# Office of Developmental Programs

**July 31, 2026**

## Attachment 2: Residential Performance Standards

| Performance Area | PM Code | Definition of Standard | Measures for Primary Residential Providers | Measures for Select Residential Providers | Measures for Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Dual Diagnosis) |
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| **Access** | **AC.01.1** | Service initiation occurs:<br>- Within an average of 90 days or less post-referral acceptance for Community Homes.<br>- Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.<br>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration. | N/A | Serve a minimum of 10 individuals in residential services during the review period. Residential service providers serving a minimum of, on average, 10 individuals during the review period.<br><br>Providers serving less than 10 individuals on the last day of the previous calendar year will not be eligible for Select or Clinically Enhanced tiers. | Serve a minimum of 10 individuals in residential services during the review period. Residential service providers serving a minimum of, on average, 10 individuals during the review period. Providers serving less than 10 individuals on the last day of the previous calendar year will not be eligible for Select or Clinically Enhanced tiers. |

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| **Access** | **AC.01.2** | Service initiation occurs:<br>- Within an average of 90 days or less post-referral acceptance for Community Homes.<br>- Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.<br>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration. | Report the following data:<br><br>a. All referrals for residential services by type and determination of acceptance or rejection **(including dates of referral and acceptance/rejection)**.<br>b. Time to service initiation from date of referral acceptance to date of service start by residential service type.<br>c. Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status, workforce).<br>d. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).<br>e. 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. | N/A | N/A |

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| **Access** | **AC.01.3** | Service initiation occurs:<br>- Within an average of 90 days or less post-referral acceptance for Community Homes.<br>- Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.<br>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration. | N/A | Report the following data:<br>a. All referrals for residential services by type and determination of acceptance or rejection **(including dates of referral and acceptance/rejection)**.<br>b. Time to service initiation from date of referral acceptance to date of service start by residential service type.<br>c. 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<br>d. Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status, workforce)<br>e. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s)<br>f. 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. | Report the following data:<br>a. All referrals for residential services by type and determination of acceptance or rejection **(including dates of referral and acceptance/rejection)**.<br>b. Time to service initiation from date of referral acceptance to date of service start by residential service type.<br>c. 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<br>d. Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status, workforce)<br>e. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s)<br>f. 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. |
| **Administration** | **ADM.01.1** | Demonstrate transparent and sound corporate governance structure | Attest to accurately and truthfully disclosing to the Office of Developmental Programs (ODP) | Same as Primary | Same as Primary |

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| | | | the following:<br><br>a. Submission of current financial statements**, including cash on hand, debt to asset ratio, debt service coverage ratio, and overtime wage percentage** (audited if **required**)<br>b. Disclosure of the following through submission of:<br>1. Violations of conflict-of-interest policy<br>2. Any history of criminal convictions of officers and owners, including criminal background checks<br>3. Any history of license revocation or nonrenewal by other Pennsylvania Department of Human Services programs and/or by other states in which provider, and 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. | | |
| **Administration** | **ADM.01.2** | Demonstrate transparent and sound corporate governance structure | Submission of current financial statements**, including cash on hand, debt to asset ratio, debt to service coverage ratio, and overtime wage percentage** (audited if **required**). | Same as Primary | Same as Primary |

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| **Administration** | **ADM.01.3** | Demonstrate transparent and sound corporate governance structure | Disclosure of Conflict of Interest Policy and associated documentation, including Governing Body. | Same as Primary | Same as Primary |
| **Administration** | **ADM.01.4** | Demonstrate transparent and sound corporate governance structure | Disclosure of Criminal convictions, including disclosure of criminal convictions for Governing Body members. | Same as Primary | Same as Primary |
| **Administration** | **ADM.01.5** | Demonstrate transparent and sound corporate governance structure | Disclosure of history of license revocation or nonrenewal by other Pennsylvania DHS programs and/or by other states in which provider, and 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. | Same as Primary | Same as Primary |
| **Administration** | **ADM.02.1** | **Demonstrate understanding of Medicaid program participation requirements** | The Residential Provider completes the Health Risk Screening tool with fidelity and understands that misrepresentation of individual rating items, diagnoses, health status, condition, or treatment may constitute Medicaid fraud. | Same as Primary | Same as Primary |
| **Administration** | **ADM.02.2** | **Demonstrate understanding of Medicaid program participation requirements** | The Residential Provider participates in the Supports Intensity Scale™ (SIS) assessments of individuals served including making available | Same as Primary | Same as Primary |

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| | | | respondents that meet respondent criteria outlined by the American Association on Intellectual and Developmental Disabilities (AAIDD). The Residential Provider understands that misrepresentation of individual needs and supports may constitute Medicaid fraud. | | |
| **Supporting Individuals with Complex Needs - Clinical** | **CN-C.01.1** | Demonstrate having 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 | N/A | Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team. | Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team. |
| **Supporting Individuals with Complex Needs - Clinical** | **CN-C.01.2** | Demonstrate having 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 | N/A | N/A | Population served by the agency in residential services is in the top quartile of acuity of both Needs Level and Health Care Level of the statewide population in residential. |
| **Supporting Individuals with Complex Needs - Clinical** | **CN-C.01.3** | Demonstrate having 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 | N/A | Provide **progress update regarding** agency's tracking and use of data relating to the HRST scoring item E. Clinical Issues Affecting Daily Life. | Provide **progress update regarding** agency's tracking and use of data relating to the HRST scoring item E. Clinical Issues Affecting Daily Life. |

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| **Supporting Individuals with Complex Needs - Clinical** | **CN-C.02.2** | Demonstrate 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 | N/A | Attest that by December 31, 2026 **all** DSPs, FLSs, and program managers completed training on Autism Spectrum Disorder (ASD) (SPeCTRUM, or **if training occurred prior to July 1, 2026,** an equivalent training) **and new staff will complete** within 1-year of hire. | Attest that by December 31, 2026 all DSPs, FLSs, and program managers completed training on Autism Spectrum Disorder (ASD) (SPeCTRUM, or **if training occurred prior to July 1, 2026,** an equivalent training) and new staff will complete within 1-year of hire. |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.01.2** | 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 | N/A | 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 | 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 |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.1** | Demonstrate use of data to impact individual outcomes | For the review period of CY2026, 95% of individuals with restrictive procedures have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, | Same as Primary | Same as Primary |

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| | | | LSW, or has received treatment from a professional in a licensed outpatient BH clinic | | |
| **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 as it relates to law enforcement | Demonstrate use of data to impact individual outcomes as it relates to law enforcement |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.3** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to restrictive procedures | Demonstrate use of data to impact individual outcomes as it relates to restrictive procedures |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.4** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to inpatient stays | Demonstrate use of data to impact individual outcomes as it relates to inpatient stays |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.5** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to restraint<br><br>**Note: this would include an emergency intervention even in an agency that does not use physical restraint by policy.** | Demonstrate use of data to impact individual outcomes as it relates to restraint<br><br>**Note: this would include an emergency intervention even in an agency that does not use physical restraint by policy.** |

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| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.6** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to confirmed abuse/neglect | Demonstrate use of data to impact individual outcomes as it relates to confirmed abuse/neglect |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.7** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to polypharmacy | Demonstrate use of data to impact individual outcomes as it relates to polypharmacy |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.8** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to target behavioral data | Demonstrate use of data to impact individual outcomes as it relates to target behavioral data |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.02.9** | Demonstrate use of data to impact individual outcomes | N/A | Demonstrate use of data to impact individual outcomes as it relates to individuals' satisfaction with services | Demonstrate use of data to impact individual outcomes as it relates to individuals' satisfaction with services |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.03.1** | Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively | Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively<br>- Provide description of agency approach/capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. | Same as Primary | Same as Primary |

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| | | | - Describe support/resources for DSPs and FLSs for crisis situations<br>- Name, if any, curriculum-based crisis response training used by the agency<br>- Provide procedure for debriefing with staff and individuals after engagement **with a crisis situation** | | |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.03.2** | Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively | N/A | **Describe agency process for providing** training on the topic of trauma-informed care to staff. | **Describe agency process for providing** training on the topic of trauma-informed care to staff. |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.03.3** | Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively | N/A | **Describe agency process for providing** training/activities on the topic of trauma-awareness to individuals supported by the agency. | **Describe agency process for providing** training/activities on the topic of trauma-awareness to individuals supported by the agency. |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.03.4** | Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively | N/A | N/A | List crisis prevention and de-escalation training programs provided to all staff<br><br>Examples of such programs:<br>a. Ukeru<br>b. Crisis Prevention Institute (CPI)<br>c. Collaborative and Protective Solutions (CPS)<br>d. Mandt System®<br>e. Non-Violent Crisis Intervention Training<br>f. Therapeutic Options<br>g. Safe and Positive |

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| | | | | | Practices/Approaches<br>h. Quality Behavioral Solutions (QBS) – Safety Care<br>i. Welle - Kurk Lalemand<br>j. Safe Crisis Management (SCM)<br>k. Comprehensive Crisis Management (“CCM”) Training Program - UPMC<br><br>Submit the number and position of staff trained and dates of training(s).<br><br>Staff:<br>- DSPs, FLSs, Program Specialists, Residential Directors (or equivalents for these positions)<br>- clinical staff included in ratio calculation |
| **Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral** | **CN-DD/Bx.04.1** | Demonstrate having a 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 | N/A | 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 |
| **Supporting Individuals with Complex Needs - Medical** | **CN-M.01.1** | Medical: residential program demonstrates having a sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized credentialing program, | N/A | N/A | **Meet a 1:15 minimum ratio of full-time equivalent medical clinical staff to all individuals receiving residential services from the agency** |

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| | | which is approved by ODP, to meet the medical needs of individuals served in the program | | | |
| **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 |
| **Data Management** | **DM.02** | Demonstrate data capability with use of a HIPAA compliant EHR | N/A | **Residential providers in the Select and Clinical Enhanced tiers are required to utilize an EHR for client care. EHR functionality must include medication administration records and communication with a third party (ex. pharmacy, primary care, health information exchange). Include the number of individuals whose health-related services are managed, at least in part, through the EHR as of December 31, 2026.** | **Residential providers in the Select and Clinical Enhanced tiers are required to utilize an EHR for client care. EHR functionality must include medication administration records and communication with a third party (ex. pharmacy, primary care, health information exchange). Include the number of individuals whose health-related services are managed, at least in part, through the EHR as of December 31, 2026.** |
| **Employment** | **EMP.01** | Demonstrate support of individuals to seek and obtain Competitive Integrated Employment (CIE) | Demonstrate tracking of CIE by providing number and percentage of working age individuals (18-64) with CIE | Same as Primary | Same as Primary |

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| **Quality Improvement** | **QI.01.2** | Demonstrate commitment to wellness of individuals through targeted activities | **Demonstrate use of a Plan-Do-Check-Act cycle in using HRS data to drive wellness activities/programs within your agency:**<br><br>**PLAN: Use HRS data to determine what wellness activities/program(s) to implement**<br>**DO: Demonstrate implementation of a wellness activities/program**<br>**CHECK: Monitor progress of activities/programs using data from HRS and/or other sources as needed**<br>**ACT: Modify activities/programs based on monitoring data OR describe plan to modify** | Same as Primary | Same as Primary |
| **Quality Improvement** | **QI.01.5** | Demonstrate commitment to wellness of individuals through targeted activities | **Demonstrate use of HRS data and considerations to improve individual health/outcomes during CY26 by submitting a case study with Personally Identifiable Information (PII) removed.** | N/A | N/A |
| **Quality Improvement** | **QI.02.4** | Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality **through** continuous learning, and best use of data to **identify opportunities for** | 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 | At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification |

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| | | **improvement and to** assess progress toward quality management plan (QMP) goals. | | | |
| **Quality Improvement** | **QI.03.3** | Demonstrate engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships | **Provider must have a response rate greater than 5% on the** family engagement satisfaction survey. | Same as Primary | Same as Primary |
| **Regulatory Compliance** | **RC.01** | Demonstrate regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable | **Provider must not be subject to Chapter 6100 sanctions and/or not operating under a provisional, revoked, or nonrenewed licensure status at the time of tier determination.** | Same as Primary | Same as Primary |
| **Risk Management** | **RM-HRS.01** | Demonstrate 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 | Same as Primary |
| **Risk Management** | **RM-IM.01.1** | Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy | **Provider demonstrates reporting fidelity: Maximum number of incidents (including those potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider** | Same as Primary | Same as Primary |
| **Risk Management** | **RM-IM.01.2** | Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy | **Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.** | Same as Primary | Same as Primary |

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| **Risk Management** | **RM-IM.01.3** | Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy | **Timely finalization of incidents is demonstrated by at least 90% of incidents finalized within 30 days of discovery** | Same as Primary | Same as Primary |
| **Risk Management** | **RM-IM.01.4** | Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy | N/A | 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) |
| **Use of Remote Support Technology** | **RST.01.2** | Demonstrate 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** | Demonstrate 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 |

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| **Use of Remote Support Technology** | **RST.01.4** | Demonstrate 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 |
| **Workforce** | **WF.01.3** | Direct Support Professionals (DSPs): Demonstrate 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) | **Demonstrate increase to** percentage of DSPs credentialed/or enrolled in the NADSP eBadge program **by a minimum of** 2 percentage points from 1/1/26 to 12/31/26. **(Examples: If no DSPs were credentialed on baseline date, then 2% of DSPs must be credentialed/or enrolled on or before 12/31/26. If 5% of DSPs were credentialed on baseline date, then 7% must be credentialed/or enrolled by 12/31/26.)** Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage | N/A | N/A |
| **Workforce** | **WF.01.4** | Direct Support Professionals (DSPs): Demonstrate percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals | N/A | Demonstrate increase to percentage of DSPs credentialed through NADSP by a minimum of 5 percentage points by 12/31/2**6** from baseline on **12/31/25**. (Examples: If no DSPs were credentialed on baseline date, then 5% of DSPs must be credentialed on or before | Demonstrate increase to percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5 percentage points by 12/31/2**6** from baseline on **12/31/25**. (Examples: If no DSPs were credentialed on baseline date, then 5% of DSPs must be credentialed |

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| | | (NADSP) or the National Association for the Dually Diagnosed (NADD) | | 12/31/26. If 5% of DSPs were credentialed on baseline date, then 10% must be credentialed by 12/31/26.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage | on or before 12/31/26. If 5% of DSPs were credentialed on baseline date, then 10% must be credentialed by 12/31/26.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage |
| **Workforce** | **WF.02.3** | Front-Line Supervisors (FLSs): Demonstrate percentage of FLSs who provide residential services are credentialed by NADSP which is approved by ODP | **Demonstrate increase to** percentage of FLSs credentialed/or enrolled in the NADSP eBadge program **by a minimum of** 2 percentage points from 1/1/26 to 12/31/26. **(Examples: If no FLSs were credentialed on baseline date, then 2% of FLSs must be credentialed/or enrolled on or before 12/31/26. If 5% of FLSs were credentialed on baseline date, then 7% must be credentialed/or enrolled by 12/31/26.)** Providers having greater than 25% of FLS credentialed are considered to meet the standard without requirement to increase percentage | N/A | N/A |
| **Workforce** | **WF.02.4** | Front-Line Supervisors (FLSs): Demonstrate percentage of FLSs who provide residential services are credentialed by NADSP which is approved by ODP | N/A | Demonstrate increase to percentage of FLSs credentialed through NADSP by a minimum of 10% by 12/31/26, from baseline on **12/31/2025**. (Examples: If no FLSs were credentialed on baseline date, then 10% of FLSs must be | Demonstrate increase to percentage of FLSs credentialed through NADSP by a minimum of 10% by 12/31/26, from baseline on **12/31/2025**. (Examples: If no FLSs were credentialed on baseline date, then 10% of FLSs must be |

| Performance Area | PM Code | Definition of Standard | Measures for Primary Residential Providers | Measures for Select Residential Providers | Measures for Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Dual Diagnosis) |
|---|---|---|---|---|---|
| | | | | credentialed on or before 12/31/2**6**. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/202**6**.) Providers having greater than **45**% of staff credentialed are considered to meet the standard without requirement to increase percentage. | credentialed on or before 12/31/2**6**. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/202**6**.) Providers having greater than **45**% of staff credentialed are considered to meet the standard without requirement to increase percentage. |
| **Workforce** | **WF.03.1** | Demonstrate 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 | Same as Primary |
| **Workforce** | **WF.03.2** | Demonstrate 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 | Same as Primary |
| **Workforce** | **WF.03.3** | Demonstrate 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. |

# Future Performance Measures

| Performance Area | Definition of Standard | Measures for Primary Residential Providers | Measures for Select Residential Providers | Measures for Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support) |
|---|---|---|---|---|
| **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 |
| **Employment** | Demonstrated support of individuals to seek and obtain CIE | N/A | Combined percentage of working age (18-64) individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater | Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater |