

Office of Developmental Programs

December 23, 2024

Appendix C: Residential Performance Standards

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Continuum of Services	CoS.01	Provide at least two residential services (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living; Supported Living and Lifesharing or Residential Habilitation)	N/A	Provide at least two of the three services during the review period	N/A

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Continuum of Services	CoS.02	Evaluate and assess individuals who may be better served in a more independent setting ★	Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supported Living provided by the provider.	Same as Primary	Same as Primary
Workforce	WF.01.1	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) ² ★	Attest that supervisory management training to support skill application of Direct Support Professionals (DSPs) is conducted for all Frontline Supervisors (FLSs) no later than December 31, 2025 and is embedded in agency training plan to ensure continuity.	N/A	N/A
Workforce	WF.01.2	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) ² ★	Submit an agency plan which includes timeframes and milestones, for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs	N/A	N/A
Workforce	WF.01.3	Direct Support Professionals (DSPs): Demonstrated percentage	Report the percentage of DSPs who are credentialed and/or	Same as Primary	Report the percentage of DSPs who are credentialed and/or enrolled in the

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) ² ★	enrolled in the NADSP eBadge program		NADSP eBadge and/or NADD program
Workforce	WF.01.4	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) ² ★	N/A	Attest to increase percentage of DSPs credentialed through NADSP by a minimum of 5% by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage	Attest to increase percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5% by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage
Workforce	WF.02.1	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Attest that supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions) no later than December 31, 2025 and is embedded in agency training plan to ensure continuity.	N/A	N/A

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Workforce	WF.02.2	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLSs	N/A	N/A
Workforce	WF.02.3	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS	Same as Primary	Same as Primary
Workforce	WF.02.4	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	N/A	Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. If no FLSs are credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025. Providers having greater than 25% of staff credentialed are considered to meet the standard without	Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. If no FLSs are credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025. Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
				requirement to increase percentage.	
Workforce	WF.03.1	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report FLS and DSP voluntary and involuntary turnover rate	Same as Primary AND WF.03.3	Same as Primary AND WF.03.3
Workforce	WF.03.2	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report percentage of contracted staff in DSP and FLS positions	Same as Primary AND WF.03.3	Same as Primary AND WF.03.3
Workforce	WF.03.3	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	N/A	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data
Workforce	WF.04.1	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	Submission of current policy that addresses DEI in provider's workforce	Same as Primary AND WF.04.2-WF.04.5	Same as Primary AND WF.04.2-WF.04.5
Workforce	WF.04.2	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Attest that the agency has a strategic plan that includes DEI	Attest that the agency has a strategic plan that includes DEI

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Workforce	WF.04.3	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Submit documentation that agency has a committee of staff focused on DEI	Submit documentation that agency has a committee of staff focused on DEI
Workforce	WF.04.4	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Submit documentation that training for staff is relevant to the employee's own culture and language	Submit documentation that training for staff is relevant to the employee's own culture and language
Workforce	WF.04.5	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds	Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds
Supporting Individuals with Complex Needs - Clinical	CN-C.01.1	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary 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 (HCL) and Needs Levels (NL)/Needs Groups (NG).	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary 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 (HCL) and Needs Levels (NL)/Needs Groups (NG).

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Supporting Individuals with Complex Needs - Clinical	CN-C.01.2	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Population served by the agency in residential services is in the top quartile ³ of acuity of both Needs Level and Health Care Level of the statewide population in residential ⁴ .
Supporting Individuals with Complex Needs - Clinical	CN-C.01.3	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	Provide a plan for and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST); Measure <i>interruption in daily activity because of illness</i> (“clinical issues”) to improve health outcomes	Provide a plan for and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST); Measure <i>interruption in daily activity because of illness</i> (“clinical issues”) to improve health outcomes
Supporting Individuals with Complex Needs - Clinical	CN-C.01.4	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Meet a 1:15 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		individuals served in the program			
Supporting Individuals with Complex Needs - Clinical	CN-C.02.1	Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments	Provide current description of established professional relationships to support individuals served (i.e., relationship with a local BH provider, certified peer specialists, and/or primary care health/medical provider that has training/experience in autism or developmental disabilities)	Same as Primary AND CN-C.02.2s	Same as Primary AND CN-C.02.2ce
Supporting Individuals with Complex Needs - Clinical	CN-C.02.2	Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments	N/A	CN-C.02.2s - Follow-up after hospitalization for mental illness at 30-day a minimum of 75%	CN-C.02.2ce - Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.01.1	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	No additional standards from current regulation and 1915(c) home and community based waivers	CN-DD/Bx.01.1s : Attest that all newly hired DSPs, FLSs, and program managers will complete training on Autism Spectrum Disorder (ASD) (i.e., SPeCTRUM or equivalent basic course on effectively supporting individuals with ASD) within 1-year of hire beginning January 1, 2025. ⁵	CN-DD/Bx.01.1ce : Attest that no later than December 31, 2025 all DSPs, FLSs, and program managers will have completed training on Autism Spectrum Disorder (ASD) (i.e., SPeCTRUM or equivalent basic course on effectively supporting individuals with ASD) and new staff will complete within 1-year of hire beginning January 1, 2025. ⁵

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
<p>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</p>	<p>CN-DD/Bx.01.2</p>	<p>Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams</p>	<p>N/A</p>	<p>CN-DD/Bx.01.2s: Demonstrate a minimum of 50% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSS, and individuals</p>	<p>CN-DD/Bx.01.2ce: Demonstrate a minimum of 70% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSS, and individuals</p>
<p>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</p>	<p>CN-DD/Bx.02.1</p>	<p>Demonstrate use of data to impact individual outcomes</p>	<p>For the CY2024 review period , report on percentage of individuals with restrictive procedures that have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic</p> <p>For the review period of CY2025 and subsequent years, demonstrate that 100% of individuals with restrictive procedures have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic</p>	<p>Same as Primary AND CN-DD/Bx.02.2</p>	<p>Same as Primary AND CN-DD/Bx.02.2</p>

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.2	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)	Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.1	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	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	Same as Primary AND CN-DD/Bx.03.2	Same as Primary AND CN-DD/Bx.03.2
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.2	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	Documentation of specialized trauma-informed training/activities for individuals and staff	Documentation of specialized trauma-informed training/activities for individuals and staff
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.3	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	N/A	Documentation of crisis prevention and de-escalation training programs provided to all staff — Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
					Intervention Training, Safe and Positive Practices/Approaches, etc.
Supporting Individuals with Complex Needs - Medical	CN-M.01.1	Medical: residential program has a demonstrated sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by in a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition
Supporting Individuals with Complex Needs - Medical	CN-M.01.2	Medical: residential program has a demonstrated sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	For Children with Medically Complex Conditions demonstrated use of targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Unit (HCQU s), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit
Referral and Discharge Practices	RD.01.1	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.	Attest that by January 1, 2025, a system is in place to accurately track and report all of the following: - All referrals for residential services by type and determination of acceptance or rejection. - Time to service initiation from date of referral acceptance to date of service start by residential	N/A	N/A

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		<p>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.</p>	<p>service type.</p> <ul style="list-style-type: none"> - Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status workforce). - Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s). - Circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home. <p>Primary providers <u>may not accept NEW</u> referrals for individuals NG5 or greater. This does not apply to individuals NG5 or greater receiving residential services prior to January 1, 2026 or individuals where the needs assessment results in an increase.</p>		
Referral and Discharge Practices	RD.01.2	<p>Service initiation occurs within an:</p> <ul style="list-style-type: none"> - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral 	N/A	<p><u>Serve a minimum of 10 individuals in residential services during the review period.</u> Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1,</p>	<p><u>Serve a minimum of 10 individuals in residential services during the review period.</u> Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1, 2025 to report current average days for service initiation.</p>

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.		2025 to report current average days for service initiation. Providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.	Providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.
Referral and Discharge Practices	RD.01.3	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.	N/A	Demonstrate timeliness of response to referrals and service initiation: – Attest that a system is in place beginning January 1, 2025 to accurately track and report: • All referrals for residential services by type and determination of acceptance or rejection • Time to service initiation from date of referral acceptance to date of service start by residential service type. • Description of each circumstance-in which 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living • Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) • Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s) • Circumstances under which an	Demonstrate timeliness of response to referrals and service initiation: – Attest that a system is in place beginning January 1, 2025 to accurately track and report: • All referrals for residential services by type and determination of acceptance or rejection • Time to service initiation from date of referral acceptance to date of service start by residential service type. • Description of each circumstance in which 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living • Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) • Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s) • Circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning,

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
				<p>individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home.</p> <p>— Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice</p>	<p>coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home.</p> <p>— Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice</p>
Data Management	DM.01.1	Demonstrated production of data reports (including ad hoc) through adopted technology platform	Submit completed test case file in format required by ODP	N/A	N/A
Data Management	DM.01.2	Demonstrated production of data reports (including ad hoc) through adopted technology platform	N/A	Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy	Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Data Management	DM.02	Demonstrated data capability with use of a HIPAA compliant EHR	N/A	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. ⁷	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. ⁷
Risk Management	RM-HRS.01.1	Demonstrated capacity to properly and timely assess individuals	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol	Same as Primary AND RM-HRS.01.2	Same as Primary AND RM-HRS.01.2
Risk Management	RM-HRS.01.2	Demonstrated capacity to properly and timely assess individuals	N/A	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.
Risk Management	RM-IM.01.1	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider
Risk Management	RM-IM.01.2	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Provider demonstrates reporting fidelity: Maximum number of incidents not reported <i>timely</i> may not exceed 10% of overall reported incidents by provider.	Provider demonstrates reporting fidelity: Maximum number of incidents not reported <i>timely</i> may not exceed 10% of overall reported incidents by provider.

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Risk Management	RM-IM.01.3	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Employment	EMP.01.1	Demonstrated support of individuals to seek and obtain CIE ★	Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Employment	EMP.01.2	Demonstrated support of individuals to seek and obtain CIE ★	Plan for improvement of CIE ⁸	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.1	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report type(s) of remote support technology in use	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Use of Remote Support Technology	RST.01.2	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report number and percentage of individuals using remote support technology	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.3	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report estimated direct care hours that are being redirected with use of technology	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.4	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the organization including improvements to workforce, service delivery, etc.	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.5	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase	Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		independence for individuals ★	Enabling Technology Integration Specialist (SHIFT) certifications		
Regulatory Compliance	RC.01	Demonstrated regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable	Maintain regular license status (i.e., a license that is not on provisional status or operating pending appeal of a license revocation) for all residential homes that require licensure.	Same as Primary	Same as Primary
Quality Improvement	QI.01.1	Demonstrated commitment to wellness of individuals through targeted activities	Description of how the provider coordinates wellness activities including use of HRS data for residential program participants	N/A	N/A
Quality Improvement	QI.01.2	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND QI.01.3 AND QI.01.4	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND QI.01.3 AND QI.01.4
Quality Improvement	QI.01.3	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data AND QI.01.2 AND QI.01.4	Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data AND QI.01.2 AND QI.01.4
Quality Improvement	QI.01.4	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs AND QI.01.2 AND QI.01.3	Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs AND QI.01.2 AND QI.01.3
Quality Improvement	QI.02.1	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality	Report number of staff that have ODP QM certification; include number in leadership	Same as Primary AND QI.02.2 AND QI.02.3 AND QI.02.4	Same as Primary AND QI.02.2 AND QI.02.3 AND QI.02.4

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		(continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)			
Quality Improvement	QI.02.2	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	Provide a description of how data is utilized to monitor progress towards QM plan goals.	Same as Primary AND QI.02.1 AND QI.02.3 AND QI.02.4	Same as Primary AND QI.02.1 AND QI.02.3 AND QI.02.4
Quality Improvement	QI.02.3	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	Provide a description of how person-centered performance data is utilized to develop the QM Plan and its action plan	Same as Primary AND QI.02.1 AND QI.02.2 AND QI.02.4	Same as Primary AND QI.02.1 AND QI.02.2 AND QI.02.4
Quality Improvement	QI.02.4	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP))	N/A	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification AND QI.02.1 AND QI.02.2 AND QI.02.3	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification AND QI.02.1 AND QI.02.2 AND QI.02.3

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		goals and action plan target objectives)			
Quality Improvement	QI.03.1	Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Submission of policies, procedures, and activities supporting family engagement	Same as Primary	Same as Primary
Quality Improvement	QI.03.2	Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement	Same as Primary	Same as Primary
Administration	ADM.01.1	Demonstrate transparent and sound corporate governance structure	Attest to and submit documentation supporting attestation regarding the required elements to meet the standards: <ol style="list-style-type: none"> 1. Successful passage of a fiscal readiness review 2. Submission of current financial statements (audited if available) 3. Disclosure of the following: <ul style="list-style-type: none"> <u>A.</u> Conflict of interest policy and associated documentation <u>B.</u> Any history and status of criminal convictions of officers and owners <u>C.</u> Licensing status in Pennsylvania for non-ODP licensed residential settings <u>D.</u> Any history of license revocation or nonrenewal in other states in which provider, and 	Same as Primary AND ADM.01.2	Same as Primary AND ADM.01.2

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
			<p>corporate affiliates, render 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.</p> <p>Legal entities and their corporate affiliates with a continued or repeated history of license revocations or nonrenewals in one or more states that are not enrolled to provide ODP residential services by December 31, 2024 will not be eligible for rendering ODP residential services.</p>		
Administration	ADM.01.2	Demonstrate transparent and sound corporate governance structure	N/A	<p>Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by:</p> <ul style="list-style-type: none"> – Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/ developmental disabilities/autism on the Board <p>OR</p> <ul style="list-style-type: none"> – Operating an advisory committee or subcommittee that is comprised of individuals with lived experience AND – Evidence that Board deliberations are informed by input of individuals with lived experience AND ADM.01.1 	<p>Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by:</p> <ul style="list-style-type: none"> – Including at least one individual with intellectual and developmental disabilities/ autism (inclusive of family members) on the Board or – Operating an advisory committee or subcommittee that is comprised of people with lived experience – Evidence that Board deliberations are informed by input of people with lived experience AND ADM.01.1

★ Indicates a measure that includes pay for performance

² Life sharers are exempt from this standard

³ Top quartile for contract period through June 30, 2026 is NL 4.5 or greater and HCL 3.5 or greater

⁴ 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 NC scores may submit supporting documentation with QI.01.4 to maintain status in Clinically Enhanced tier.

⁵ Life sharers are exempt from this standard unless supporting an individual with ASD. Lifesharers are not included in this measure but providers are required to ensure staff receive training specific to the support needs of individuals receiving any residential service.

⁷ Beginning July 1, 2026 EHR capability must include external third party communication (e.g. pharmacy, physician)

⁸ CIE performance data by residential provider will be published annually (acuity data will be included).

Future Performance Measures & Measure Adjustments

Performance Area	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Supporting Individuals with Complex Needs - Clinical	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c)	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	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
Risk Management	Demonstrated capacity to properly and timely assess individuals	N/A	ODP will review CY25 HEDIS measure AAP — Adults' Access to Preventive/Ambulatory Care data to assure that providers are supporting individuals to have health care visits to receive preventive services, such as tests and screenings, and counseling on topics such as diet and exercise.	ODP will review CY25 HEDIS measure AAP — Adults' Access to Preventive/Ambulatory Care data to assure that providers are supporting individuals to have health care visits to receive preventive services, such as tests and screenings, and counseling on topics such as diet and exercise.

Risk Management	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	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)	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)
Employment	Demonstrated support of individuals to seek and obtain CIE ★	N/A	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 XX% for NG1-2 and X% for NG3 or greater.	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 XX% for NG1-2 and X% for NG3 or greater.
Community Integration	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences ★	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Same as Primary	Same as Primary
Community Integration	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences ★	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)	Same as Primary	Same as Primary