PBC Provider Forum

October 4, 2024

Agenda - 90 minutes

- Status update
- Data Review
- Reminders and Common Submission Errors
- Top 10 Unmet Measures among 2024 Submissions
- Technical Assistance Areas
  - EEO vs DEI
  - Person-centered data in QM
  - HRS reports/queries
  - Crisis Procedures
  - Incident Management
- Next Steps
- Questions
- Resources

- All August 2024 PBC tier submissions have been scored - the results will soon be emailed to the Providers.
- Communication will include a list of measures that the Provider did not meet and instructions for the data submission resolution process available if a provider believes ODP made an error in evaluating provider performance.
- Submissions
  - 15 Primary
  - 6 Select
  - 15 Clinically Enhanced
- Results will be published to the MyODP site Nov-Dec 2024
  - For those Providers that submitted during August - tier assignments will be in effect from 1/1/2025 to 6/30/2026
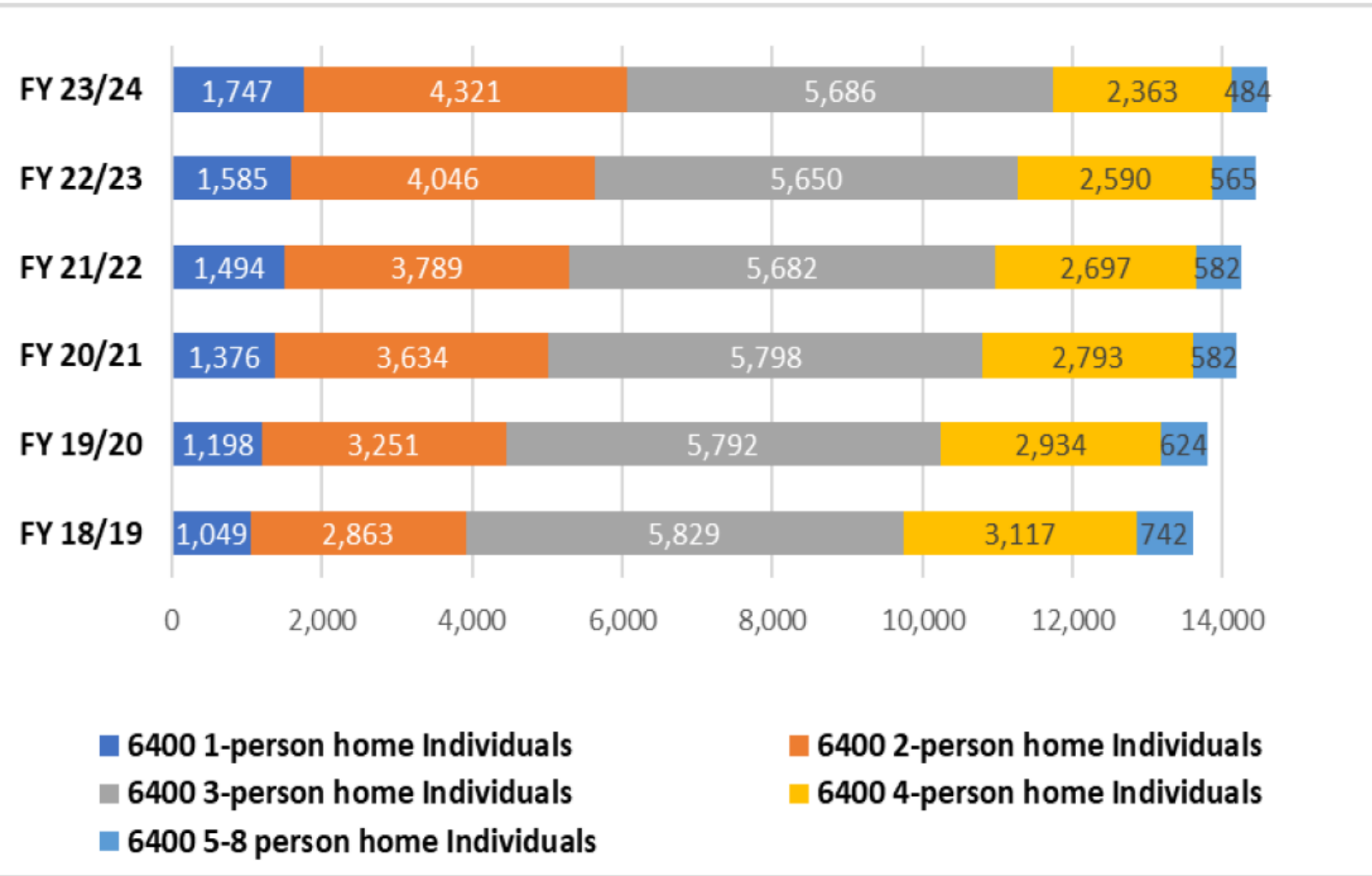
Participants in Residential Habilitation in Consolidated Waiver
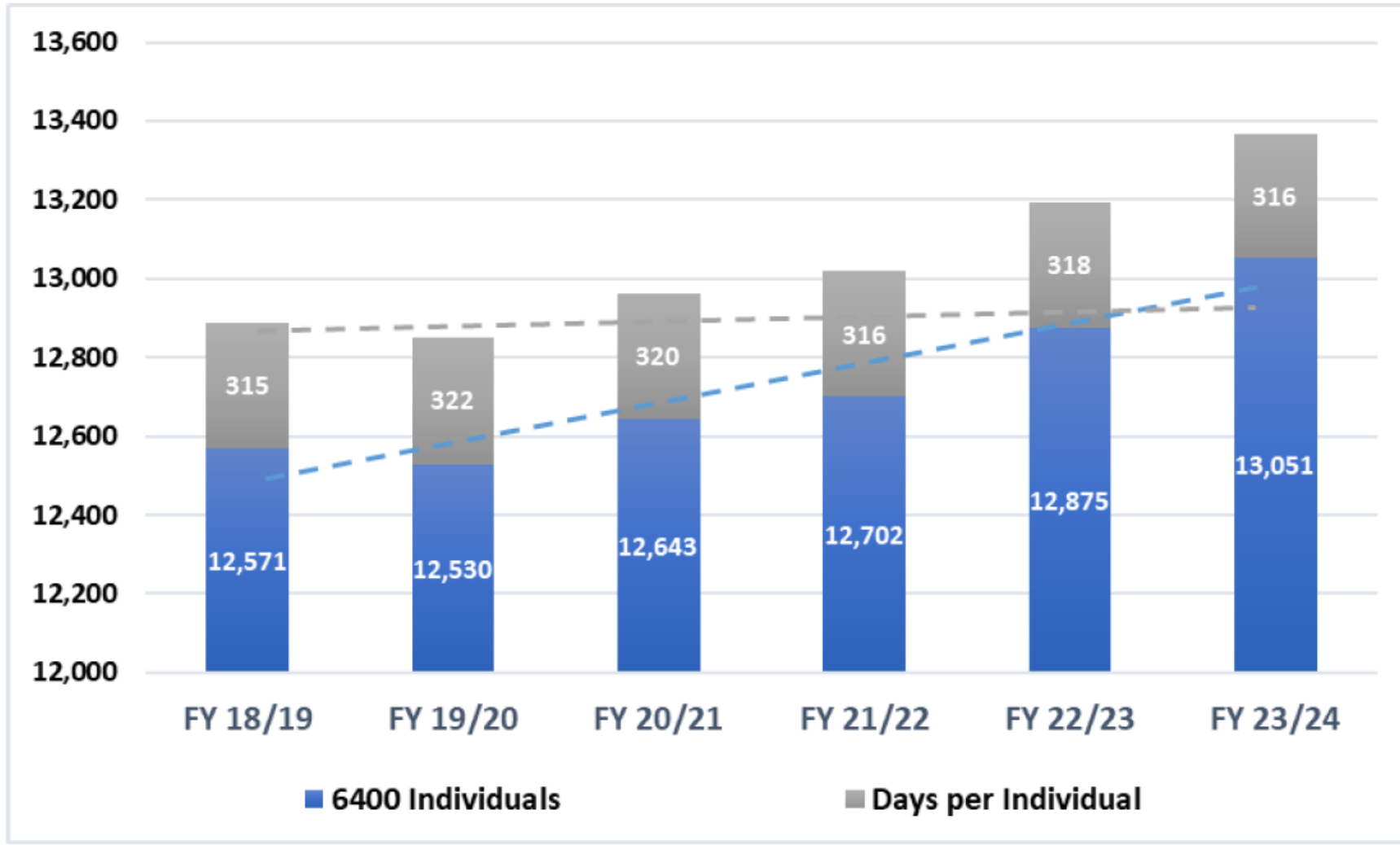
FY18-19 through FY23-24
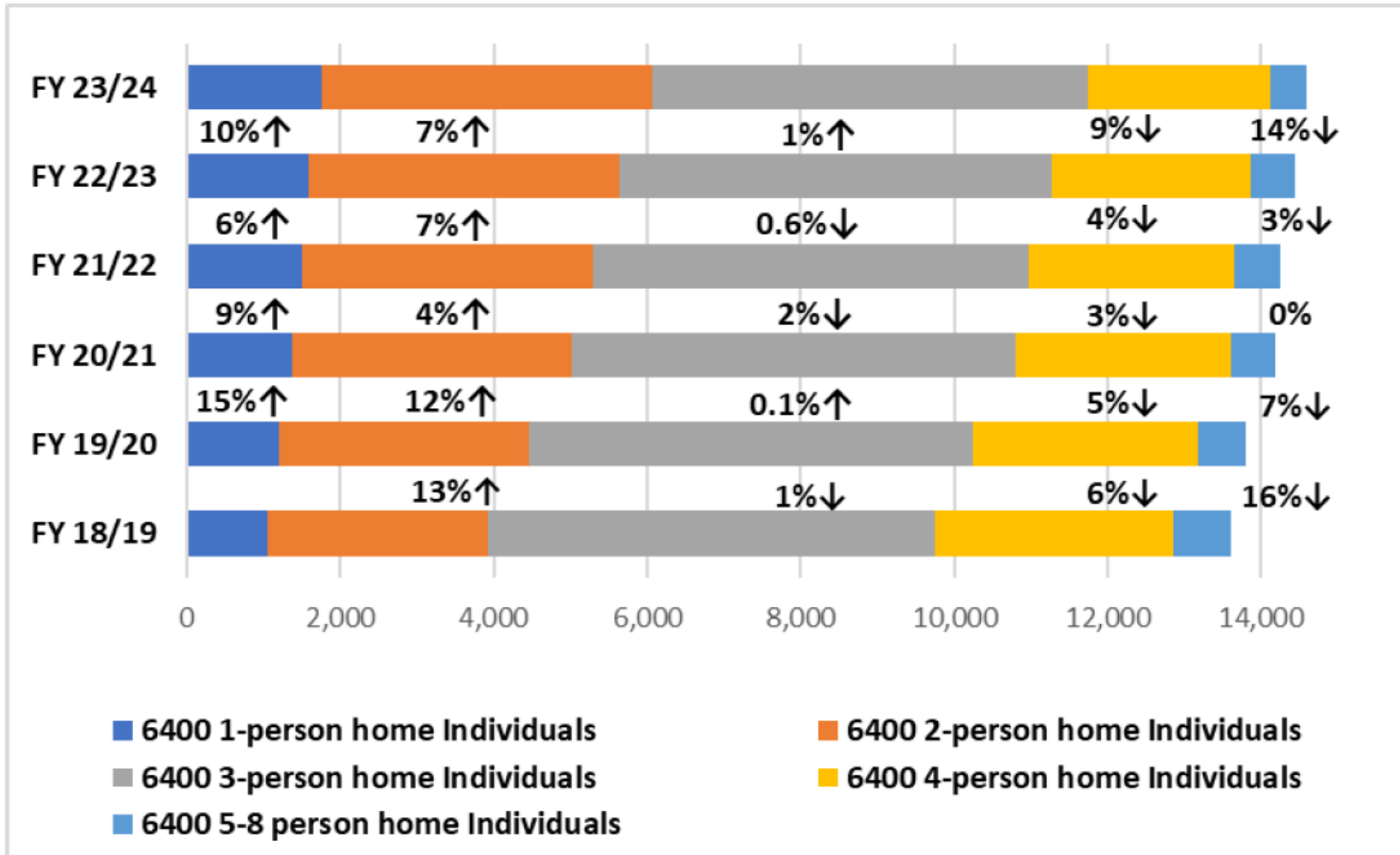
All FY Snapshot data pulled 6/30

Individuals Receiving Residential Habilitation by Home Size

FY18-19 through FY23-24
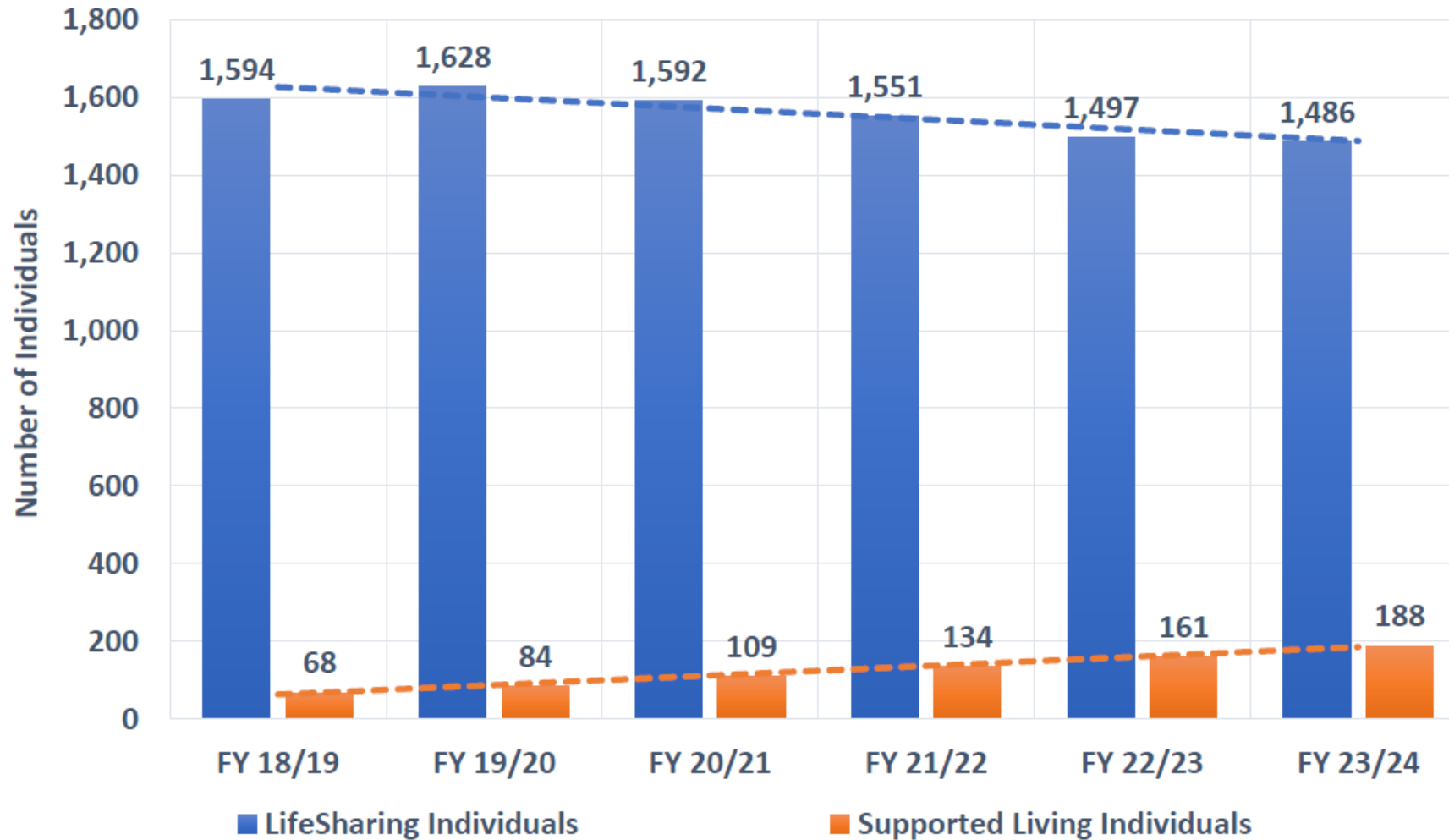
All FY Snapshot data pulled 6/30

Legend:
- 6400 1-person home Individuals
- 6400 2-person home Individuals
- 6400 3-person home Individuals
- 6400 4-person home Individuals
- 6400 5-8 person home Individuals

Fiscal Year	1-person	2-person	3-person	4-person	5-8 person
FY 23/24	1,747	4,321	5,686	2,363	484
FY 22/23	1,585	4,046	5,650	2,590	565
FY 21/22	1,494	3,789	5,682	2,697	582
FY 20/21	1,376	3,634	5,798	2,793	582
FY 19/20	1,198	3,251	5,792	2,934	624
FY 18/19	1,049	2,863	5,829	3,117	742

Individuals Receiving Residential Habilitation by Home Size

FY18-19 through FY23-24 Year-to-Year Trend

All FY Snapshot data pulled 6/30

- All residential providers must submit for tier determination, including Primary and Conditional

- All elements of the Attestation for your tier must be selected/checked
  - ODP will contact Providers that do not complete the Attestation

- Providers uploaded Provider Agreement instead of Provider Attestation
  - [Attachment 3 Residential Performance Based Contracting Attestation.pdf](#)

Top 10 Unmet Measures among 2024 Submissions

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Measure	Measure Description	Number Unmet	Number of Providers Scored	Percent Unmet
RM-IM.01.3	Timely finalization of incidents is demonstrated by at least 90% of incidents finalized within 30 days of discovery	19	21	90.5%
RM-IM.01.4	Timely finalization of incidents is demonstrated by at least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)	19	21	90.5%
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	12	15	80.0%
RM-HRS.01.1	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol	23	36	63.9%
CN-M.01.2	For Children with Medically Complex Conditions demonstrated use of targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Unit (HCQU), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit	3	5	60.0%
RM-IM.01.2	Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider	12	21	57.1%
CN-DD/Bx.03.2	Documentation of specialized trauma-informed training/activities for individuals and staff	9	21	42.9%
WF.04.3	Submit documentation that agency has a committee of staff focused on DEI	9	21	42.9%
CN-DD/Bx.02.2-F	Demonstrate use of data to impact individual outcomes- polypharmacy	8	19	42.1%
CN-C.02.2-B	Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%	6	15	40.0%

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Equal Employment Opportunity (EEO)

- Federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, childbirth, or related conditions, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.

Diversity, Equity, and Inclusion (DEI)

- Diversity: The characteristics and experiences, both seen and unseen, that make everyone unique.
- Equity: Ensuring fair access to opportunities and resources, while taking into consideration individual's barriers or privileges and eliminating systemic barriers and privileges.
- Inclusion: The actions taken to understand, embrace, and leverage the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported.
  - CMS, 2024

Helpful resources:

- https://home.myodp.org/resources/diversity-equity-inclusion/
- EEOC Publications | U.S. Equal Employment Opportunity Commission
- https://palms-awss3-repository.s3.us-west-2.amazonaws.com/MyODP_Content/Everyday+Lives/Embedding-DEI-in-IDD-Systems-of-Support-FINAL-032423-13.pdf

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QI.02.3: Person-centered data usage to develop QM Plan (and monitor progress)

- "Person-centered":
  - Focused on the person, what they can do, what their needs are, and what they want
  - Directly improves the lives of individuals being served
    - e.g., health and safety, communication, employment, etc.
  - In ODP QM, term is used with goals, outcomes, performance measures, data, and info
    - QM Certification Handbook

- "Person-centered performance data":
  - Is data used to directly improve outcomes for individuals
  - Is not data used to improve a compliance task
  - Examples of related data:
    - ISAC recommendations performance measures
    - NCI/ IM4Q
    - Health and safety (e.g., incident management, Health Risk Screening (HRS)

- "Person-centered" outcome examples include:
  - Increase # of individuals with competitive integrated employment (CIE)
  - Increase # of individuals who are using the Life Course to develop plans
  - Decrease # of medication errors

**Successful
QM Planning must be
data driven!**

QM Spotlight - Using Data to
Make Decisions

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- A web-based instrument developed to screen for health risks associated with vulnerable individuals
- The HRST is a simple 22 item scale designed to find out which individuals are at most risk of illness and health destabilization
- The tool then responds by producing and Health Care Level and Considerations
  - Service Considerations describe which evaluations and professional interventions may be needed to support the individual based on their identified issues.
  - Training Considerations prompt training about the basic issues involved in each of the identified areas of risks. Those who serve the person most directly are in a position to identify the emergence of health related risk or destabilization
- Without a mechanism for screening, major signs of risk may be unrecognized
- Polypharmacy risks
- Fatal Five
- Impact of clinical issues

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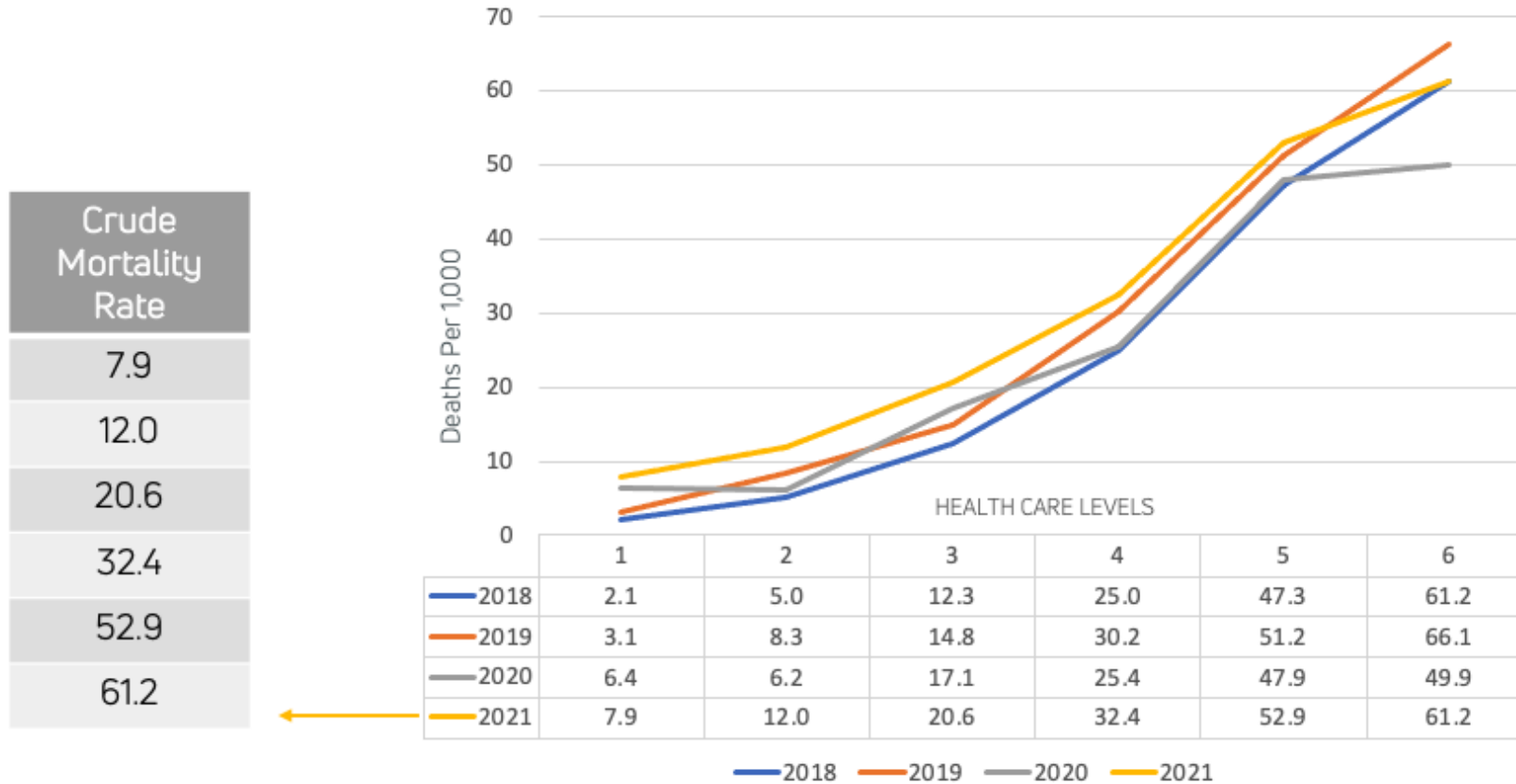
Crude Mortality Rate
7.9
12.0
20.6
32.4
52.9
61.2

HEALTH CARE LEVELS	1	2	3	4	5	6
2018	2.1	5.0	12.3	25.0	47.3	61.2
2019	3.1	8.3	14.8	30.2	51.2	66.1
2020	6.4	6.2	17.1	25.4	47.9	49.9
2021	7.9	12.0	20.6	32.4	52.9	61.2

2018   2019   2020   2021

- Demonstrated capacity to properly and timely assess individuals.

- P/S/CE: Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol

- S/CE: P and Demonstrate use of HRS data and recommendations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.

HRST Reports/Data

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Persons Served List Reports

These reports will be run using the Persons Served List, *AS CURRENTLY FILTERED.* Filter the list first to the data you wish to see, then run the report. The report will only consider for inclusion those rows that appear in your filtered list.

search for...

▷ 📒 Assignments
▷ 📒 Audit
▷ 📒 Change Over Time
▷ 📒 Compliance
▷ 📒 Database Stats
▷ 📒 Demographics
▷ 📒 Diagnoses
▷ 📒 Distribution
▷ 📒 Health Tracker
▷ 📒 Medications
▷ 📒 Person Centered Description
▷ 📒 Special Conditions

Report Format
⦿ Web ⦿ PDF ⦿ Excel

Generate Report

- The pathway is Persons Served > Standard Reports > Compliance > Record Activity.
- The Record Activity report with return:
  - First Name
  - Last Name
  - MCI # Provider Name, SCO, Health Care Level
  - Last HRST Update Date
  - Last Medication Update Date
  - Last DX Update Date
- A blank value in any of the date fields indicates that individual's record has never been updated.

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search for...

- ▷ 📁 Assignments
- ▷ 📁 Audit
- ▷ 📁 Change Over Time
- ◢ 📁 Compliance
  - ▷ 📁 Clinical Reviews
  - 📄 Count of Persons with NO Diags, Med or Ratings
  - 📄 Persons with Rating Item(s) Not Updated in Past 365 Days.
  - 📄 Individuals with Plan Date within the Next 90 Days
  - 📄 Vaccination History
  - 📄 Last Update
  - 📄 Record Activity
  - 📄 Record Activity with Provider
  - 📄 Persons with NO Diagnoses or Medications
  - 📄 Update Count by Rater
  - 📄 Persons with no Health Care Level
- ▷ 📁 Database Stats
- ▷ 📁 Demographics
- ▷ 📁 Diagnoses
- ▷ 📁 Distribution
- ▷ 📁 Health Tracker
- ▷ 📁 Medications
- ▷ 📁 Person Centered Description
- ▷ 📁 Special Conditions

Record Activity with Provider

Returns the last update date for HRST, Medication, and Diagnoses entry per persons served record, along with Direct Care provider, Admin Entity and SC agency.

Report Format

⦿ Web ⦿ PDF ⦿ Excel

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search for...

- ▷ Assignments
- ▷ Audit
- ▷ Change Over Time
- ▷ Compliance
- ▷ Demographics
- ▲ Database Stats
  - Total Up-to-date Rated Records
  - Total Completed Clinical Reviews
  - Total HRSTs Not Updated in 365 Days
  - Total Records Needing Clinical Review
  - Total Clinical Reviews with No Response from Rater
  - Total Incomplete Clinical Reviews Not Done 14 Days After Last Rating Upd
- ▷ Diagnoses
- ▷ Distribution
- ▷ Health Tracker
- ▷ Medications
- ▷ Person Centered Description
- ▷ Special Conditions

Total Incomplete Clinical Reviews Not Done 14 Days After Last Rating Update

This will return a count of clinical reviews not done 14 days after last rating update.Includes all active persons who qualify for a Clinical Review where 14 days have passed since the last rating update, and the Clinical Review is out of compliance. Clinical Reviews should be completed within 14 days of the last Rating update. Entries on this report are out of compliance for one of two reasons: 1. It has been more than 14 days since the last Rating date and there has been no Clinical Review. 2. A Clinical Review was completed, but it was done more than 14 days after the last Rating date.

Report Format
○ Web   ○ PDF   ○ Excel

Generate Report

18

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Persons Served List Reports

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- ▷ 📁 Assignments
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- ▷ 📁 Demographics
- ▷ 📁 Diagnoses
- ▲ 📁 Distribution
  - ▷ 📁 Categories
  - ▷ 📁 Considerations
  - ▲ 📁 Health Care Level (HCL) Distribution
    - 📄 Health Care Level (HCL) Distribution (Column Chart)
    - 📄 Health Care Level (HCL) Distribution (Pie Chart)
    - 📄 Average Health Care Level (HCL) by Region
    - 📄 Count of Persons with HCL 3 or Higher by Region
  - ▷ 📁 Scoring Distribution
- ▷ 📁 Health Tracker
- ▷ 📁 Medications
- ▷ 📁 Person Centered Description
- ▷ 📁 Special Conditions

Health Care Level (HCL) Distribution (Pie Chart)

Shows distribution of Health Care Levels among fully rated individuals in the list.

Report Format

⦿ Web ⦿ PDF ⦿ Excel

Generate Report

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Health Care Level (HCL) Distribution (Pie Chart)

Shows distribution of Health Care Levels among fully rated individuals in the list.

This report is based on a filtered list. List filters applied are:

- Status : Active

[PDF] [Excel] [Schedule Report]

3: 17% (98)
6: 25% (144)
5: 17% (100)
1: 9% (53)
2: 14% (79)
4: 18% (107)
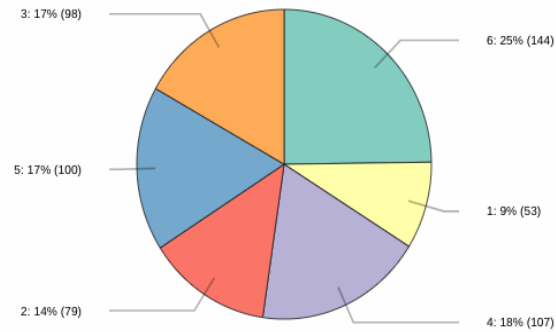
Show 10 entries   Search:

Last	First	DoB	Region	HCL
Adams	Wendy	08/19/1985	Team B	3
Adelman	Benjamin	07/21/1982	Team A	1
Affleck	Nash	11/30/2002	Team B	4
Affleck	Quinta	04/12/1946	Team B	6
Affleck	Roosevelt	04/13/1940	Team B	4
Affleck	Sherrie	04/09/1973	Team B	2
Affleck	Sholanda	08/18/1985	Team B	1
Affleck	Trevor	05/21/1964	Team A	6
Affleck	Uri	04/24/1973	Team B	4
Affleck	Yamin	09/25/1952	Team B	4

Showing 1 to 10 of 581 entries   Previous 1 2 3 4 5 … 59 Next

Psychotropic Medication Use

Persons Served List Reports

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search for...

- ▷ 📁 Assignments
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- ▷ 📁 Change Over Time
- ▷ 📁 Compliance
- ▷ 📁 Database Stats
- ▷ 📁 Demographics
- ▷ 📁 Diagnoses
- ◢ 📁 Distribution
  - ▷ 📁 Categories
  - ▷ 📁 Considerations
  - ▷ 📁 Health Care Level (HCL) Distribution
  - ▷ 📁 Scoring Distribution
- ▷ 📁 Health Tracker
- ◢ 📁 Medications
  - 📄 All Medications by Individual
  - 📄 Current Unique Medications by Individual
  - 📄 Individuals on a Specific Medication
  - 📄 Individuals on Psychotropic Medications
  - 📄 Individuals on Clozaril/Clozapine
  - 📄 Individuals on TD Medications
  - 📄 Individuals With N or More Psychotropics
  - 📄 Medications and Related Diagnosis
  - 📄 Medications by Purpose
  - 📄 Medications for Persons with Behavior Challenges
  - 📄 Scoring Distribution - J. Psychotropic Meds
  - 📄 User Entered Meds Not Selected From List

Individuals With N or More Psychotropics

Shows all individuals with N or more psychotropics medications entered on their Medications page and no End Date has been entered. The default number is 3.

Report Format

🔘 Web ⚫ PDF ⚫ Excel

This report may be customized with inputs

Set Inputs   Default Values

Number of Psychotropics

3

Psychotropic Medication Use

-

Individuals With N or More Psychotropics

Shows all individuals with N or more psychotropics medications entered on their Medications page and no End Date has been entered. The default number is 3.

This report is based on a filtered list. List filters applied are:

- Status : Active

The following inputs were used to create this list:
- Number of Psychotropics: 3

PDF   Excel   Schedule Report

5: 16% (16)
10: 1% (1)
6: 2% (2)
8: 1% (1)
7: 1% (1)
11: 1% (1)
4: 26% (27)
3: 51% (52)
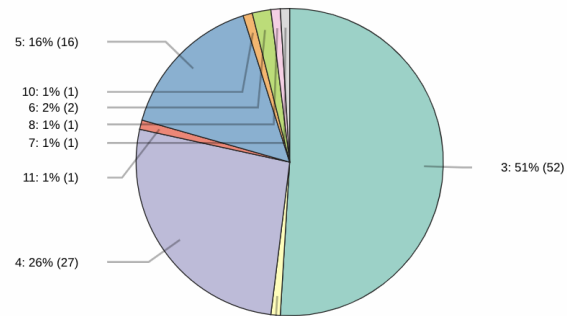
Show 10 entries   Search:

Last	First	DoB	Region	Number
Banner	Christopher	04/09/1973	Team B	3
Morris	Yonah	04/09/1973	Team B	3
Adams	Alice	04/09/1973	Team B	3
Galler	Colin	05/29/1996	Team B	3

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- S/CE: Provide a plan for and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST); Measure interruption in daily activity because of illness ("clinical issues") to improve health outcomes

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Persons Served List Reports

×

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search for...

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▷ 📒 Diagnoses
◢ 📒 Distribution
   ▷ 📒 Categories
   ▷ 📒 Considerations
   ▷ 📒 Health Care Level (HCL) Distribution
   ◢ 📒 Scoring Distribution
      📄 Scoring Distribution - A. Eating
      📄 Scoring Distribution - B. Ambulation
      📄 Scoring Distribution - C. Transfer
      📄 Scoring Distribution - D. Toileting
      📄 Scoring Distribution - E. Clinical Issues
      📄 Scoring Distribution - F. Self Abuse
      📄 Scoring Distribution - G. Aggression

Scoring Distribution - E. Clinical Issues

Shows distribution of ratings for Clinical Issues among individuals in the list.

Report Format

⦿ Web   ⦿ PDF   ⦿ Excel

◢ 📒 Scoring Distribution
   📄 Scoring Distribution - A. Eating
   📄 Scoring Distribution - B. Ambulation
   📄 Scoring Distribution - C. Transfer
   📄 Scoring Distribution - D. Toileting
   📄 Scoring Distribution - E. Clinical Issues
   📄 Scoring Distribution - F. Self Abuse
   📄 Scoring Distribution - G. Aggression
   📄 Scoring Distribution - H. Behavior Support Physical
   📄 Scoring Distribution - I. Behavior Support Chemical
   📄 Scoring Distribution - J. Psychotropic Meds
   📄 Scoring Distribution - K. Gastrointestinal
   📄 Scoring Distribution - L. Seizures
   📄 Scoring Distribution - M. Anticonvulsant
   📄 Scoring Distribution - N. Skin Breakdown
   📄 Scoring Distribution - O. Bowel Function
   📄 Scoring Distribution - P. Nutrition
   📄 Scoring Distribution - Q. High Risk Treatments
   📄 Scoring Distribution - R. Injuries
   📄 Scoring Distribution - S. Falls
   📄 Scoring Distribution - T. Prof. Healthcare Svcs.
   📄 Scoring Distribution - U. Emer. Room Visits
   📄 Scoring Distribution - V. Hosp Admissions
   📄 Rating Items Scored 3 or Higher
▷ 📒 Health Tracker
▷ 📒 Medications
▷ 📒 Person Centered Description

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Scoring Distribution - E. Clinical Issues

Shows distribution of ratings for Clinical Issues among individuals in the list.

This report is based on a filtered list. List filters applied are:

- Status : Active

PDF   Excel   Schedule Report

4: 21% (129)
1: 31% (194)
3: 15% (94)
0: 11% (70)
2: 22% (139)
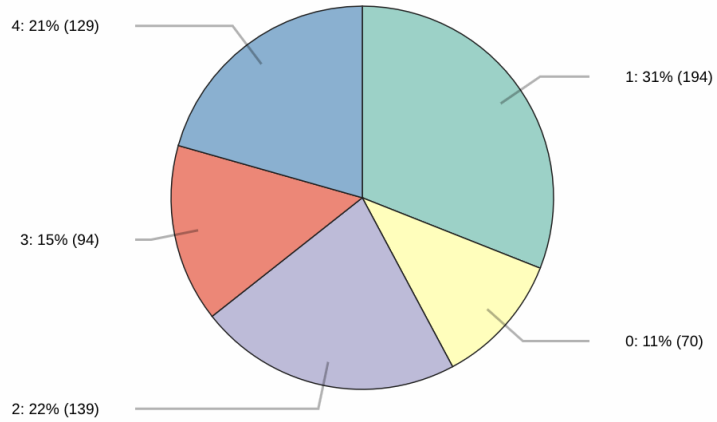
Show 10 entries   Search:

Last	First	DoB	Region	HCL	Score
Affleck	Quinta	04/12/1946	Team B	6	3
Affleck	Trevor	05/21/1964	Team A	6	1
Agnew	Garrett	05/21/1964	Team A	6	2
Agnew	Padma	04/09/1973	Team B	6	2

Avoidable Hospitalizations

Individuals With 4 on Item O, Bowel Function

Shows all individuals with a score of 4 on item O, Bowel Function, indicating history of hospitalization due to bowel obstruction.

This report is based on a filtered list. List filters applied are:

- Status : Active
- HCL over : 1

PDF Excel Schedule Report

Show 10 entries   Search:

Last	First	Age	Region	O - Bowel Function Score	Rater Employer	Last Rater	Last Clinical Reviewer
Affleck	Trevor	60	Team A	4	Provider N	Ramsey, Darla	Lancaster, Brandon
Agnew	Henry	51	Team B	4	IntellectAbility	Moeser, Maryellen	
Agnew	Toshi	60	Team A	4	IntellectAbility	Milan, Elizabeth	Milan, Elizabeth
Agnew	Zazi	60	Team A	4	IntellectAbility	Cruz, Emilio	Cruz, Emilio
Alexander	Johnathon	71	RN 1	4	IntellectAbility	Smith, Michelle	
Alexander	Johnny	72	Team A	4	IntellectAbility	Filippi, Donna	Tallent, Daleigh
Alexander	Jon	75	Team A	4	IntellectAbility	Armstrong, Tammy	Neal, Sherry
Alford	Amy	60	Team A	4	Peach Training, Inc.	Mathews, Erin	
Alford	Rudy	51	Team B	4	Patrick Lane	Lane, Patrick	
Allen	Rudy	51	Team B	4	Patrick Lane	Lane, Patrick	Neal, Sherry

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Persons Served List Reports

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- ▷ 📁 Database Stats
- ▷ 📁 Demographics
- ▲ 📁 Diagnoses
  - 📄 All Current Diagnoses
  - 📄 All Current Diagnoses with Other ID
  - 📄 Diagnosis Counts
  - 📄 Persons With Diagnosis of Autism
  - 📄 Persons With Diagnosis of Diabetes Compared to Those Without
  - 📄 Persons With Diagnosis of Diabetes
  - 📄 Persons With Diagnosis of Hypertension
  - 📄 Persons With Diagnosis of Down Syndrome
  - 📄 Persons With Diagnosis of Down Syndrome and other diseases
- ▷ 📁 Distribution
- ▷ 📁 Health Tracker
- ▷ 📁 Medications
- ▷ 📁 Person Centered Description
- ▷ 📁 Special Conditions

Persons With Diagnosis of Diabetes

Shows all persons with a diagnosis of diabetes.

Report Format
◉ Web ● PDF ● Excel

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- ▷ 📁 Assignments
- ▷ 📁 Audit
- ▷ 📁 Change Over Time
- ▷ 📁 Compliance
- ▷ 📁 Database Stats
- ▲ 📁 Demographics
  - 📄 Vital Indicator Info
  - 📄 BMI Info Any Period
  - 📄 BMI Info
  - 📄 Individual Address Info
  - 📄 Persons Served My Contacts Info
  - 📄 BP Not Updated in 6 Months
  - 📄 Death Info for Deceased Persons
  - 📄 Individuals with Birthday Within Next 60 Days
  - 📄 Individuals with Birthday Within Next 90 Days
  - 📄 Individuals with Birthday Within Next 120 Days
  - 📄 Individuals with Birthday Within Next N Days
  - 📄 HRST Update Required Prior to Birthday
  - 📄 HRST Update Required Prior to Birthday with Providers
  - 📄 Persons With No Waiver Designated
  - 📄 Waiver Totals

BMI Info

Shows individual's current height, weight and calculated BMI value.

Report Format
◉ Web ● PDF ● Excel

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<u>Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively</u>

- CN-DD/Bx.03.1
- Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include the following:
  - **Description of support/resources for DSPs and FLSs for crisis situations**
  - **Curriculum-based crisis response training used by the agency**
  - **Procedure for debriefing with staff and individuals after engagement in physical restraint**

- Response should address all 3 components of CN-DD/Bx.03.1
- Incident Management vs. Crisis Management
- De-escalation and crisis response does not equal physical interventions
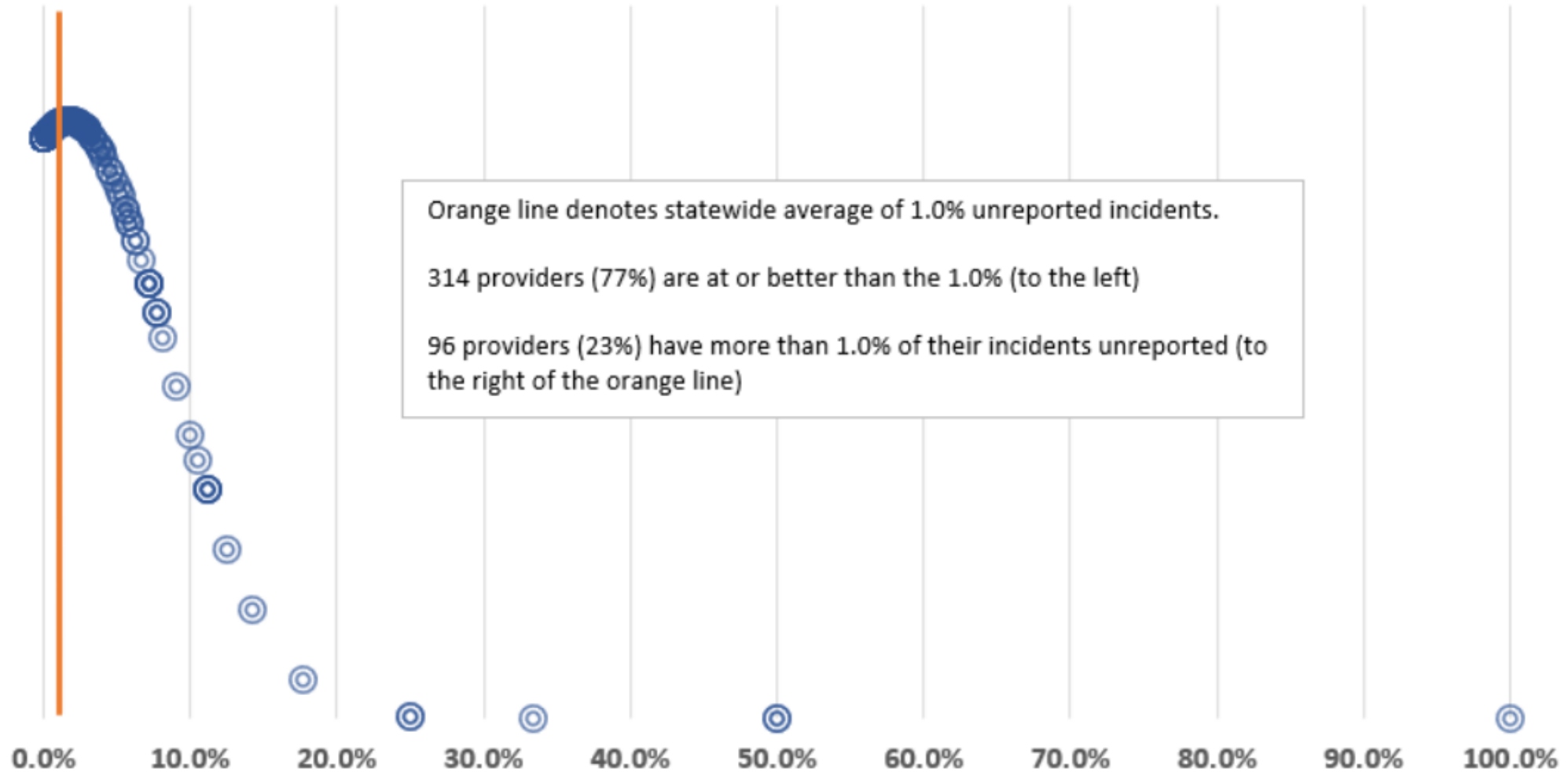
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- Incident Management - The response to an event, intended to ensure the adequate, appropriate, and effective protection and promotion of the health, safety, and rights of the individual
  - Reflects person-centered practices
  - Begins with recognition, reporting and response
  - Promotes prevention of incident recurrence
  - Emphasizes agency-wide analysis of incidents to implement processes that promote system-wide changes for quality improvement
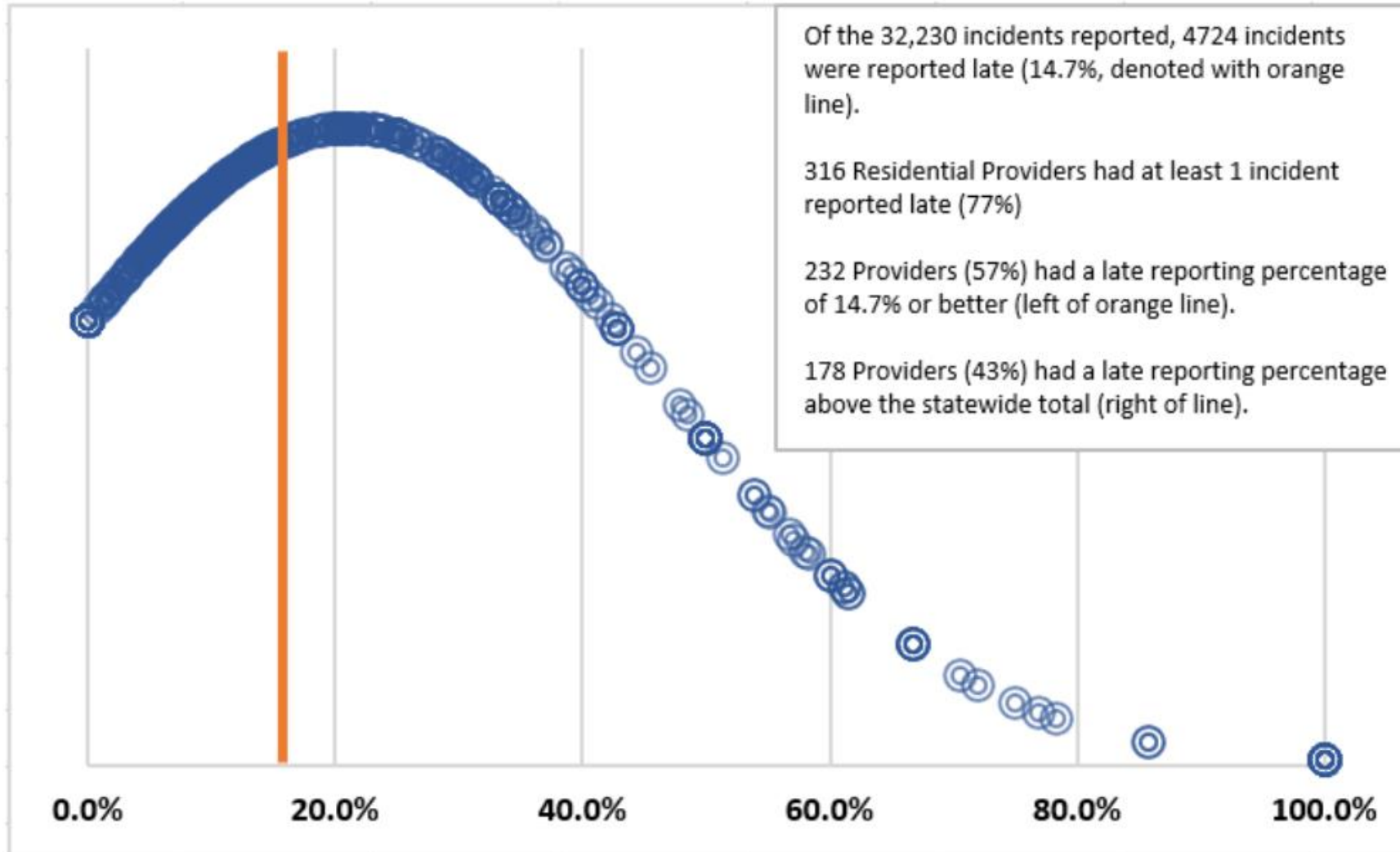
De-escalation and Crisis Response

- Anticipating and responding to behavioral crises
- Individualized / Person centered approach
- Trauma / Trauma informed care
- Risk identification and Assessment
- Crisis prevention and early intervention
- De-escalation techniques
- Role of Communication and effective techniques during a crisis
  - Active Listening, body language, non-verbal cues, distance, body position, tone
- Teamwork / Collaboration
- Physical interventions
  - Only when necessary as a last resort to maintain safety
- Post-Crisis debriefing, recovery and support
  - (including documentation, analysis and plan updates, self-care, team support…)

Unreported Incidents
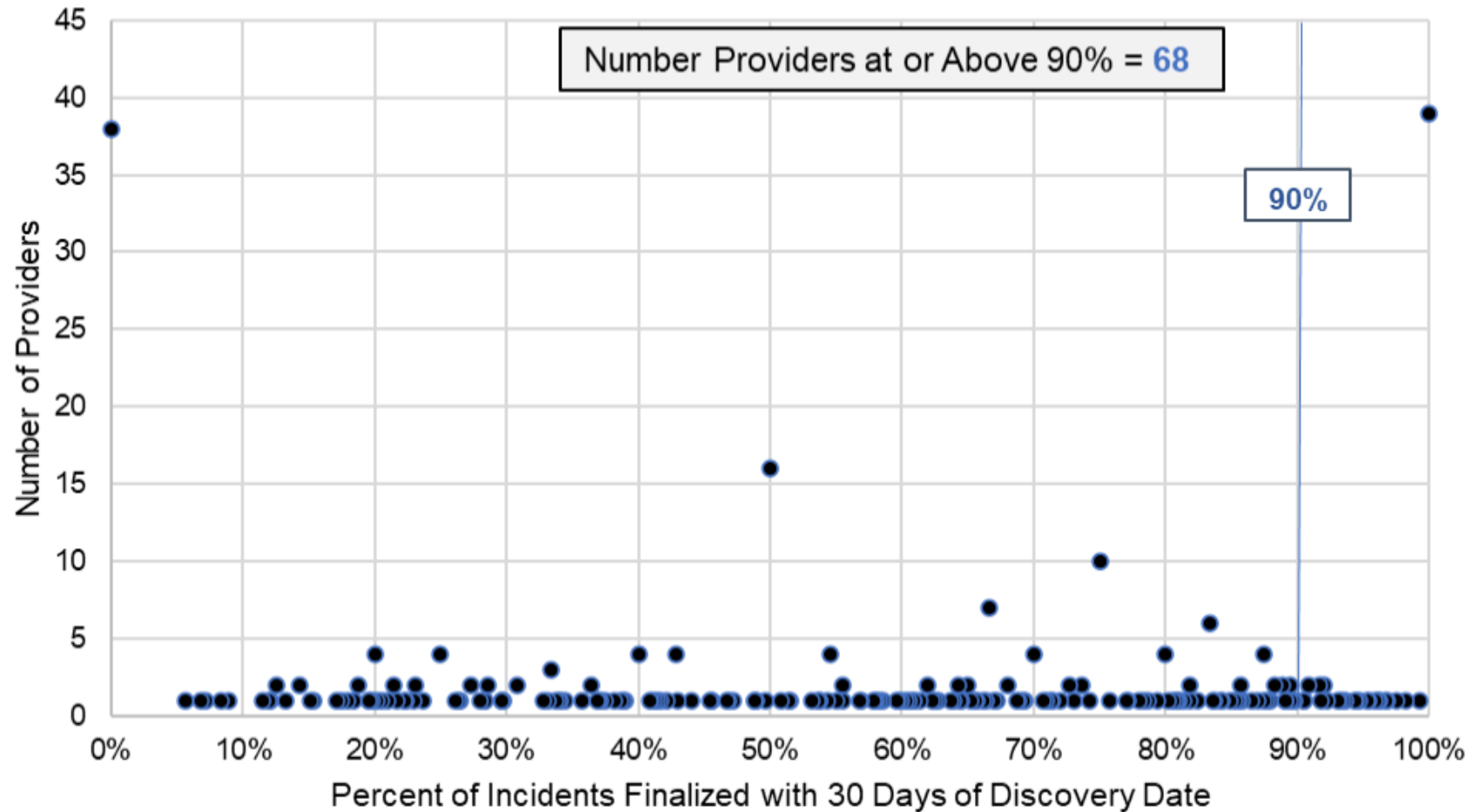
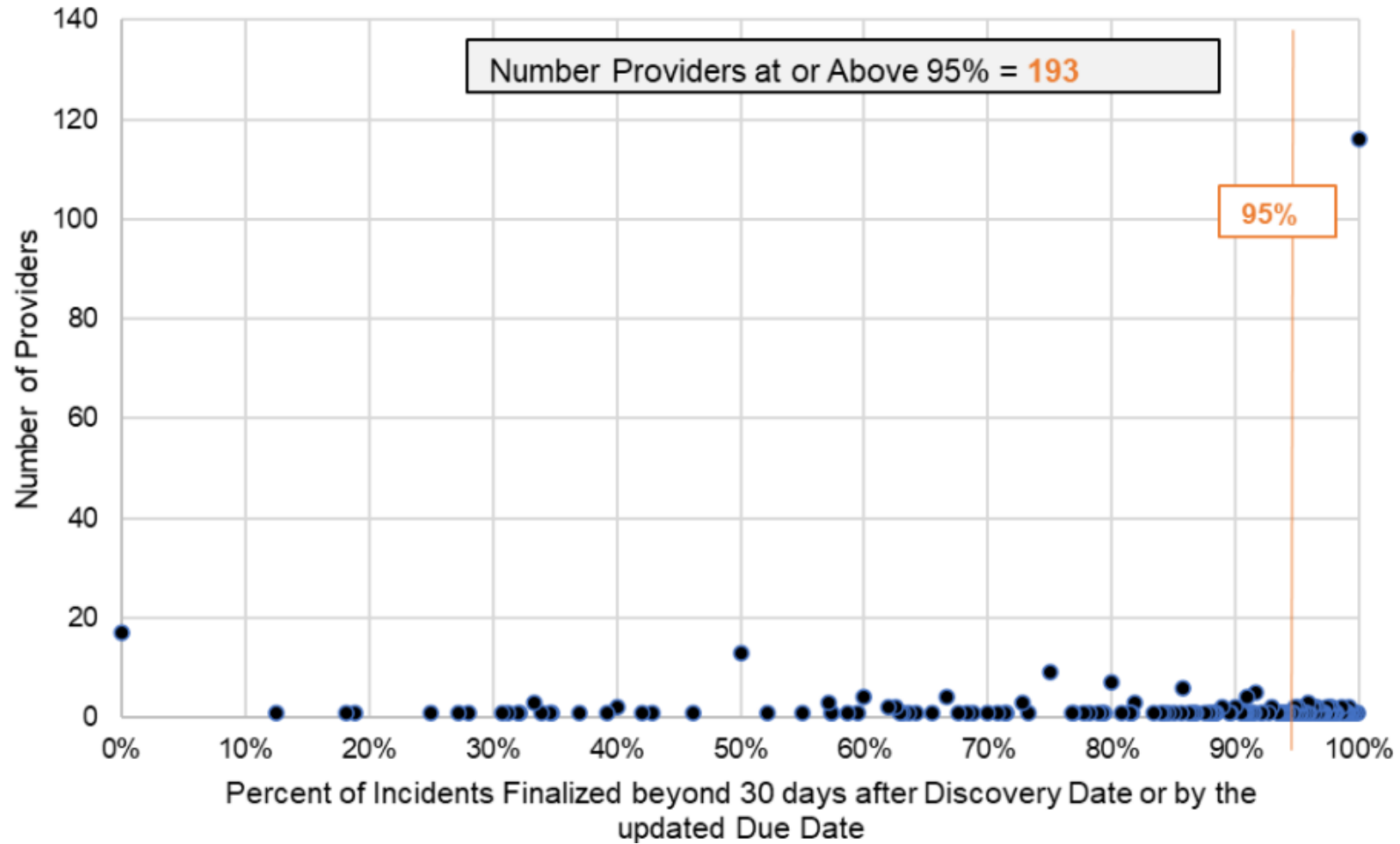Orange line denotes statewide average of 1.0% unreported incidents.

314 providers (77%) are at or better than the 1.0% (to the left)

96 providers (23%) have more than 1.0% of their incidents unreported (to the right of the orange line)

Late Incident Reporting

Of the 32,230 incidents reported, 4724 incidents were reported late (14.7%, denoted with orange line).

316 Residential Providers had at least 1 incident reported late (77%)

232 Providers (57%) had a late reporting percentage of 14.7% or better (left of orange line).

178 Providers (43%) had a late reporting percentage above the statewide total (right of line).

Pennsylvania
Department of Human Services

Closed Incidents Finalized in Calendar Year 2023

Closed Incidents Finalized in Calendar Year 2023 (2)

Pennsylvania
Department of Human Services
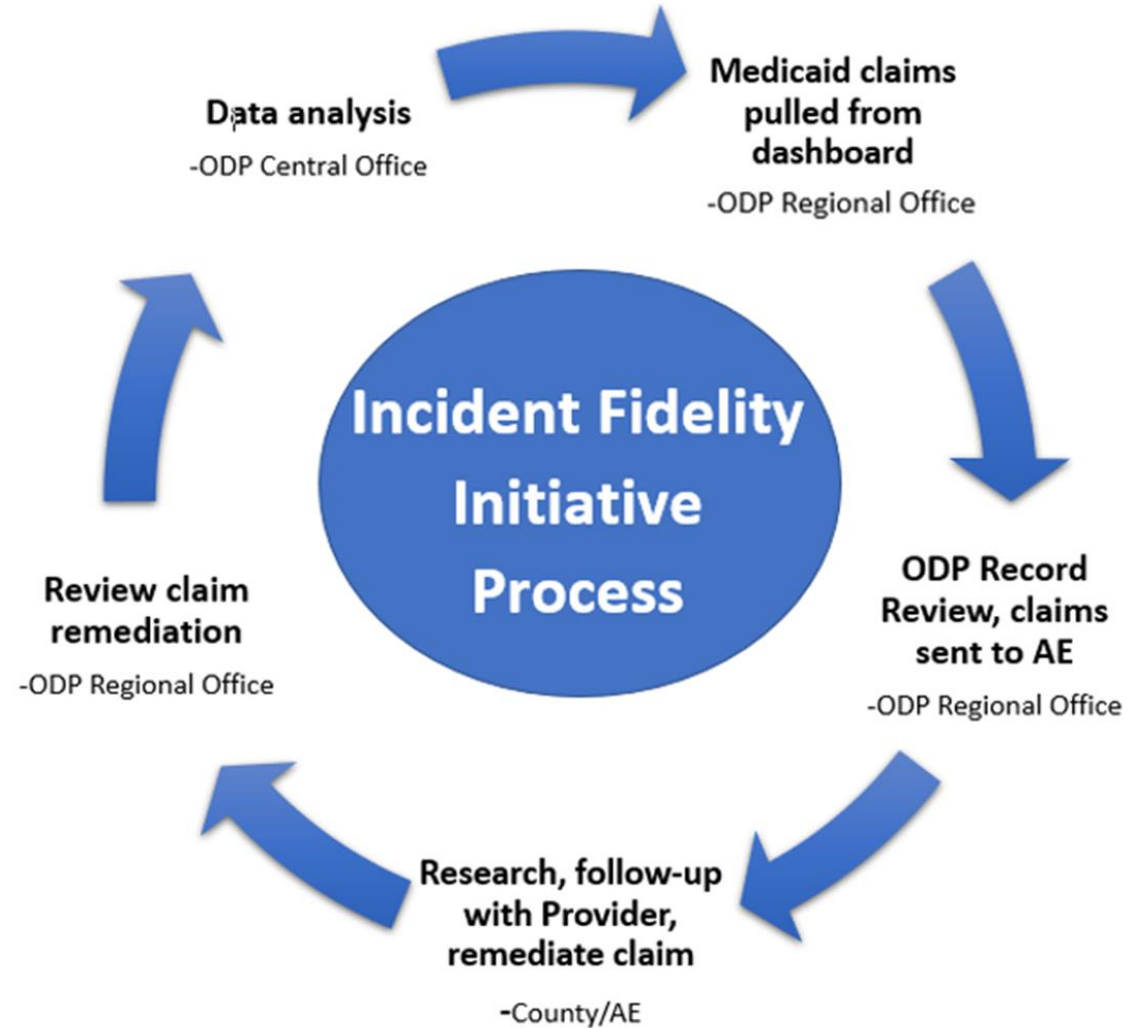
Guide for Using the Incident Management Overview Dashboard to Assess PBC Measures RM-IM .01.2, .01.3, and .01.4 - Final.pptx

Pennsylvania
Department of Human Services

- ODP will update the tools and guidance to reflect review period timeframe

- Measures will **<u>not</u>** change between August and February/March

- Additional communications and reminders will be sent closer to February

- ODP will continue to provide virtual office hours

- FAQ on MyODP will be updated as needed

- Providers can be reviewing their 2024 statistics and gathering documentation of policies and procedures, etc.

Questions?

Resources

- PBC Mailbox ra-pwodppbc@pa.gov

- MyODP PBC resource page

- Incident Management measures resources
  - Using the IM Dashboard
    - ODP Announcement 22-115
    - ODP Announcement 24-082

- FAQs published on myODP PBC FAQs

- Held two Virtual Office Hours for 8/2024 applicants

- Quarterly Provider Forums
  - October 4, 2024, 11:30-1pm
  - December 16, 2024, 12:30-2pm