Performance-Based Contracting SCO Forum

September 1, 2026

Agenda – 90 minutes

Pennsylvania
Department of Human Services

- Status Update:
  - Residential Tier Outcomes
  - Family Survey Response Rates
- Offering Supportive Services & Assistance
- Referrals
- Supporting Digital Literacy
- RS and AT Strategies (Audience Choice)
- Well Child Visits
- PPR
  - Referrals and Discharges Data from PBC Submissions
  - NCI Community Inclusion Scale Results by SCO using IM4Q Data

Status Update: Residential Tier Outcomes

Pennsylvania
Department of Human Services

- 410 providers submitted for tier determinations
  - Primary: 318
  - Select: 58
  - Clinically Enhanced: 34
  - Did not submit: 23
- 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: Residential Tier 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%

Family Survey Response Rates

Pennsylvania
Department of Human Services

- Family Engagement Satisfaction Survey was open during June and July of this year
- All SCOs distributed the survey and obtained responses
- Aggregated question-level results will be shared during the next Forum

	Responses	Population	Rate
SCO-wide	4281	59451	7.20%
Removing 3 SCOs with Lowest Rates	4131	46387	8.91%

Offering Supportive Services & Assistance

SC-WF.03.4

Demonstrate supportive services are offered in at least 95% of incidents involving abuse, neglect, or exploitation.

Sexual Assault and Individuals with Intellectual Disabilities: What We Know

7X
HIGHER RISK

ODP's ISAC Action Plan reports that individuals with intellectual disabilities are sexually assaulted at seven times the rate of people without disabilities, based on U.S. Department of Justice data.

This may be underestimated. The data did not capture certain populations, including individuals living in institutional and group home settings.

2.5–10X
HIGHER RISK

Research has estimated that individuals with intellectual disabilities experience abuse at approximately 2.5–10 times the rate of the general population.

Perpetrators are usually trusted individuals in their environment, such as peers, caregivers, or family members.

ChatGPT 5.6 was used for visual design only.

Why Sexual Abuse is Unreported or Underreported:

Sexual abuse involving individuals with intellectual disabilities may be especially difficult to identify and disclose because:

- Likely to occur repeatedly, over long periods of time
- Perpetrators are usually someone the individual knows, trusts, or depends on such as peers, caregivers, or family members.
- Fear of retaliation, being blamed, or not being believed.
- Fear of losing supports or that disclosing information may lead to restrictions and/or loss of independence.
- Communication barriers can make disclosure difficult.
- Acquiescence or learned compliance can be mistaken for consent or lead to inaccurate reporting.
- Credibility is discounted or devalued.

ChatGPT 5.6 was used for visual design only.

Individuals have the right to:

- Be free from sexual abuse, exploitation, and victimization.
- Be heard and taken seriously and receive an appropriate response.
- Receive accessible education and information about sexuality, relationships, safety, and consent.
- Have access to treatment and trauma informed care.
- Be offered and have access to Victim Services

ChatGPT 5.6 was used for visual design only.

Offering Supportive Services

Pennsylvania
Department of Human Services

Incidents of Abuse, Sexual Abuse, Neglect, and Exploitation

When services/supports were provided and accepted, can we verify they were provided?

Overview

Timeframe:
June 2025-June 2026

Total Incidents Entered:
3,568
(Abuse, Sexual Abuse, Neglect, Exploitation)

Incidents Finalized:
3,026

Findings

2,786 (92%)	Services/supports were offered
1,765 (63%)	Services/supports were accepted
818 (46%)	Indicated a type of service/support offered
947 (54%)	Did not indicate a type of service/support offered**

**Incidents cannot be further analyzed due to lack of necessary information

Random sample of 100 incidents from the 818
(with the type of service/support indicated)*

What do claims tell us?

- Domestic Violence Providers, Rape Crisis Centers, and Victim/Witness Services are provided at no cost to victims.
- These types of services/supports were listed in 50/100 incident reports.
- We cannot verify this type of service/support through claims.

Be sure to:

- ✓ ***Provide assistance with connecting to a Victim Service provider.***
- ✓ ***Follow up with the victim to confirm if this occurred.***

- **When services/supports include therapy/counseling, behavior support, respite or another type of HCBS, claims *can* verify.**

- **These types of services/supports were listed in 50/100 incident reports.**

  - **However, only 8/50 (16%) of incidents could be verified in claims.**
  - **This indicates that while the services/supports were documented in the incident report, there is no evidence to confirm that they occurred.**

When referrals are made:

- ✓ ***Follow up to confirm that the service was received or started and done so in a timely manner.***

- **Descriptions of actions often did not align with the services/supports indicated.**

- **For example, Victim Services were indicated in the report and the narrative reads "the individual called police but decided to not press charges."**

  Important:

  ✓ ***Calling police/filing a police report is NOT a Victim Service.***

  ✓ ***Education on Victim Service/Victim Assistance benefits all stakeholders.***

Victim Service/Assistance

Pennsylvania
Department of Human Services

Victim services are a network of specialized supports:

- Accompaniment
- Advocacy
- Assistance with victim impact statements
- Case status updates
- Communication support
- Courtroom orientation
- Crisis intervention hotlines
- Childcare
- Economic support
- Medical advocacy and accompaniment
- Shelter
- Supportive counseling
- Victim compensation
- Victim witness intimidation supports
- Post-sentencing dispositions

Victim Service/Assistance Resources

Pennsylvania
Department of Human Services

Office of Victim Services | Commonwealth of Pennsylvania

We help crime victims transcend their trauma by funding victim service agencies that work directly with victims, providing financial help to victims through the Victims Compensation Assistance Program (VCAP), and collaborating with criminal justice and allied professionals who advocate and respond to the needs of victims.

Office of Victim Advocate | Commonwealth of Pennsylvania

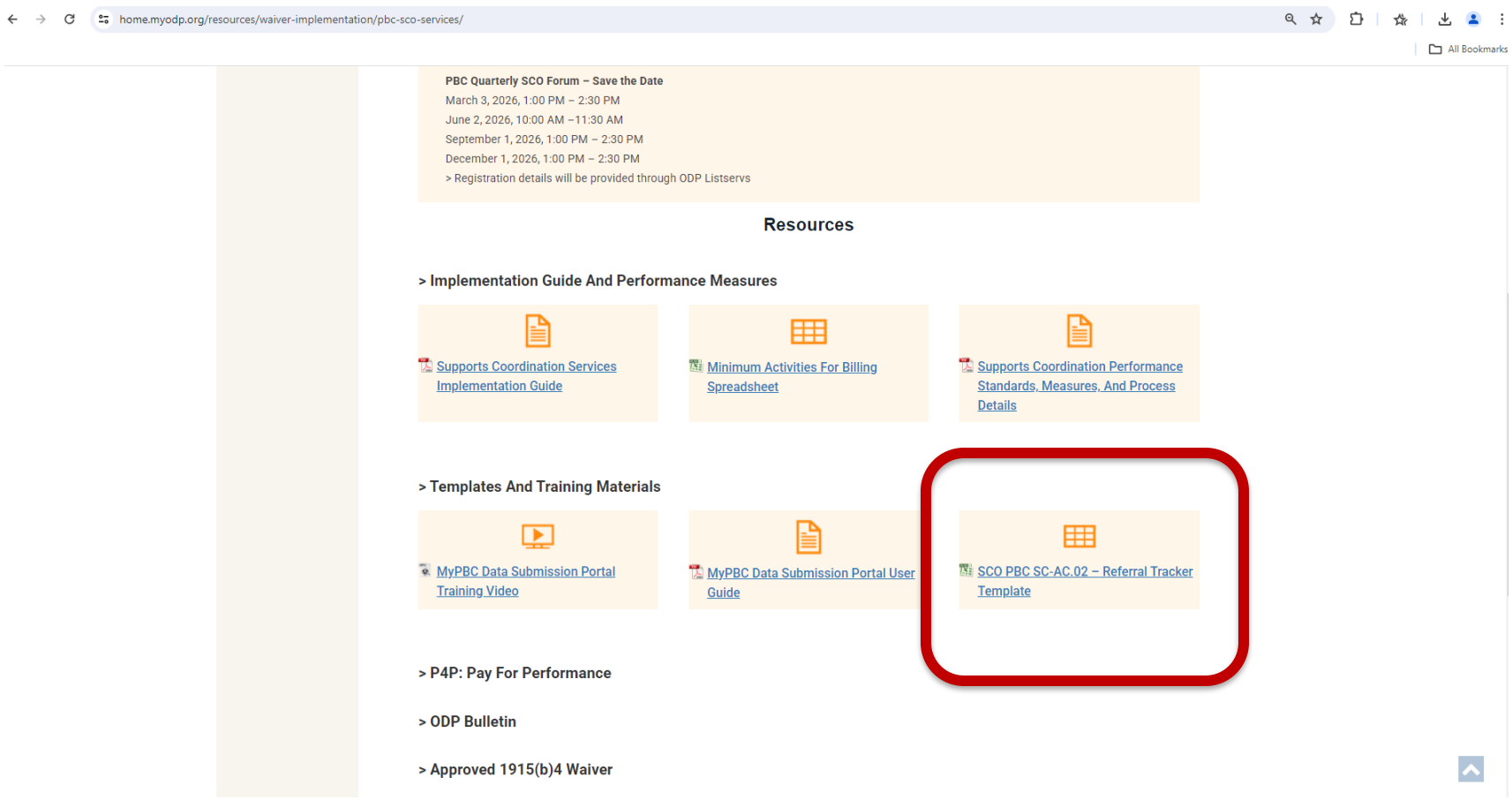
The Office of Victim Advocate (OVA) is the agency with the duty and authority to advocate for the rights and needs of crime victims. We accomplish our mission through victim services and restorative justice programs that promote pathways to hope, resilience and healing.

A Guide to Victim Assistance

Gives support team members information about available resources when there is an indication that a crime was committed against a person they serve.

SCO Referrals

Pennsylvania
Department of Human Services



Supporting Digital Literacy

Pennsylvania
Department of Human Services

What is the role of supports coordination in supporting **digital literacy?**

- Digital literacy - the ability to use digital technology and resources (such as computers, online material, etc.) to find, evaluate, use, and communicate information effectively and responsibly while taking appropriate care to avoid technical and personal vulnerabilities (Merriam-Webster, 2026)

Supporting Digital Literacy (cont.1)

Pennsylvania
Department of Human Services

HCBS Settings Rule states…

- "The setting is integrated in and supports full access to the greater community"

Performance Measure: SC-TEC.01

- Demonstrate use of **technology** to improve health and wellness, and create additional opportunities to increase independence for individuals
- Demonstrate that supports coordinators talk with individuals about **technology** that may help in their **everyday life**.

Supporting Digital Literacy (cont.2)

Pennsylvania
Department of Human Services

What access to *the community* does an **e-mail address** provide?

- Personal communication
- Hobbies and recreation (ex. Gaming, booking tee times)
- Job applications and professional communication
- Accessing services (ex. social media, dinner reservations)
- Subscriptions (ex. streaming media, newspapers, topics of interest, medical portals)
- Online account creation and verification (ex. apps, two-factor authorization)

Supporting Digital Literacy (cont.3)

Pennsylvania
Department of Human Services

Increase digital literacy

- Learning (knowledge)
- Training (skills)
- Experience (usage, a need or demand)

CPS Workgroup Recommendations:

Leverage and Implement Technology in Service Delivery

Provide training and technical assistance to support exploration and implementation of technology in the following domains for CPS: (1) Scheduling, (2) Community Navigation (GPS, geo-fencing), (3) Employment (wearables), (4) Training Platforms (skill-building, socialization), (5) Communications, and (6) Health and Wellness.

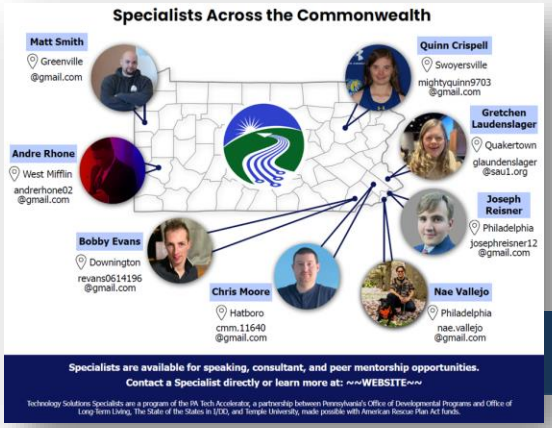
- Focus on education and preparation so technology can be used successfully in service delivery.

Supporting Digital Literacy (cont.4)

Pennsylvania
Department of Human Services

Technology Solutions Specialists

- Lived experience
- Available for consultation
- [Technology+Solutions+Specialists+Brochure.pdf]



Skills & Training

- Storytelling and public speaking
- Plain language and accessible content design
- Navigating Pennsylvania resources for finding and funding technology solutions
- Policy and legislative advocacy to promote technology access for all
- Using common device accessibility features

Specialist Resources

Video Stories

Each specialist shares their unique perspective and experience using technology for community living, education, employment, and self-expression.

One-Pagers

Plain language resources for the community on a variety of technology topics including:

- Artificial Intelligence
- Remote Supports
- Smart Home Technology
- Augmentative and Alternative Communication
- Internet Safety
- and more!

Find these resources at:
~~WEBSITE~~

PENNSYLVANIA
TECH ACCELERATOR

Technology Solutions Specialists

Our Mission

Sharing lived experience, knowledge, and resources to ensure Pennsylvanians with disabilities get the technology they need to live, thrive, and connect.

Planning for AT/RS

Pennsylvania
Department of Human Services

Where can SCOs get practical experience with Assistive Technology/Remote Supports?

- TechOWL- PA's Assistive Technology Act Program
- Visit providers with "smart homes" for a demonstration
- Providers Offering Remote Supports
  - Many providers will give SCOs demonstrations, case examples, virtual tours of how remote support call centers operate

Planning for AT/RS (cont.)

Pennsylvania
Department of Human Services

How can SCOs increase individual and family comfort with AT/RS?

- Ask individuals and families about their current routines and struggles first, then connect AT/RS solutions to their goals “This could help with…”
- Did you know? ODP allows 90 days of overlap of Remote Support with a direct service so someone can try, test, work out challenges and barriers.

Poll Questions

Pennsylvania
Department of Human Services

- **I feel confident explaining different types of assistive technology to the people I support**
  - 1 = Strongly Disagree
  - 2 = Disagree
  - 3 = Neutral
  - 4 = Agree
  - 5 = Strongly Agree

Poll Questions

Pennsylvania
Department of Human Services

- **I regularly (more than once per year) discuss assistive technology with the people I support.**
  - 1 = Strongly Disagree
  - 2 = Disagree
  - 3 = Neutral
  - 4 = Agree
  - 5 = Strongly Agree

Poll Questions

Pennsylvania
Department of Human Services

- **My current strategies effectively encourage individuals and families to explore assistive technology or remote supports.**
  - 1 = Strongly Disagree
  - 2 = Disagree
  - 3 = Neutral
  - 4 = Agree
  - 5 = Strongly Agree

Well Child Visits

SC-QW.01.3

Demonstrate that SCs receive training on well child visit schedules and have appropriate resources available to provide to families of children.

Well Child Visits

Pennsylvania
Department of Human Services

- A well-child visit is a scheduled medical appointment for a healthy child to receive preventive care, including immunizations, health screenings, and developmental checks.
- These visits are crucial for monitoring growth, addressing potential issues early, and providing guidance to caregivers on topics like nutrition, safety, and behavior.
- Visits are recommended according to a specific schedule throughout childhood.

Well Child Visit Schedule

Pennsylvania
Department of Human Services

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	★	●	★	★	●	★	★	★	★	★
Hearing		●[8]	●[9]	→	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	●	→	←	●	→	←	●	→			
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening[11]				●	●	●	●																									
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]																						★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																							●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[10]	●[10]	→																												
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	●	→	★	★	★	★	★	←			●	→
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	●	→					
Hepatitis B Virus Infection[31]		★	→																													→
Hepatitis C Virus Infection[32]																												●	→			→
Sudden Cardiac Arrest/Death[33]																						★	→									→
Cervical Dysplasia[34]																																●
ORAL HEALTH[35]							●[36]	●[36]	★			★	★	★	★	★	★															
Fluoride Varnish[37]							←				●				→																	
Fluoride Supplementation[38]							★	★	★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Policy Statement: Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2022-057988). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (https://doi.org/10.1542/peds.2022-060640).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2015-3596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2015-3597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←→ or ●→ = range during which a service may be provided

BFNC: 2024; PSMAR 3-367/01224

periodicity_schedule.pdf

Available Training

Pennsylvania
Department of Human Services

Well Child Visit Standards: A Tool for Supports Coordinators

Source: Bright Futures/ American Academy of Pediatrics 2025

Facilitated by PA Health Care Quality Units

Bright Futures - Families

Pennsylvania
Department of Human Services

- Bright Futures Family-Centered Care
- Bright Futures Resources for Families
- Bright Futures Resources for Children and Teens
- Well-Child Visits: Parent and Patient Education
- Bright Futures Family Pocket Guide, 3rd Edition

Questions?

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Pennsylvania
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
Department of Human Services

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%
Total Referrals Accepted (by Tier)	922	446	288
Total 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*

SCO PBC Measure SC-PCP.02 - Community Inclusion

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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).

SCO PBC Measure SC-PCP.02 - Community Inclusion

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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:

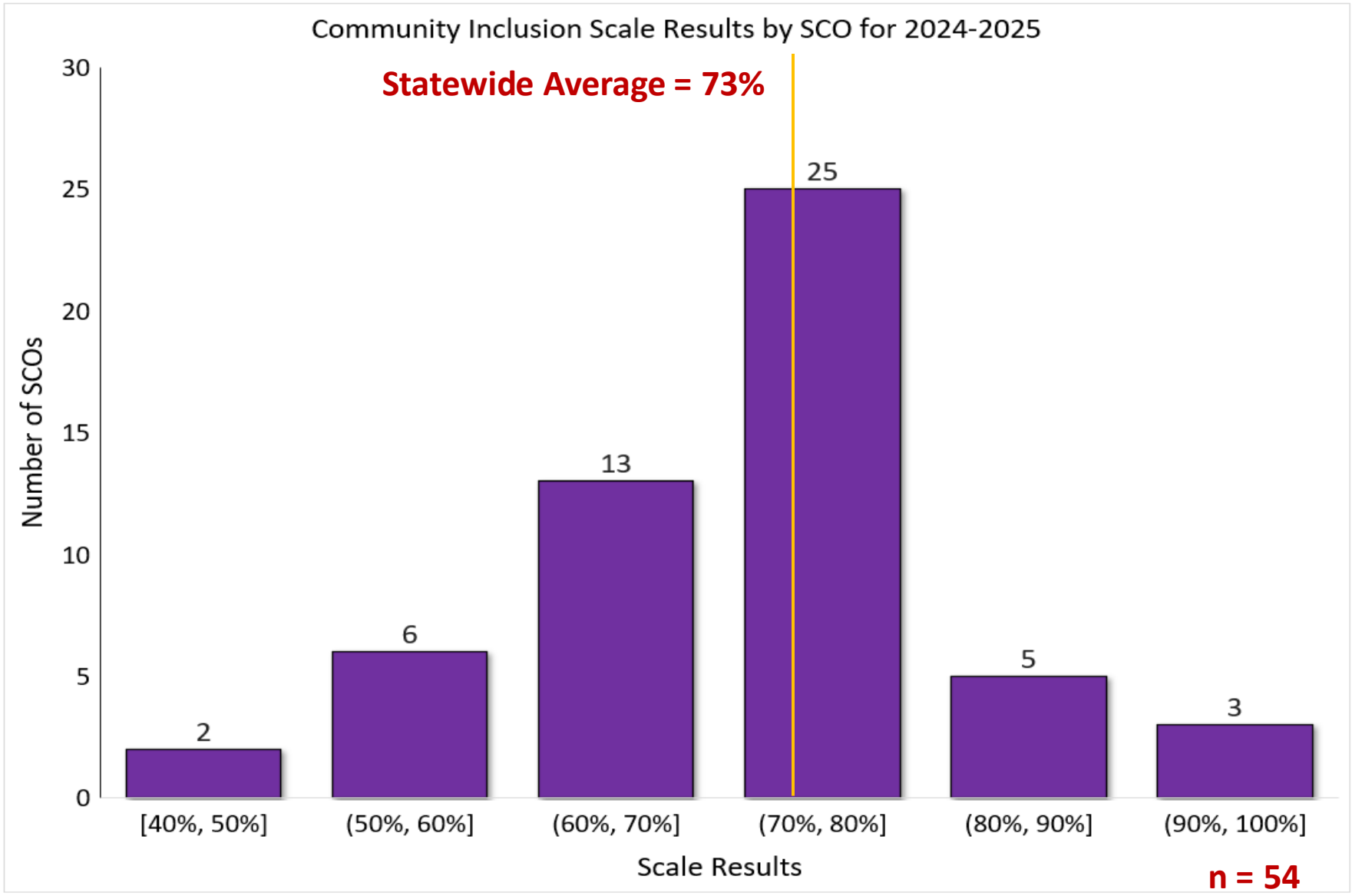
a) baseline data
b) timeframe/end goal date
c) action items and/or measurable targets for improving
d) responsible person(s)
e) goal date for achieving each target/action item
f) for ongoing/in process plans: progress made toward achieving each target/action item

NCI Methodology Using 2024-2025 IM4Q Data

"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**

Community Inclusion Results from 2024-2025 IM4Q Data



Questions?