



Office of Developmental Programs  
**Performance Based Contracting  
Provider Preparedness Summit 5**

**July 29, 2024**



- Revisions to Proposed Waiver Submissions
- Implementation Plan
- Supporting Documents
- Instructions for:
  - Tier Determination
  - Provider Data Submission



Public Comments received April 20 - June 4, 2024 (45 days) :

- ISAC Input
- 9 public comment sessions/written comments
- Total number of commenters: 152
- Total number of comments: 1,580



- Performance Standards: 1046
- Implementation: 358
- Workforce: 201
- Access: 153
- Financial: 153
- Participant Impact: 145
- Quality: 123
- Pay for Performance: 79
- Miscellaneous: 75
- Contracting Criteria: 40

Note: A number of the 1,580 comments recorded were captured in multiple themes



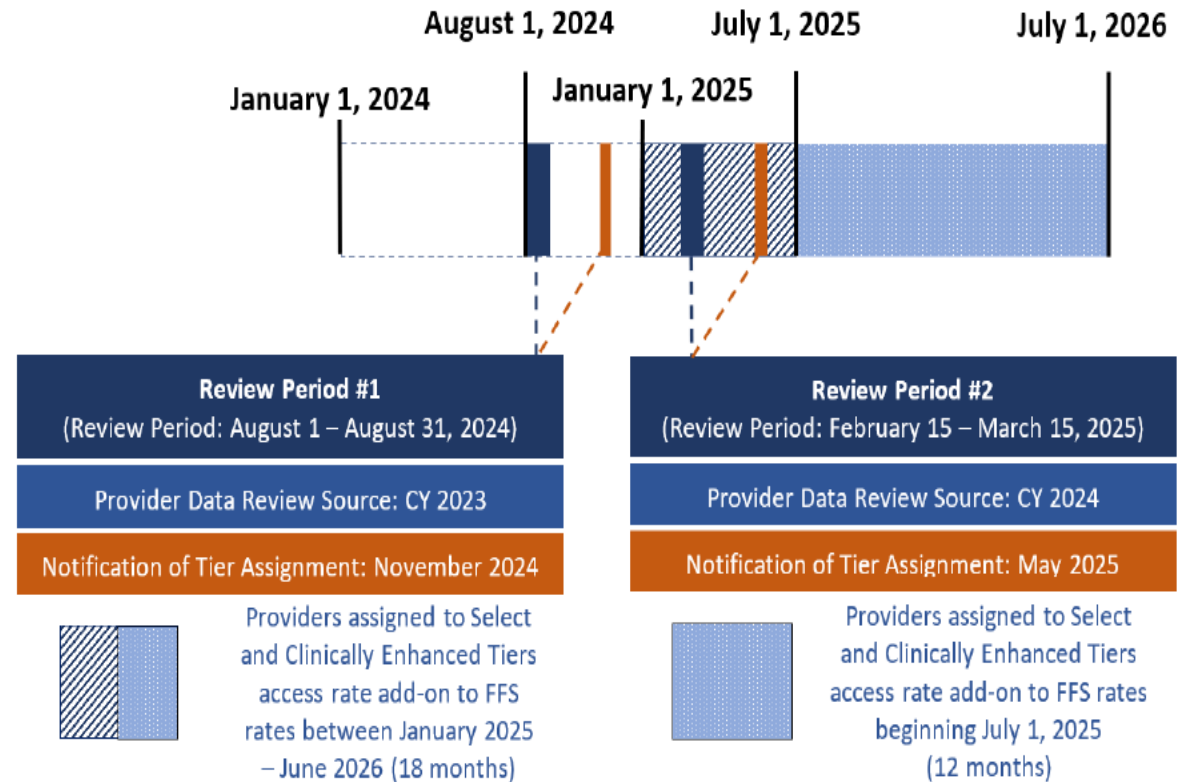
- Generally, strong support from all stakeholder groups recognizing the need to elevate the quality of residential services.
- Areas with high volume of comments:
  - Select/Clinically Enhanced Tiers reserved for agencies serving 10 or more individuals
  - Competitive Integrated Employment standards
  - Population served average Needs Level 4.5+ and average Health Care Level 3.5+ (HCL is established using the Health Risk Screening Tool)
  - Primary providers limited to Needs Groups 1-3
  - Number of measures
  - Timeline for implementation



- Adjusted Timeline

- Residential providers with a signed and submitted Agreement for Provision of Residential Services may choose when to submit data and documentation to determine the PBC tier. Providers may submit information:

**Between August 1-31, 2024 or  
Between February 15 – March 15, 2025**





- Staff Credentialing Performance Standards

- Clarified that the credentialing standard for Direct Support Professionals is:
  - The National Alliance for Direct Support Professionals (NADSP) for Primary and Select tiers
  - NADSP and/or the National Association for the Dually Diagnosed (NADD) for the Clinically Enhanced tier.
  - Life Sharers are exempt from this standard.
- Clarified that the credentialing standard for Front-Line Supervisors is NADSP for all tiers.
- All tiers may receive Pay for Performance payments for meeting or exceeding performance targets for staff credentialing.





- Primary providers may not accept NEW referrals for individuals **NG5 or greater**. This does not apply to individuals NG5 or greater receiving residential services prior to January 1, 2025 or individuals where the needs assessment results in an increase.

## Clarifications:

- Select and Clinically Enhanced providers may accept NEW referrals for individuals of *any* Needs Group.
- AE/SCO referrals for residential services may cross county lines.
- Providers in any tier qualified to render Respite may provide Respite to any individual in any Needs Group.
- ODP's assurance to CMS related to access to service is that the average statewide timeframe to service delivery is within an average of 90 days or less post-referral acceptance for Community Homes and statewide within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.
  - Provider requirements are to track and report timeframes. At this stage of implementation of PBC, Select and Clinically Enhanced tier providers must include in their tracking an explanation for referrals that take greater than the 90/180 days. There is no penalty for exceeding those timeframes at the provider level. The penalty would be for failure to track and report.





- The following performance measures have been removed for the first contract period of tier determinations and will be evaluated for future consideration:
  - Demonstrate the use of a professionally recognized and ODP approved comprehensive assessment and implement follow through — demonstrate responsiveness for corrective action reporting and high-risk responses.
  - Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)
  - Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater.



**(CN-C.01.1)** Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multi-disciplinary clinical team. **Provide description of agency allocation of clinical resources across resident population to meet individual needs, mitigate individual risk and support individuals' teams. Description should include provider's process for allocating clinical resources across health care levels and Needs Levels/Needs Groups.**

**(CN-C.01.4)** Meet a **1:15** minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the Agency

**(CN-C.01.2)** 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. **[CN-C.01.5 is now CN-C.01.2 - new assigned measure number]**

**In future contract cycles, Clinically Enhanced providers that effectively support individuals with improvements in health and reduction in supports needs that result in lower individual and, subsequently, aggregate HCL and NL scores may submit supporting documentation with QI.01.4 to maintain status in Clinically Enhanced tier.**



**(DM.02)** Report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, integrated care pathways, etc.) and demonstrated use of EHR. **Through June 30, 2026 minimum requirement is electronic medication administration records.**

Future measure: Beginning July 1, 2026 EHR capability must include external third-party communication (e.g. pharmacy, physician)



## Pay-for-Performance

Supplemental payments that will be made to residential service providers that meet or exceed performance targets for:

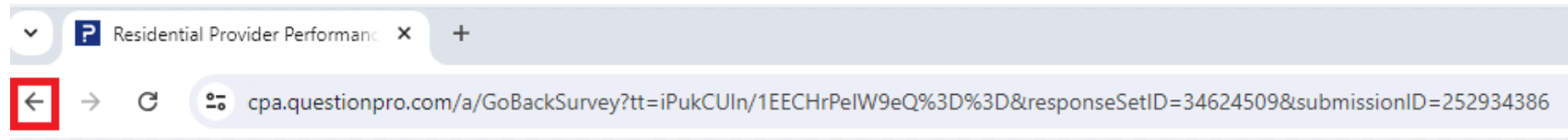
- Staff credentialing
  - Employment of individuals served
  - Transitions to Life Sharing or Supported Living
  - **Rural provider capacity**
  - Reporting on use of technology
- 
- ARPA funding for P4P



- Instructions and overview
- Three separate tools- Providers must select the appropriate tool based on the tier they are applying for
- Read General Instructions and question specific instructions
- Document Upload
  - File format, size limits
- Timelines
- VOHs – scheduled during August, two sessions
  - Week of Tuesday, August 6 at 2pm-3pm and August 23, 1pm – GoTo - (required for all registrants)  
Enter the specific question(s) your agency has about the data submission process to help ensure ODP subject matter experts are available.
  - Join ODP for a Virtual Office Hours to discuss provider questions about the data submission process.  
This is not a presentation and only open to providers submitting data and documentation in August.



- The internet browser Back button (in red) should not be used. If changes need to be made to the previous page of questions the QuestionPro back button (in blue) should be used.



- QuestionPro back button



- When using the QuestionPro back button, it should only be pressed one time to change answers to the questions on the previous page.
- Questions on the current page, when selecting back, will NOT be saved.
- If the QuestionPro back button is pressed more than once, it will result in the deletion of data on any page the back button is used on.



Next

Save & Continue Later

- The “Save & Continue Later” will save all entered responses on the current page.
- When selected, the warning pop-up below will appear.

Warning: Please make sure you have answered all questions on this page. If you haven't answered all questions, please click on cancel to return to the survey and complete your response. If you have answered all questions, please click on the continue button.

Cancel

Continue



Response ID : 34624784

Please enter your email address so that we can send you a link to the location that you have saved.

Email me the link


- **This is the next pop-up box that will appear after the warning box. The email address that completion hyperlink should be sent to will be entered here.**
- **This completion email is unique to the provider's response.**





\* Upload a copy of your agency's completed ODP Performance-Based Contracting Attestation Form. ?

File 0 of 1 Max file size: 50.0 MB



Drag your file here  
or [Browse](#)

- There are some questions that require a document to be uploaded.
- A single document can be no more that 50.0 MB.



- Updates
  - Standards and measures
- Additional details of how to measure
  - Indicates means of data collection (attestation, submission tool, documentation submission, other data collection method)
  - Where percentage is requested, provides numerator and denominator
- Details of difference in submission timelines
  - Depending on provider submission date, details review period or calendar year

## Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



Pennsylvania  
Department of Human Services

### INTRODUCTION

The Commonwealth of Pennsylvania's Department of Human Services (Department), Office of Developmental Programs (ODP) is pursuing systems change to improve the quality and sustainability of services. ODP is applying for a statewide 1915(b)(4) Performance-Based Contracting (PBC) waiver for residential services, including Residential Habilitation, Supported Living, and Life Sharing, which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs to establish performance standards for residential providers.

The first contract period will be January 1, 2025, through June 30, 2026. Then, beginning July 1, 2026, ODP will annually assign each provider a tier based on the provider's performance. ODP will monitor individual and aggregate provider performance to determine if providers are meeting the identified measures. ODP will then make refinements to measures and targets as more data is obtained.

ODP will be offering providers the ability to submit their PBC Residential Provider Data Submission Tool in August 2024, or they may choose to defer their submission until February 2025. Additional information related to provider data submission can be found in the PBC Residential Provider Data Submission Tool and Instructions.

As part of its commitment to support providers up to and during the PBC process, ODP developed this *Residential Provider Performance-Based Contracting Preparedness Self-Assessment* so providers of ODP Residential Services may self-evaluate in preparation for the PBC process. This self-assessment, once completed, indicates:

- 1) A Baseline for providers to measure whether they meet, exceed, or need to make any necessary revisions, policy clarifications or new policy development for each of the standards and measures within the PBC process.
- 2) An approximation of the performance relative to the PBC tiers:
  - *Primary* - providers that meet current standards and a few additional standards.



Performance Based Contracting Scoring Instrument

Submitting Provider Name:	
MPI:	
Provider Contact Name:	
Contact Phone:	
Contact Email:	
Tier Requested:	Clinically Enhanced
Clinically Complex Category Requested	

Reviewer 1:	
Review 1 Completion Date:	
Reviewer 2:	
Review 2 Completion Date:	

Performance Area	Measure	Measure Description	Pass	Verification Type	Applicability	Composite Category	Clinically Complex Category
Administration	ADM.01.1-A	Successful passage of a fiscal readiness review OR submission of current financial statements (audited if available).		DOC	ALL	WA	NA
Administration	ADM.01.1-B	Disclosure of Conflict of interest policy and associated documentation.		TOOL	ALL	NA	NA
Administration	ADM.01.1-C	Disclosure of Any history and status of criminal convictions of officers and owners		TOOL	ALL	NA	NA
Administration	ADM.01.1-D	Disclosure of Licensing status in Pennsylvania for non-ODP licensed residential settings		TOOL	ALL	NA	NA
Administration	ADM.01.1-E	Disclosure of any history of license revocation or nonrenewal in other states in which the residential provider, and corporate affiliates, renders services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.		TOOL	ALL	NA	NA

- Alteration of scoring from proposed 100% for tier determination
- Composite scoring used for some measures
- PBC Data Submission Resolution Process



## Residential Services Implementation Guide

- [Residential Services Implementation Guide](#)
- [Residential Provider Performance-Based Contracting Preparedness Self-Assessment](#)
- [Provider Preparedness Workbook July 2024 Updates](#)
- [Residential Performance-Based Contracting Attestation \(fillable form\)](#)

## ODP Bulletin 00-24-01

- [ODP Bulletin 00-24-01: Performance Standards for Residential Services](#)
- [ODP Bulletin 00-24-01: Attachment 1 – Residential Performance Standards and Tier Assignment Timeline](#)
- [ODP Bulletin 00-24-01: Attachment 2 – Residential Performance Standards](#)

## Waiver Amendments Submitted to CMS

- [January 2025 Proposed Waiver Amendments Submitted to CMS](#)