



PBC Quarterly Provider Forum

Residential Performance-Based Contracting

September 9, 2026



- Status Updates: Tier Determination Outcomes
- Residential Criteria
- CQI for the Provider Community – 4 VOHs (3 upcoming)
- Measures Newly Required for Primary
- Fiscal Readiness – ADM.01.2
- What is a Case Study? – QI.01.5
- NADSP Portal Access
- Poll: the PBC Residential Provider Manual
- Provider Performance Review Update: Access, Community Integration, and Service Utilization
- Important Dates
- Resources

Status Update: Tier Determination Outcomes



Pennsylvania
Department of Human Services

- 410 providers submitted for tier determinations
 - Primary: 318
 - Select: 58
 - Clinically Enhanced: 34
 - Did not submit: 23
- Outcomes prior to Resolution
 - Primary: 384
 - Select: 5
 - Clinically Enhanced: 6
 - Unassigned: 38 (includes 23 providers that did not submit)
- 53 providers submitted for the Resolution Process

Final Outcomes	2025	2026	Change
Primary	411	350	-61
Select	16	31	+15
Clinically Enhanced	7	14	+7
Unassigned	0	38	+38
Total	434	433	-1

Status Update: Tier Determination Outcomes



Pennsylvania
Department of Human Services

Tier Determination	Individuals Served
Primary	8916
Select	3969
Clinically Enhanced - Dual Diagnosis	951
Clinically Enhanced - Medical and Dual Diagnosis	137
Unassigned	805
Grand Total	14778
Total served in Clinically Enhanced	1088
Total served in Advanced Tiers	5057
% Served by Advanced Tiers	34.2%
% Served by Unassigned	5.4%



The Residential Services Planning Tool (RSPT) was created to:

- Support consistent residential planning
- Base authorization decisions on assessed needs
- Provide structure for offering residential alternatives



ODP is identifying stakeholders who will review and advise on the draft **One-Person Residential Home Service Authorization Review Form**.

- **The aim of the workgroup is to provide feedback on the review form that ensures one-person residential homes are appropriate, person-centered, and meet safety and inclusion needs.**
 - Evaluate continued need for a one-person residential home
 - Identify risks related to isolation or limited oversight
 - Document supports required to improve safety and quality of life
 - Promote community integration and least restrictive options



- ODP is committed to continuous quality improvement
- Invitation-only Virtual Office Hours (VOH) for Providers that Missed Measures
 - **RM-HRS. 01** – using the Health Risk Screening Tool (9/2)
 - **CN-DD/Bx.03.1** - capacity to anticipate and de-escalate crisis (9/11)
 - **CN-DD/Bx.03.2-3** - providing training on the topic of trauma-informed care (9/22)
 - **QI.01.2** - Plan Do Check Act cycle for using HRST data (10/1)
 - Includes those that missed the Quality Management Policy measure
- These VOHs are an opportunity for providers not yet passing the measure to interact with the subject matter experts



- **QI.01.2:** Plan-Do-Check-Act Using HRST
- **QI.01.5:** Demonstrate use of HRS – Submitting a Case Study
- **RM-IM.01.1:** Fidelity – Incidents Not Reported
- **RM-IM.01.2:** Fidelity – Incidents Not Reported Timely
- **RM-IM.01.3:** Finalization of Incidents Within 30 Days
- **WF.01.3:** Increase DSP Credentialing/Enrolled by 2 Percentage Points
- **WF.02.3:** Increase FLS Credentialing/Enrolled by 2 Percentage Points



- Providers will submit the most recent financial statement, audited if required. If a provider is not required to have an audited financial statement, the provider should submit Profit/Loss AND Balance Sheets.
- Please include the following (text boxes will be provided in MyPBC Portal):
 - Cash on hand - Measures how many days the organization could continue to cover operating expenses using available cash and equivalents. $[(\text{Cash} + \text{Cash Equivalents}) / \text{Daily Operating Expenses}]$
 - Debt to asset ratio - Compares total liabilities to assets, indicating the degree to which the organization is financing operations through debt versus owned funds. $[\text{Total Liabilities} / \text{Provider Assets}]$
 - Debt to service coverage ratio - Assesses the organization's ability to pay its debt obligations from its operating income. $[\text{Net Operating Income} / \text{Total Debt Service}]$
 - Overtime wage percentage - Reflects the portion of total wage expenses spent on overtime, helping to identify potential staffing or productivity issues. $[\text{Overtime Wage Expenses} / \text{Total Wage Expenses}]$



Providers will detail the use of data and considerations from available sources to improve health outcomes at the **individual level** by submitting a CY26 case study with Personally Identifiable Information (PII) removed. Provider information will detail the types of data used as well as the manner in which the data has been applied in pursuit of improved health outcomes. A case study is a narrative document that includes the following components:

1. De-identified descriptive information about the individual.
2. Specific health and safety risks noted in the completed HRS.
3. Specific Service and/or Training Considerations generated as a result of the risks noted in the screening **OR** specific recommendations made by a health care provider based on risks noted in the screening.
4. The process that the team used to prioritize Service and/or Training Considerations.
5. Which Considerations **OR** specific recommendations made by a health care provider based on risks noted in the screening were pursued.
6. The health and safety outcomes for the individual as a result of pursuing Considerations OR specific recommendations made by a health care provider.



- PBC Performance Measures **WF 1.3, 1.4, 2.3, and 2.4** review a provider's progress with implementing an **agency-level credentialing program** for Direct Support Professionals and Frontline Supervisors.
- To validate the number of **credentialed/enrolled** staff associated with PBC and Pay for Performance initiatives, ODP needs access to the data within your agency's National Alliance for Direct Support Professionals (NADSP) Portal.
- If you received an email requesting access from the PBC Mailbox, and have not yet **completed the permission process** established by NADSP, you can do so by using the following link: [NADSP Portal Access Request](#)
- Once the Access Request is complete, ODP will notify NADSP.



- Providers that have given ODP access to their portals: 311
 - Providers that have given permission, but do not appear to have portals: 22
- Providers that have opted out due to being Lifesharing-only: 2
- Providers getting portals set up: 3
- Providers with portals, that have not yet given permission: 45
- Providers we have not yet heard from: 72



Please use the Q&A Panel to share your ideas regarding additional content we should/could add to the PBC Manual

ISAC Provider Performance Review Subcommittee

September 2026

Most Common Referral Denial Reasons



Pennsylvania
Department of Human Services

Across PBC tiers for Residential Providers, the top three reasons for denying referrals remained constant. Note that these reasons were part of a predefined list for providers to select.

Denial Reason	Primary	Select	Clinically Enhanced
Vacancy Status	142 (40.4%)	39 (43.9%)	25 (43.9%)
Clinical Needs	127 (36.2%)	38 (33.9%)	17 (29.8%)
Location/Geography	82 (23.4%)	35 (31.3%)	15 (26.3%)

**All percentages shown represent the percentage of submissions (that listed a denial reason) that use the reason indicated*

**All responses reflect the tier a provider submitted for, not the tier they ultimately achieved*

Average Time to Service Initiation



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Department of Human Services

The average time to service initiation across **Advanced Tiers** was **59 days**. Every tier except CE – Medical (114 days) had averages of 60 days or fewer.

Statistic	Select	Clinically Enhanced
Average Time to Service Initiation	59 days	59 days
Count of MPIs with Average TTS < 90	36 providers	22 providers
Count of MPIs with Average TTS between 90 and 180	9 providers	3 providers
Count of MPIs with Average TTS > 180	1 provider	1 provider
Count of MPIs with TTS Entries	46 providers	26 providers

Key Takeaways

- 75% (58/77) of Advanced Tier submitters had an average time to service of less than 90 days, with 16% (12/77) having an average time to service between 90 and 180 days. Only 3% (2/77) providers exceeded an average time to service of 180 days
- 78% (36/46) of providers submitting for Select had an average under 90 days
- 85% (22/26) of providers submitting for one of the CE tiers had an average of under 90 days
- Providers submitting for CE – DD initiated services most promptly on average
- 20 providers did not list time to service data

*Averages and counts include only providers that **submitted for an Advanced Tier** (not required for Primary) that listed time to service initiation data

*All responses reflect the tier a provider submitted for, not the tier they ultimately achieved

Referrals Received and Accepted by Tier



Pennsylvania
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The following tables illustrate the differences between tiers in referrals accepted and denied. Acceptance rates for each tier are also included.

Referral Data	Primary	Select	Clinically Enhanced
Average No. of Referrals Accepted	3	8	8
Average No. of Referrals Denied	11	33	38
Average Rate of Acceptance*	38%	31%	38%
<u>Total</u> Referrals Accepted (by Tier)	922	446	288
<u>Total</u> Referrals Denied (by Tier)	3,555	1,938	1,301

Key Takeaways

- CE and Select submissions, on average, had the highest number of referrals accepted, but CE and Primary submissions had the highest acceptance rate
- Primary submissions had the lowest average number of denials by more than 20

**Average Rate of Acceptance is an average of ratios of each agency's individual acceptance percentage*

**All responses reflect the tier a provider submitted for, not the tier they ultimately achieved*

Trends in Provider-Initiated Discharges



Pennsylvania
Department of Human Services

The table below categorizes the reasons given by providers for provider-initiated discharges. The most common theme for each tier (and overall) is in bold. Submissions that listed no discharges or are not included in this analysis.

Theme	Primary	Select	Clinically Enhanced	Total
Higher level of care / support needs	17	6	5	28
Individual, family, or guardian preference	11	9	6	26
Death, hospitalization, or institutional transition	11	9	3	23
Safety, behavioral, or compliance concerns	7	6	6	19
Other / unspecified	5	0	0	5

Other / unspecified examples include no provider match, provider initiated, and youth aging out of program.

Key Takeaways

- The most cited discharge reason across tiers was a **higher level of care or support needed for the individual**, with Primary providers being the largest driver
- Responses relating to individual/family preference were cited at the highest rate for Advanced Tier submitters
- Safety, Behavioral, and Compliance concerns were mentioned least frequently

**Some discharge reasons fit into multiple categories, and were applied to both*

**All responses reflect the tier a provider submitted for, not the tier they ultimately achieved*

Definition of Standard

Demonstrate that individuals are engaged in meaningful activities outside of their home, as defined by the individual and based on their strengths, interests, and preferences.

Performance Measure

SCO performance on NCI-IDD PCP-5 must be no more than 5 percentage points below the statewide average OR SCO will submit a plan to achieve improvement to be within 5 percentage points of the statewide average on 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).

Process Details

The SCO's average IM4Q survey results (NCI-IPS question asked of larger IM4Q survey population) will be **no more than 5 percentage points below** Pennsylvania's most recent National Core Indicators - Intellectual and Developmental Disabilities In-Person Survey (NCI-IDD IPS) results for **PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities)**.

If the SCO's average survey results are **more than 5 percentage points below** the PA average within state results, then the SCO will be required to submit their plan for achieving improvement within 5 percentage points of the PA average within the state during the next ODP survey.

Plans must include the following elements at a minimum:

- a) baseline data
- b) timeframe/end goal date
- c) action items and/or measurable targets for improving
- d) responsible person(s)
- e) goal date for achieving each target/action item
- f) for ongoing/in process plans: progress made toward achieving each target/action item

"The same amount as now" and "No" were coded as positive responses. Percentages were calculated for each SCO. The average of the percentages was used as the outcome for the SCO PBC measure. *Question response options are listed in **BOLD***

Question

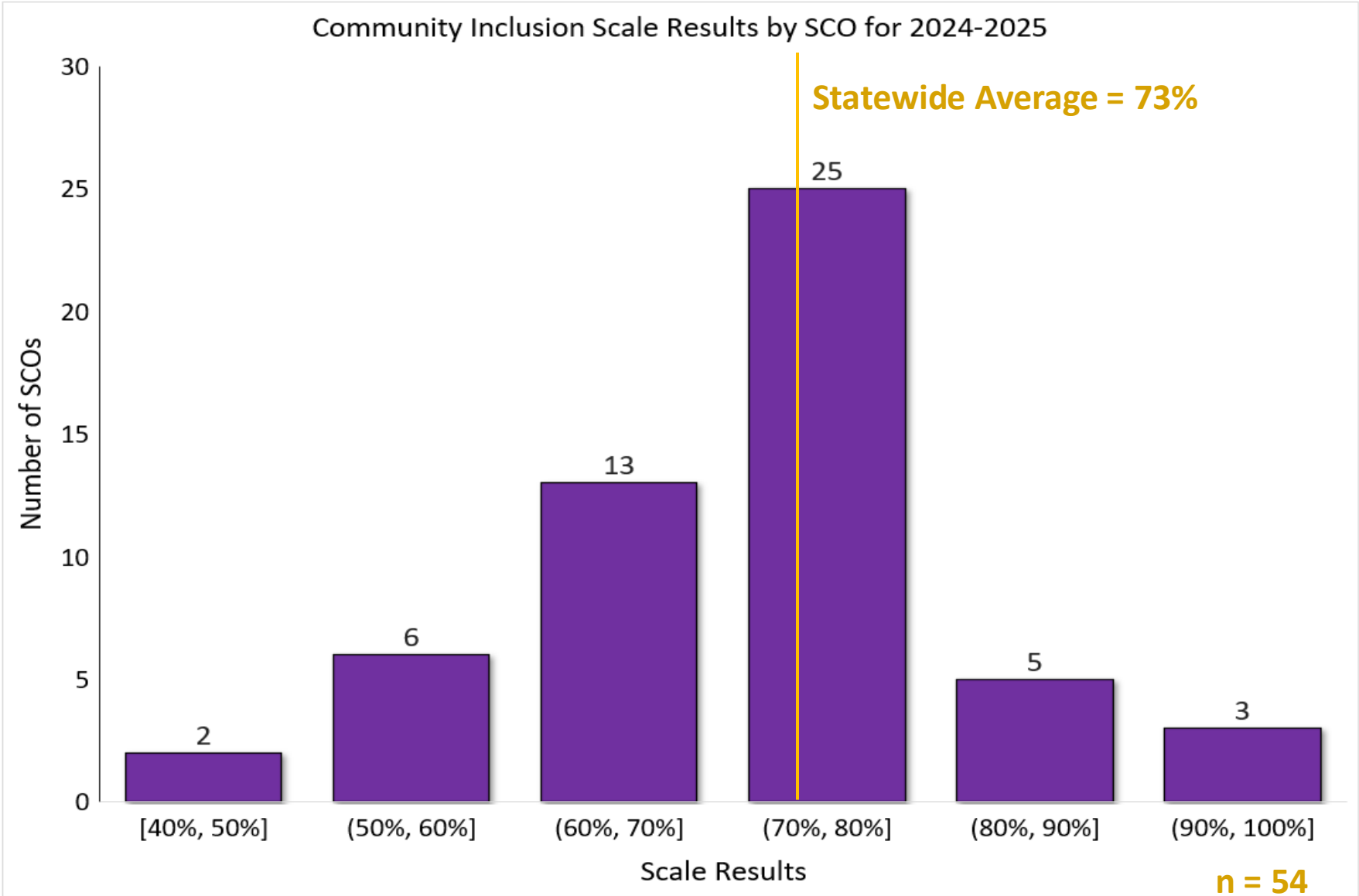
57. Think about how often you went shopping in the past month. Would you like to go shopping **more, less, or the same amount as now?**

60. Think about how often you went out for entertainment in the past month. Would you like to go out for entertainment **more, less, or the same amount as now?**

62. Think about how often you went to a restaurant or coffee shop in the past month. Would you like to go out to a restaurant or coffee shop **more, less, or the same amount as now?**

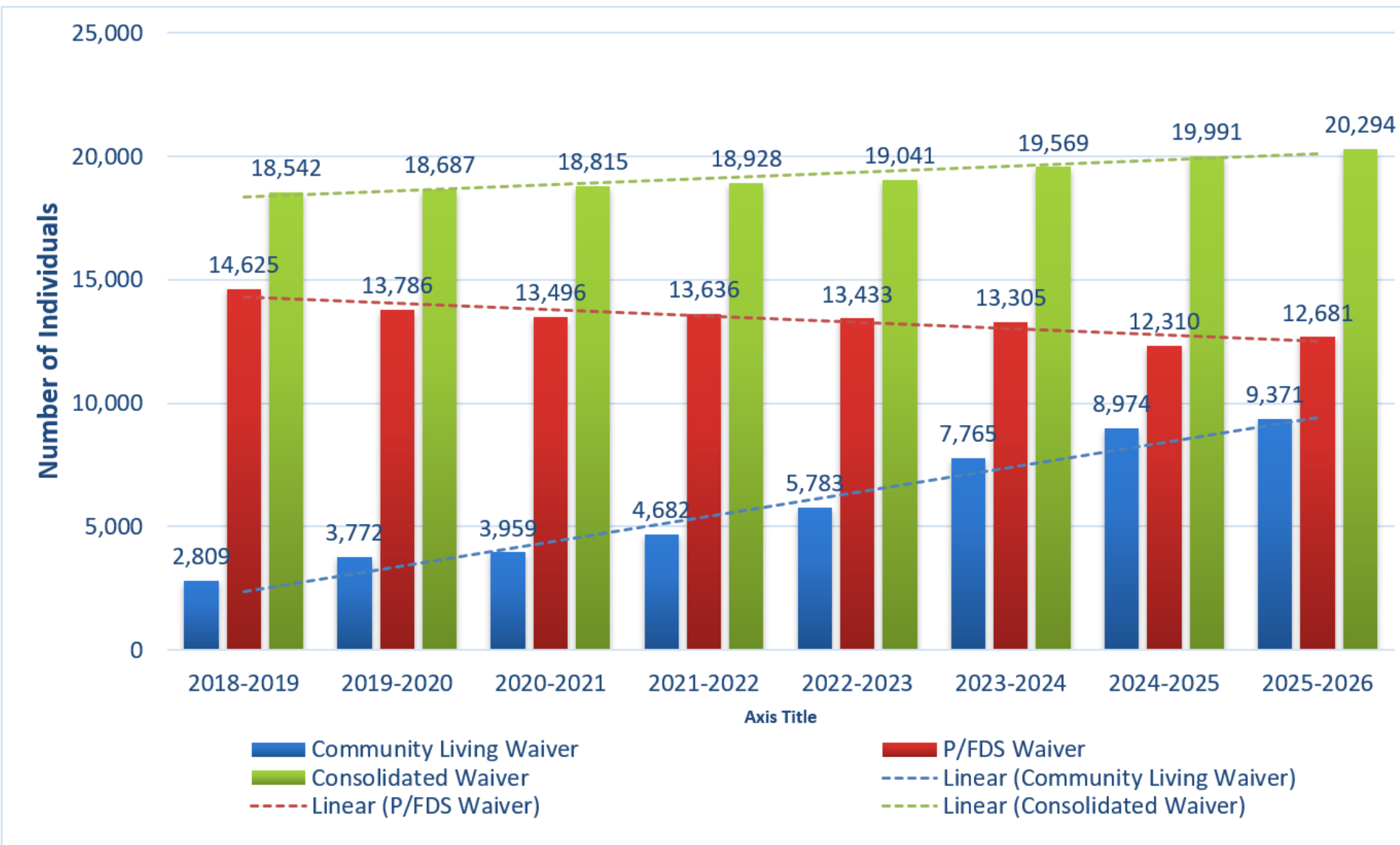
64. Think about how often you went to a religious service or spiritual practice in the past month. Would you like to go to religious services or spiritual practices **more, less, or the same amount as now?**

66. Do you want to be a part of more groups in your community? **Yes or No**



Participants in each ID/A waiver
FY18-19 through FY25-26 Trending
All SFY Snapshot data as of 6/30

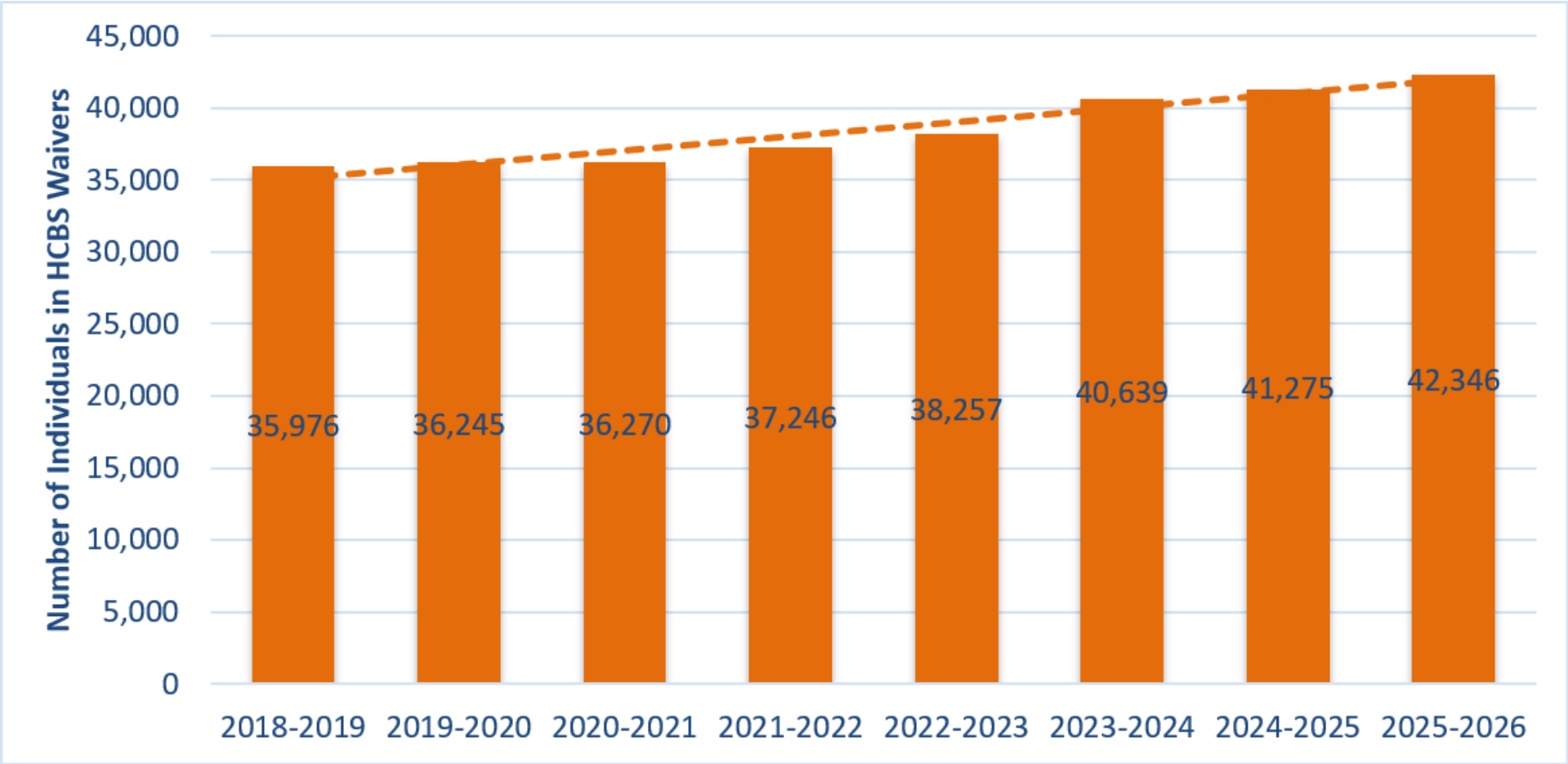
Data Source: EDW Consumer Demographics fact table (Cognos HCSIS Ad Hoc Package)



Participants in ID/A waivers
Total Enrollment FY18-19 through FY25-26
All SFY Snapshot data as of 6/30

Data Source: EDW Consumer Demographics fact table (Cognos HCSIS Ad Hoc Package)

17.8% increase over 8 years



ID Waiver Enrollees more than 180 Days without Service Utilization

FY18-19 through FY25-26

All FY Snapshot data pulled 6/30

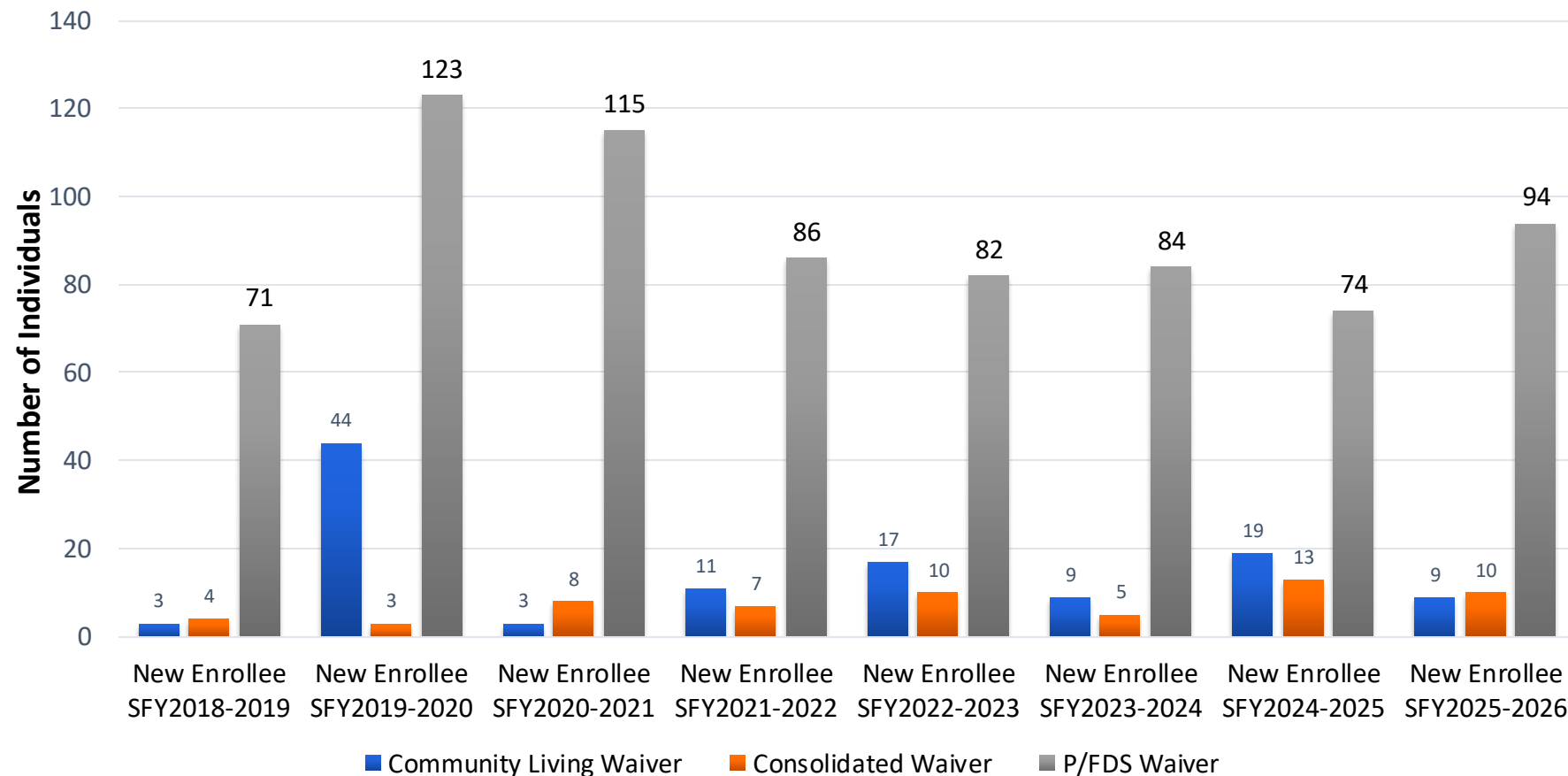


CLW Annual Average 14%

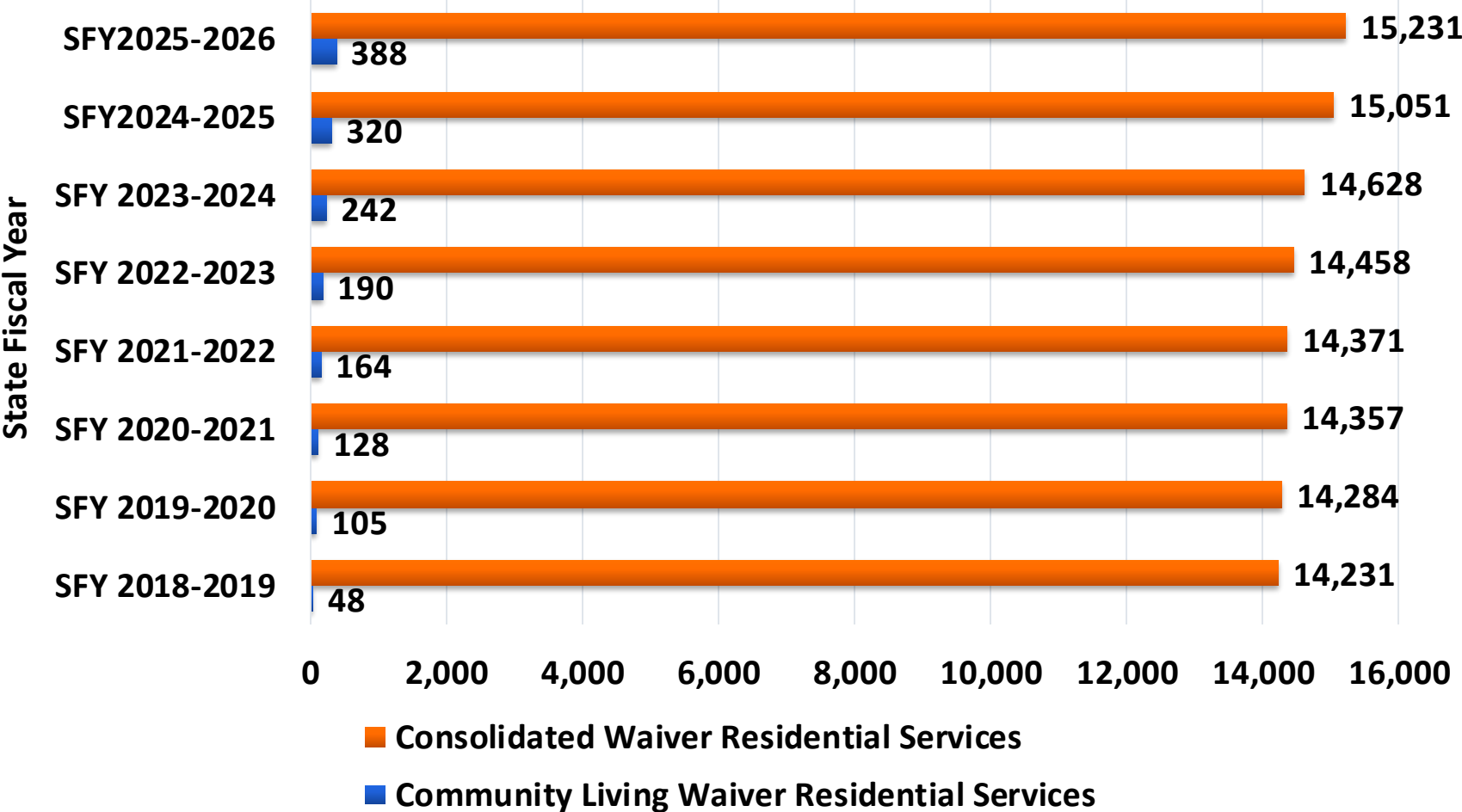
CW Annual Average 8%

P/FDS Annual Average 91%

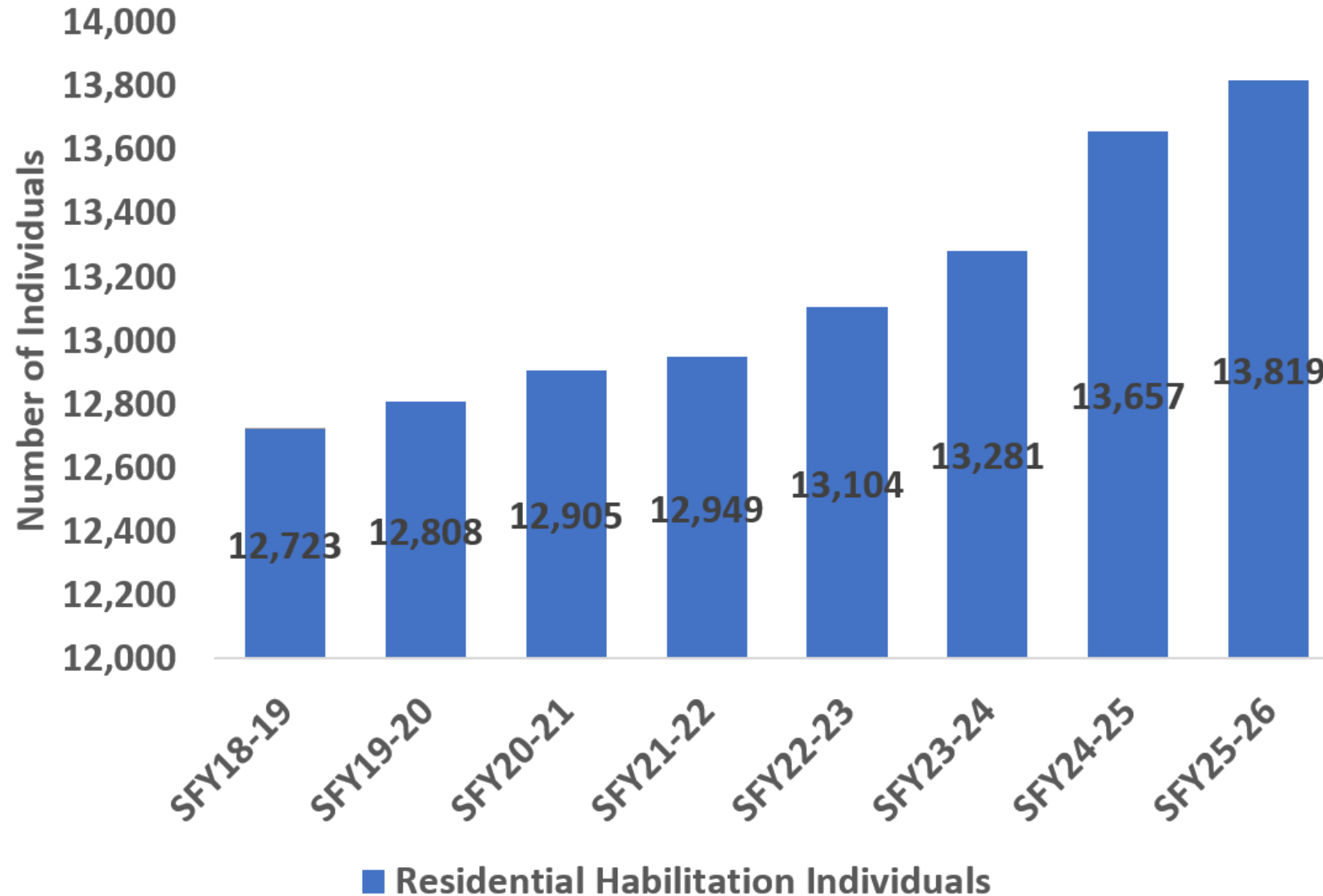
Authorization with No Utilization for up to 180 days



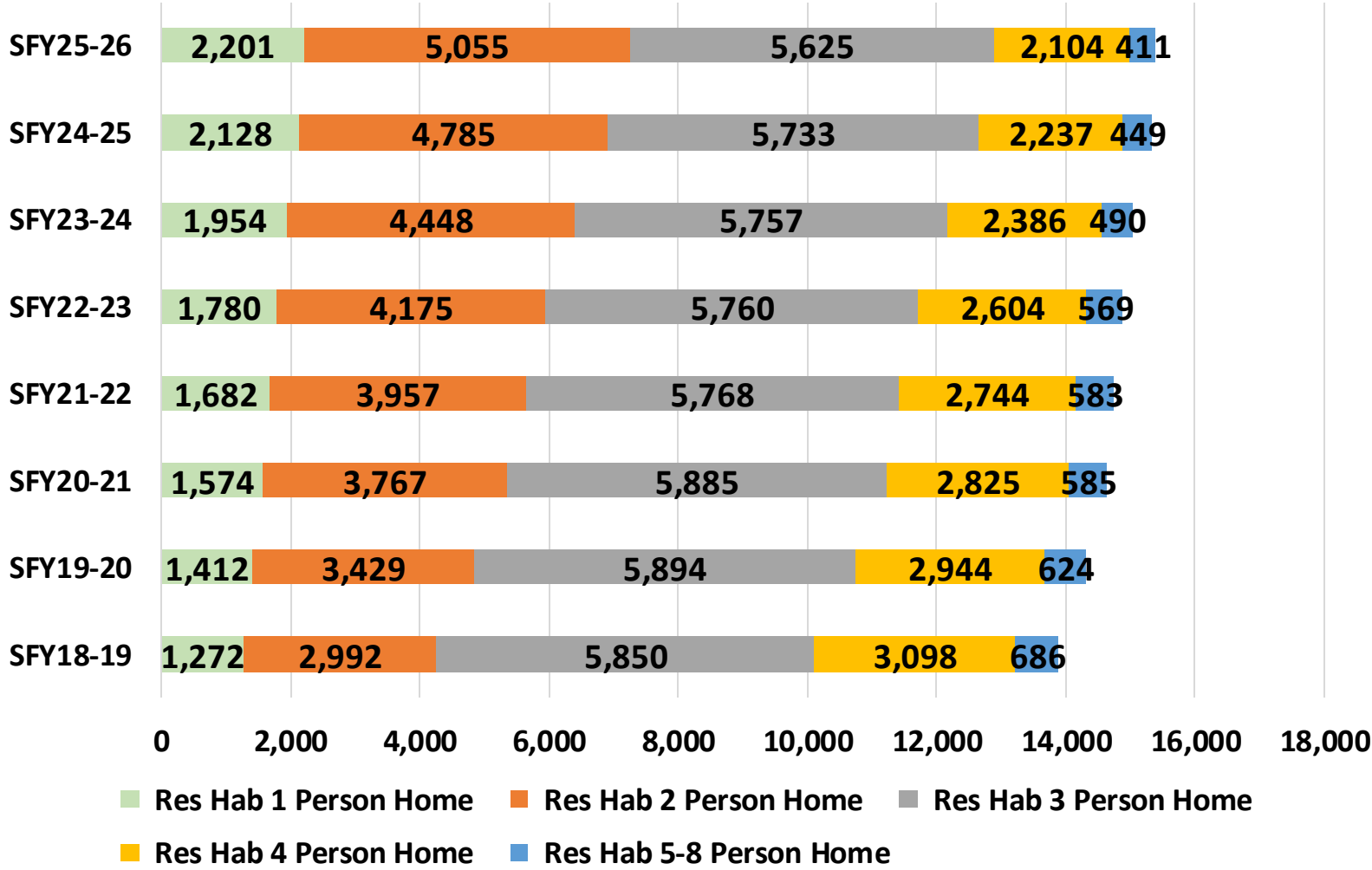
Participants in ID/A Waivers with
Residential Services FY18-19 through FY25-26
All FY Snapshot data pulled 6/30



**Participants in Residential Habilitation in Consolidated
Waiver FY18-19 through FY25-26**
All FY Snapshot data pulled 6/30

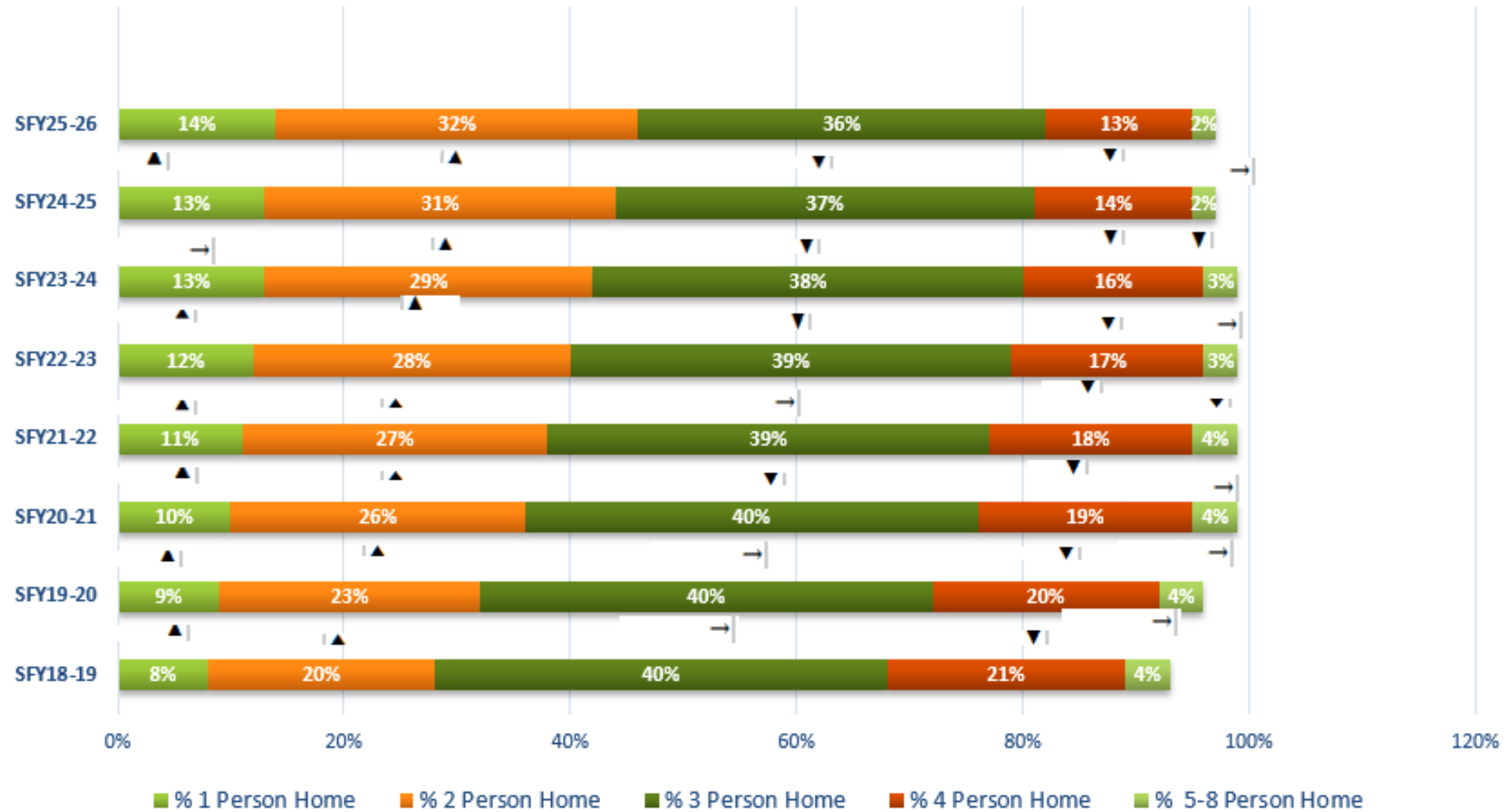


Individuals Receiving Residential Habilitation
by Home Size FY18-19 through FY25-26
All FY Snapshot data pulled 6/30

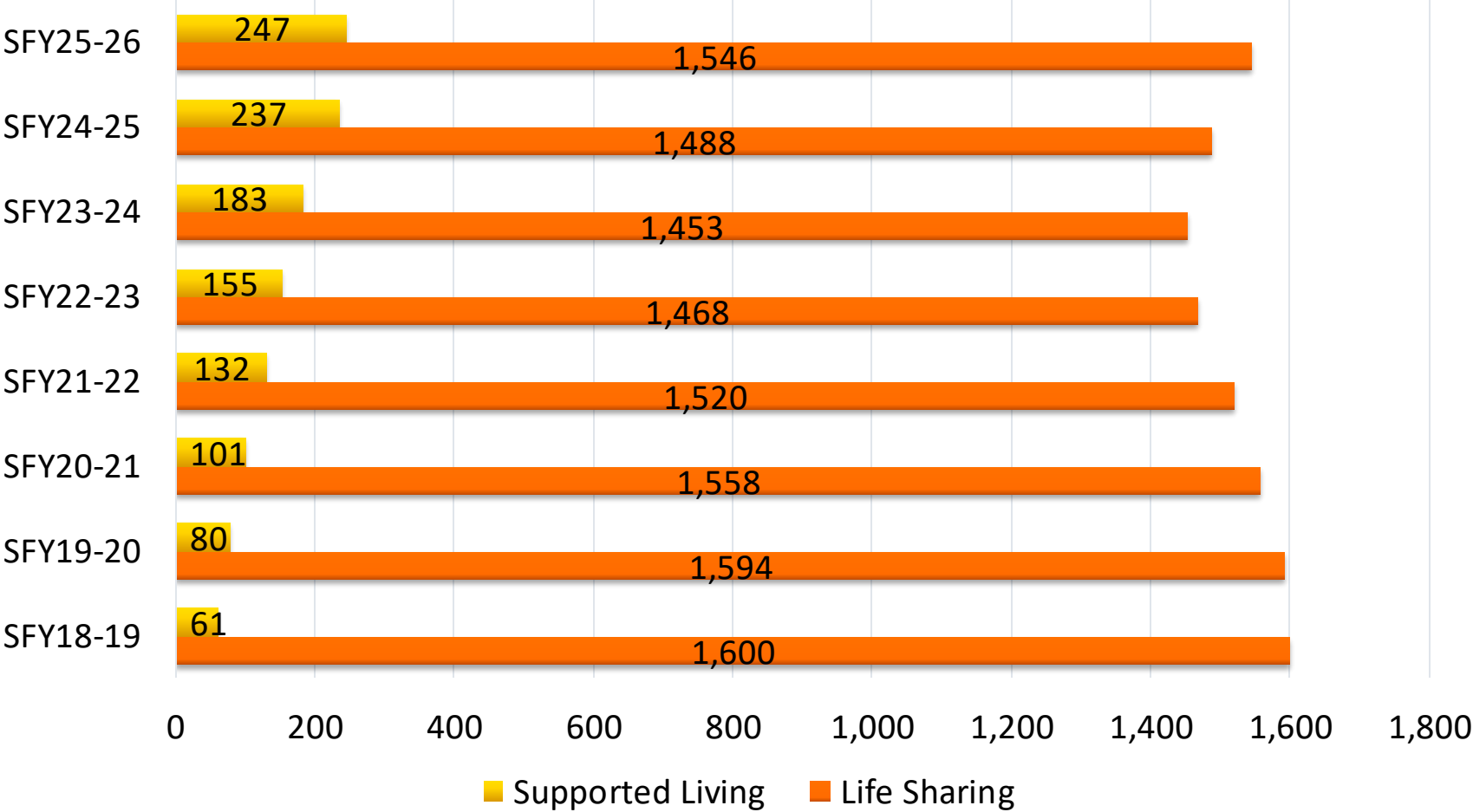


Individuals Receiving Residential Habilitation by Home Size FY18-19 through FY25-26 Year-to-Year Trend

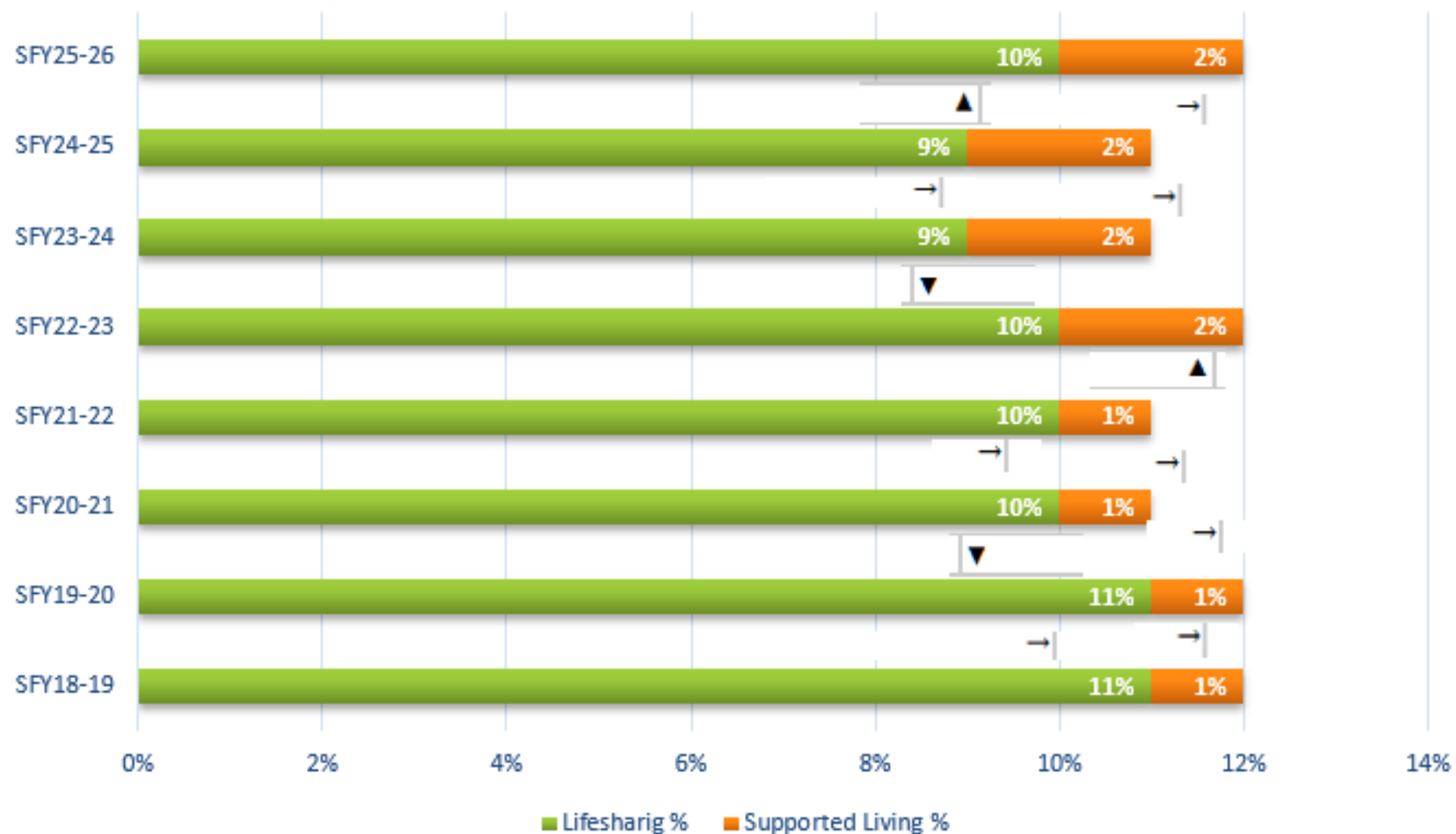
All FY Snapshot data pulled 6/30



Individuals Receiving Lifesharing and
Supported Living FY18-19 through FY25-26
All FY Snapshot data pulled 6/30



**Individuals Receiving Lifesharing and Supported Living
FY18-19 through FY25-26 Year-to-Year Trend**
All FY Snapshot data pulled 6/30





- **PBC**
 - **Family Engagement Satisfaction Survey** will be released in October and be **open for two months**
 - After one month, survey response rates will be posted in MyPBC Portal to allow providers to check their progress toward the 5% threshold required for QI.03.3
 - 2027 data submission period: February 16 – March 16
- **P4P**
 - Rural Capacity submissions will be accepted until 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 **December 9**



- [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?