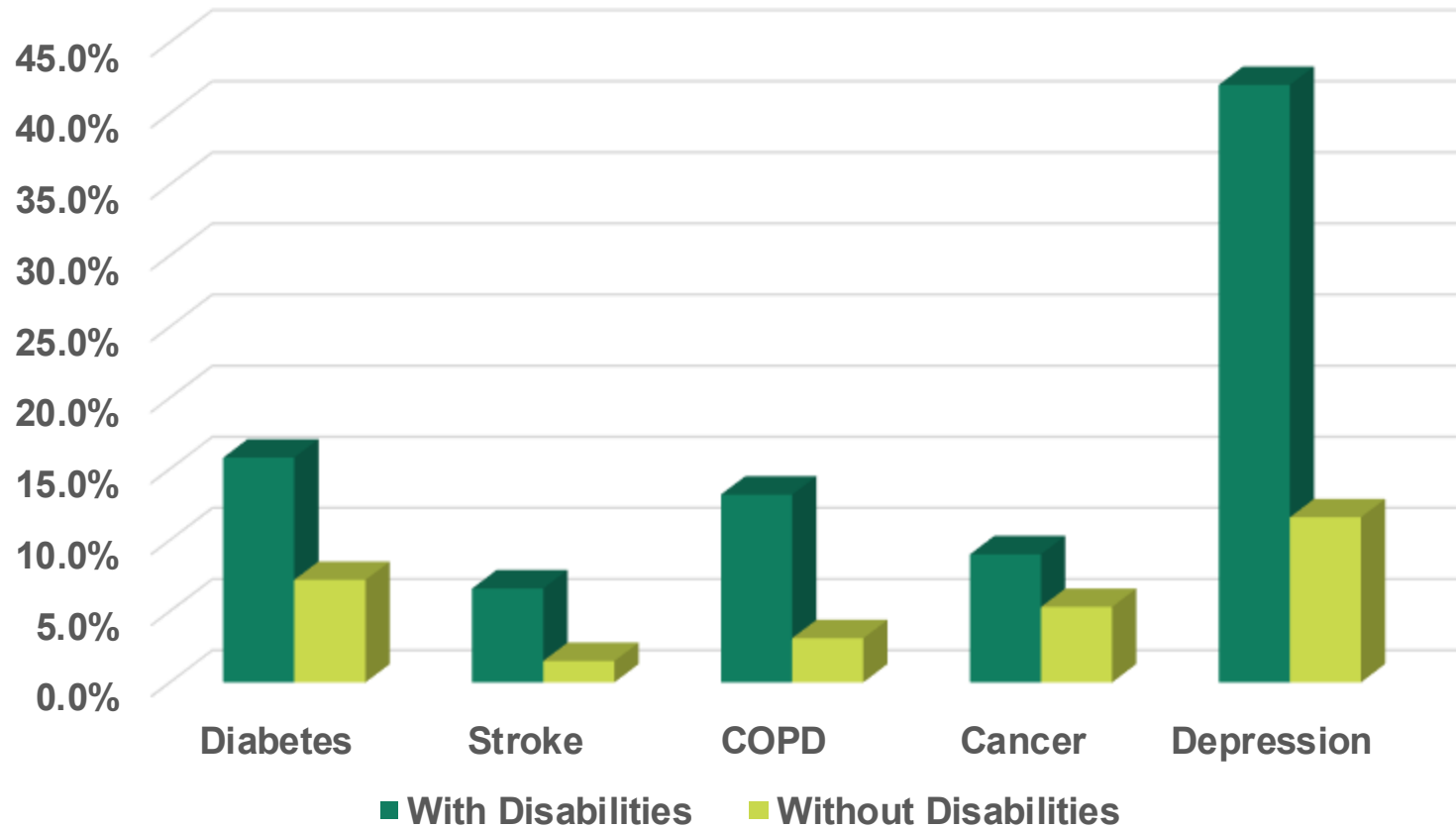


- **SC-QI.01.1** - Family Engagement Satisfaction Survey instructions coming tomorrow.
 - Send invitations to family members by 6/8
 - Bcc ODP on at least one invitation - no need to include ODP on every invitation sent
 - Survey is open until the end of July
- **SC-PCP.01.1, SC-PCP.02, and SC-TEC.01** – exploring the possibility of using NCI data already collected via IM4Q
 - May require sampling change – more info to come



- No new measures
- Retiring ~15 measures
- Progressing attestations to measures
- Edits to process details for greater clarity
- Correcting typos (ex: baseline CY in SC-EMP.01)
- Possible combining or separating of measures for ease of submission and scoring
- **Complete list of updated measures to be published this month**

Individuals with Disabilities Face Health Disparities



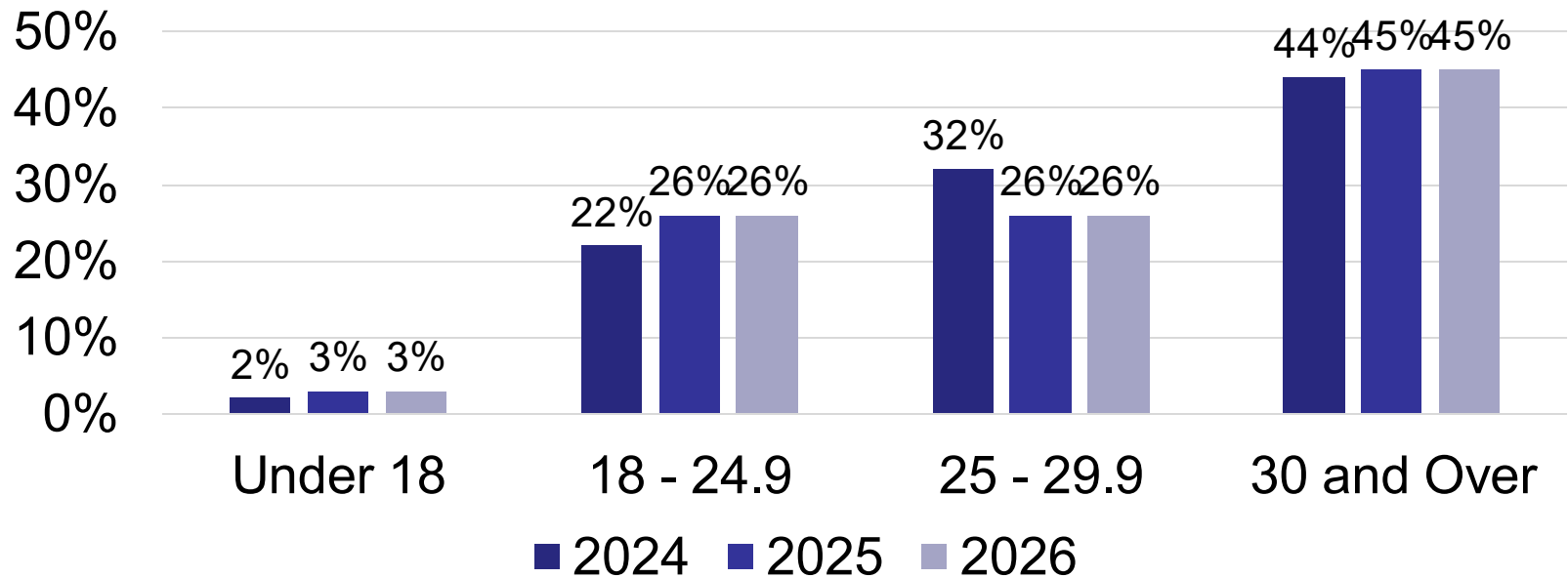
Disability and Health Data System (DHDS) | NCBDDD | CDC

Study Looking at Treatment Bias

- [Physicians' Perceptions Of People With Disability And Their Health Care - PMC \(nih.gov\)](#)
- 714 practicing physicians were surveyed
 - Multiple specialties and locations across the country
- Attitudes toward patients with disabilities
- **~41%** reported feeling **very confident** about their ability to provide **the same quality of care** to patients with disabilities as their other patients received.
- **56.5% strongly agreed that they welcomed patients** with disabilities into their practices.

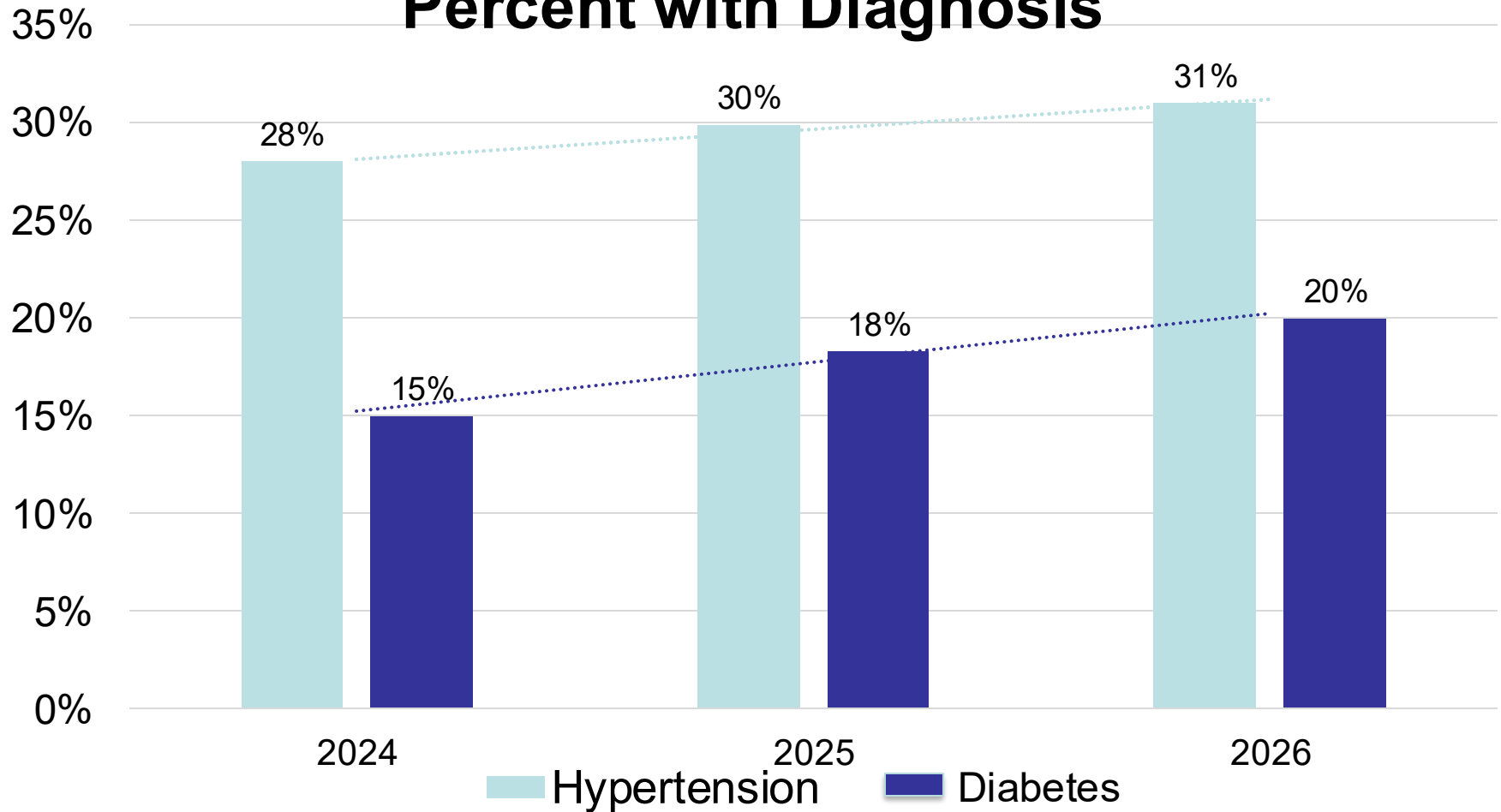
Body Mass Index Ranges Recorded in HRST

Percent of Individuals in BMI Range



Percent of Individuals in HSRT with Hypertension or Diabetes

Percent with Diagnosis



STAT Waiver Service



TELEMEDICINE
For Individuals with Intellectual and Developmental Disabilities (I/DD)



89.2% Of our patients have their medical needs resolved virtually

Our Services	Why Use StationMD
<ul style="list-style-type: none"> ✓ 24/7 access to I/DD- specialized doctors & clinicians ✓ Decreases ER & hospital admissions ✓ Care coordination with PCP & preferred pharmacy ✓ Accepts many major insurance plans (Medicaid & Medicare) 	<p>StationMD improves health outcomes and quality of life for those with I/DD. By enabling individuals to receive urgent medical care in their own home or community setting via telemedicine, it reduces stress on caregivers and costs associated with unnecessary ER visits & hospital admissions.</p>

StationMD Visit



Call 1-877-STATMDS



Virtual receptionist collects patient information



Patient connects with the StationMD doctor

www.StationMD.com
[908-663-2929](tel:908-663-2929)
Info@StationMD.com



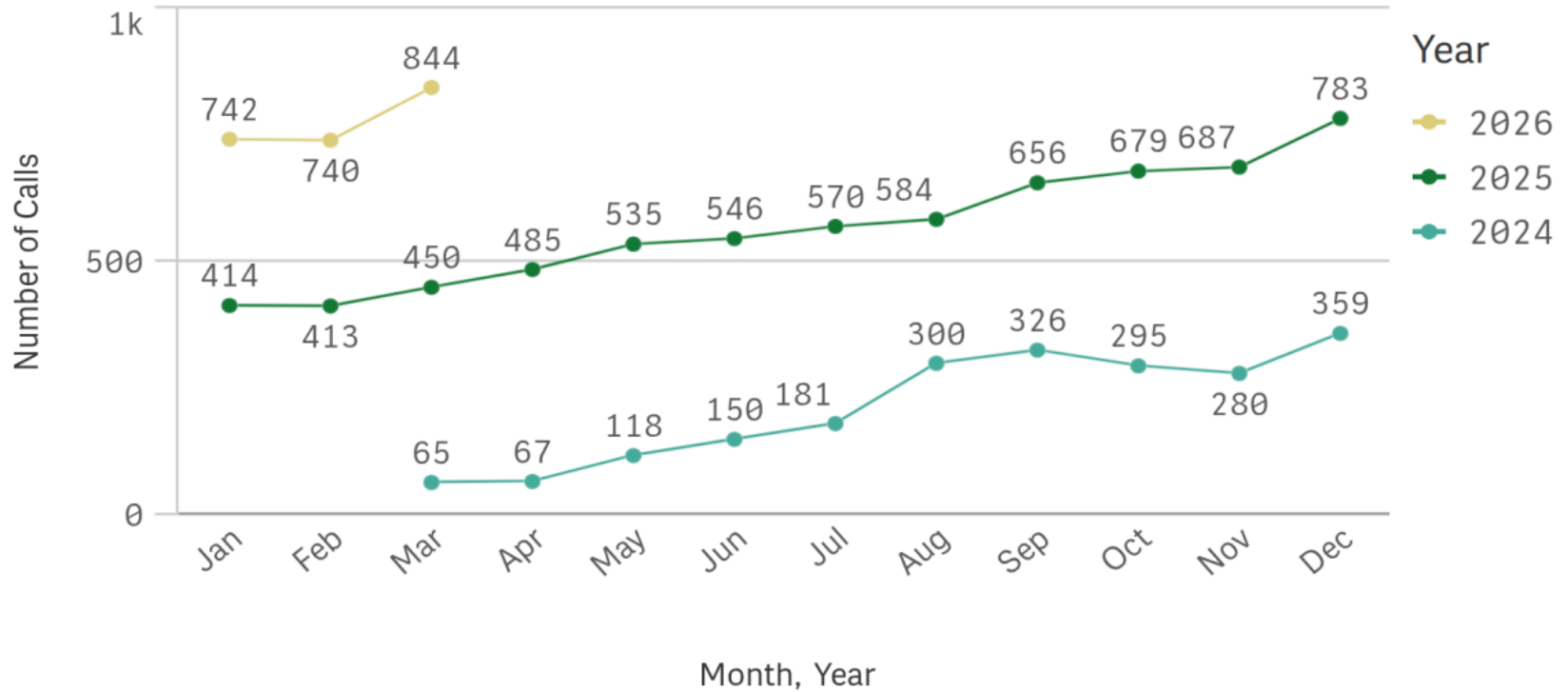
24/7/365 Telemedicine by an ODP approved provider via the STAT waiver program in Pennsylvania

<p>At Senacare, we provide a broad scope of medical services to individuals and organizations caring for those with intellectual and/or developmental disabilities.</p>	<p>We combine a traditional relationship based medical approach and leverage cutting-edge technology to make quality healthcare accessible to people wherever they are and organize care in the comfort of their own homes.</p>
<p>How to enroll in the program:</p> <ul style="list-style-type: none"> • The Supports Coordinator assist individuals with their families or guardians to elect Senacare services on the the individua's ISP using the W7032 procedure code. This can be done anytime during the year by performing a critical revision or duing the annual ISP renewal process. • Unlimited calls to Senacare is 1 unit and costs \$55 -Individuals can use the telemedicine services immediately as soon as they are enrolled for the service. 	<p>Telemedicine covers some of the following issues:</p> <ul style="list-style-type: none"> • Assessment to determine the urgency of conditions (ie ER vs urgent care or can wait to be seen by PCP • Rash, fever, cough, pain, pink eye, diarrhea, urine infections, falls, seizures, injuries, and various seasonal illnesses. • Prescription refills, general guidance for medical conditions, and others

<p>Contact us today:</p> <p>609-455-1576 hello@senacare.com</p> <p>references available upon request.</p>	<p>Mailing address:</p> <p>174 W. Tomlin Station Rd, Suite One, Mickleton, NJ, 08056</p> <p>1 International Plaza, Suite 550, Philadelphia, Pa, 19113</p>
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STAT Utilization Data - StationMD



Utilization Data 04/2025 – 03/2026

94.6% Treat in Place Rate

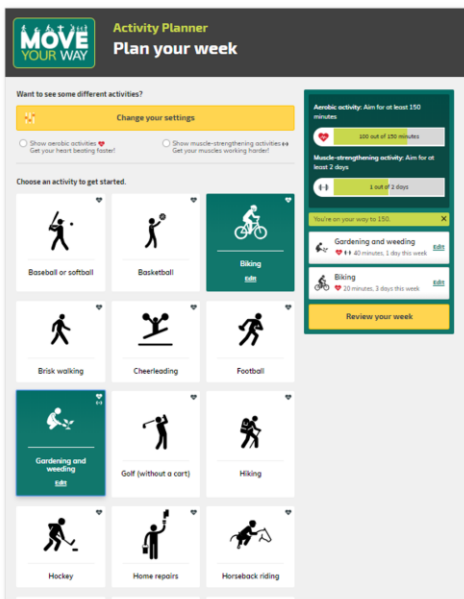


Move Your Way Campaign



Walk. Run. Dance. Play.
What's your move?

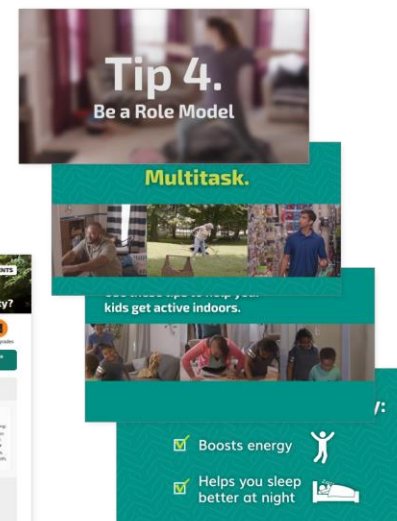
Move Your Way Resources – MyODP.org



Interactive tools



Posters and factsheets



Series of videos

Move Your Way[®] for Mental Health



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

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.

SC-QW.01.1 Theme Analysis



Pennsylvania
Department of Human Services

- Description of how the SCO identifies and promotes wellness activities based on individual needs
- The SCO will describe the process by which wellness activities are identified and promoted based on individual needs and preferences. This description will include items such as
 - Description of training provided to SCs on the aspects of wellness
 - Resources available to SCs to identify wellness activities to meet the needs of individuals
 - Use of the HRST in identification of wellness areas of focus
 - Current policies related to wellness for SCs to follow

QW.01.1 Theme Analysis



For this analysis, SCO QW.01.1 responses were grouped according to items A-D (noted in the chart titles) in the measure process details.



81% (42/52) mentioned providing their SCs with external wellness training sources and platforms

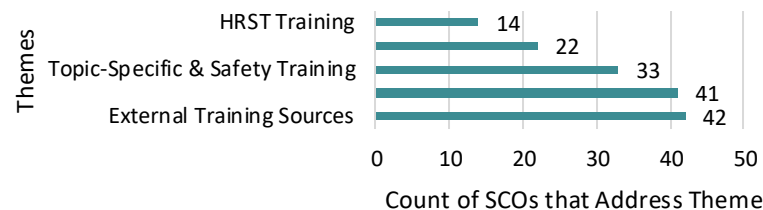


26% (14/52) of SCOs specifically mentioned HRST-based training



79% (41/52) of agencies provide training annually or on an ongoing basis

A. Training Provided to SCs on Wellness



A majority of agencies (77%, 40/52) provided HCQU or ODP resources to SCOs

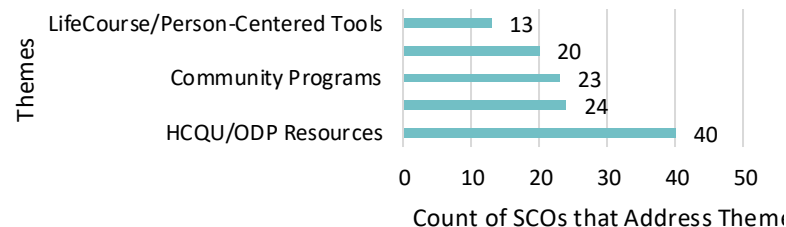


SCOs reported using LifeCourse or other person-centered planning tools only 25% (13/52) of the time



44% (23/52) of SCOs indicated that they have local partners or host/attend community wellness programs and events

B. Resources Available to SCs



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response

*Data collected from QW.01.1 Responses for CY 2026

QW.01.1 Theme Analysis Part 2



For this analysis, SCO QW.01.1 responses were grouped according to items A-D (noted in the chart titles) in the measure process details.



77% (40/52) of SCOs indicated that they utilize HRST by review in ISP, hosting annual HRST-specific meetings, or monitoring it regularly

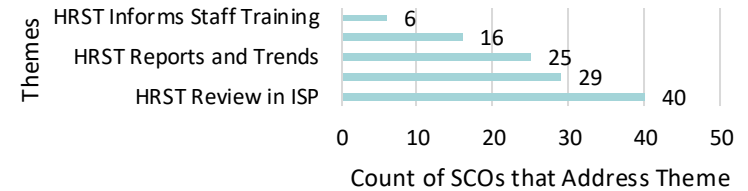


SCOs mentioned utilizing HRST reports, trends, aggregate and/or QM analysis 31% of the time (16/52)



12% (6/52) of SCOs explicitly mentioned having HRST inform their staff trainings and resource priorities

C. Use of HRST in Identifying Wellness Focus Areas



Mentions of oversight / monitoring / QA and ISP / person-centered documentation nearly tied, with 40% (21/52) and 38% (20/52) of SCOs including these items respectfully

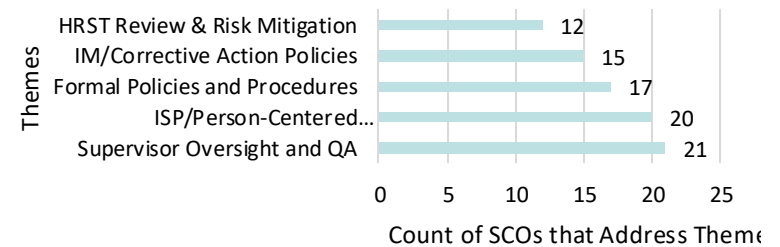


HRST was specifically mentioned only 23% (12/52) of the time, alongside protocol and risk mitigation requirements



29% (15/52) included language surrounding incident management, emergency management, and corrective action policies

D. Current Policies Related to Wellness



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response *Data collected from QW.01.1 Responses for CY 2026

Item A: External Training Sources Breakdown



For Item A. **Training Provided to SCs on Wellness**, there were **54 mentions** of external training sources used, many of which are ODP or agency-specific.

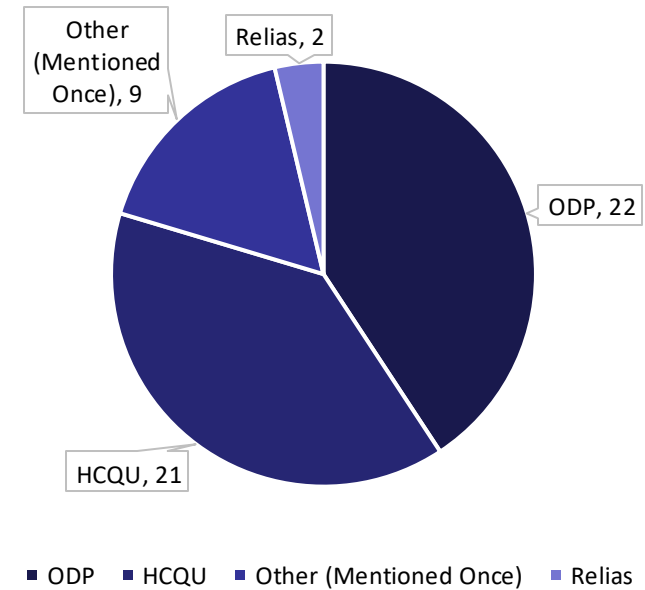


Most SCOs mentioned utilizing ODP and/or HCQU training. Some agencies indicated that they utilize multiple external training sources.



9 SCOs had a training source unique to their agency. Some of the sources listed include Achieva, ARC, and BHARP/CCBH.

Unique Agency Count



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response *Data collected from QW.01.1 Responses for CY 2026

Item A: Topic-Specific Training Breakdown



For Item A. **Training Provided to SCs on Wellness**, there were **68 mentions** of topic-specific trainings made available to SCOs.



27% (14/52) of SCOs provided training on preventive care, screenings, and routine healthcare including individualized wellness plans and routine screenings/immunizations

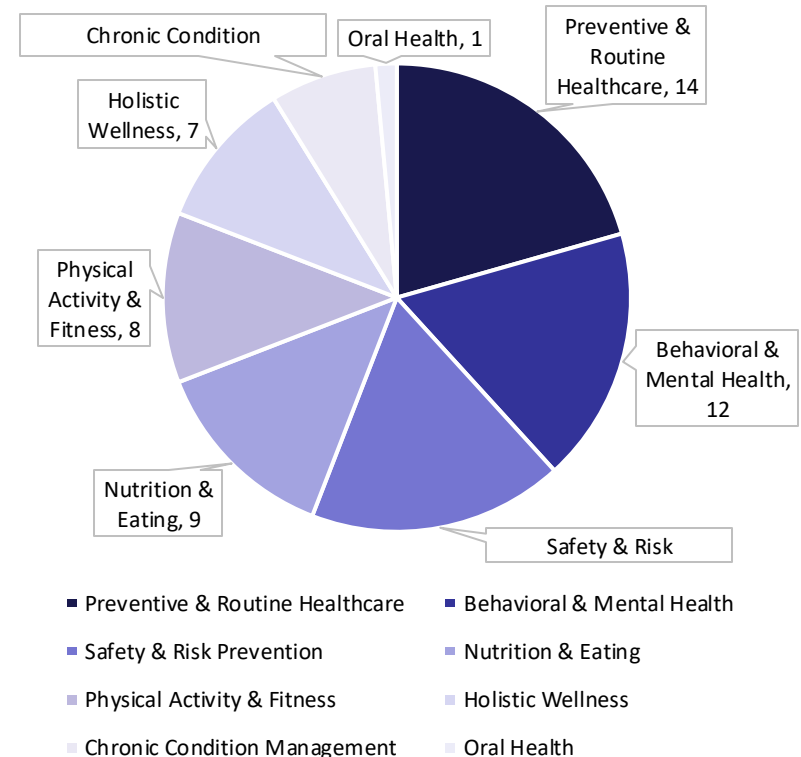


SCOs mentioned focusing on safety and risk prevention 23% (12/52) of the time, specifying Fatal Five training and education on potentially risky behaviors



Only 10% (9/52) of SCOs discussed chronic condition management training. Topics included medication side effects, disease awareness, and how to manage chronic conditions

Unique Agency Count



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response *Data collected from QW.01.1 Responses for CY 2026

Item B: Online Information Breakdown



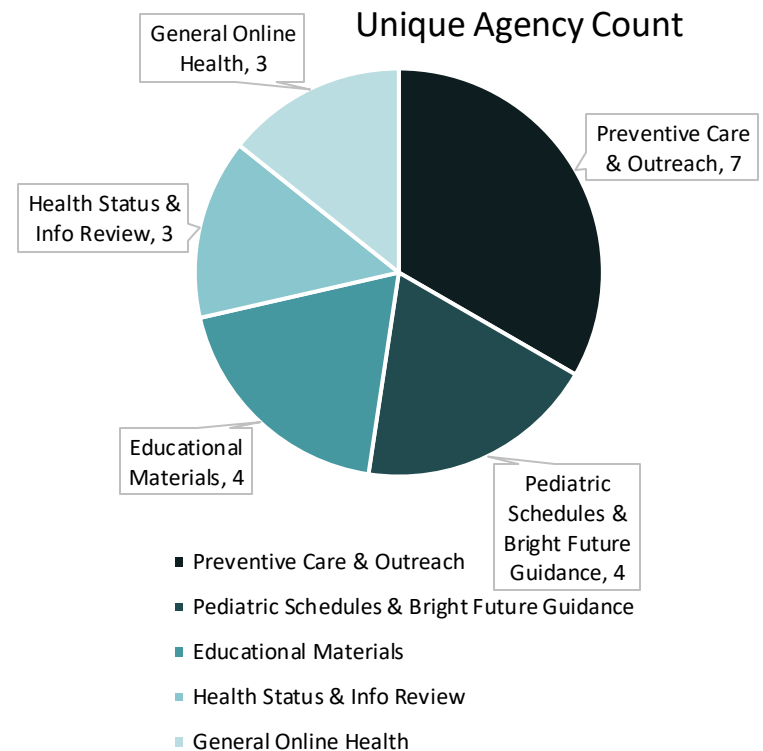
For Item B. **Resources Available to SCs**, there were **21 references** to online information that indicated a specific sub-category of resources.



Preventive care and outreach was mentioned 13% (7/52) of the time, including topics such as why preventative care is important, utilizing handouts with recommendations, and maintaining care routines.



Educational materials were the focus 8% (4/52) of the time. These responses tended to mention resources on wellness, community educational opportunities, and crisis support hotlines.



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response *Data collected from QW.01.1 Responses for CY 2026

Item B: Community Program Breakdown



In evaluating **B. Resources Available to SCs**, 35 references to community programs, with the specific types varying among agencies.



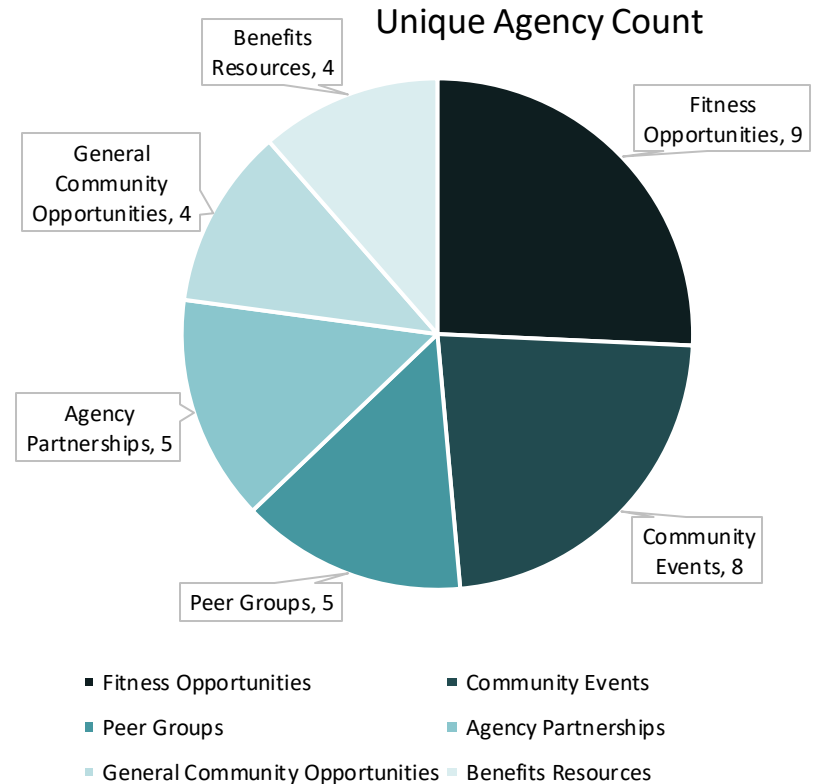
17% (9/52) of SCOs focused on fitness opportunities, such as going to the YMCA or Planet Fitness, financial assistance with gym memberships, and therapy groups.



Community events made up 15% (8/52) of responses. There was a wider array of responses in this subcategory, but there were mainly mentions of resource fairs and meeting with community agencies.



General community opportunities replies (8%, 4/52) were a bit different and mainly spoke about individualizing community opportunities.



Note: Totals seen in charts do not sum to 52 as agencies often referenced multiple themes within their response *Data collected from QW.01.1 Responses for CY 2026



Sixty-two (62) residential providers 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



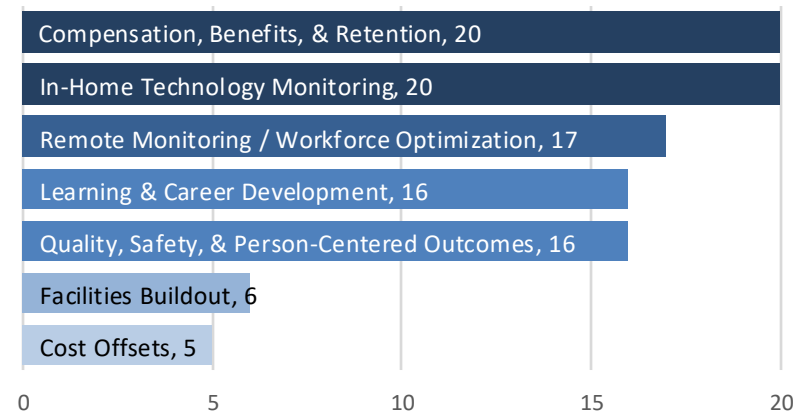
Reported cost savings attributed to using RS: **\$3,137,327.41**



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*



Number of Provider Agencies Per Area

*Chart data represents 32 agency responses



Cycle Comparison

CY 2024

Ninety-Nine (99) Residential Providers reported using Remote Support Technologies (RST)

1,304 individuals used RST

An average of **2,217 estimated direct care hours** annually with the help of RST

On average, providers replaced **277 direct care shifts** with RS annually

- 37

- 351

+ 3,224

+ 404

CY 2025

Sixty-two (62) residential providers reported using Remote Supports (RS).

953 individuals used RS

An average of **5,441 estimated direct care hours** annually through RS implementation

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



Questions?