# PERFORMANCE-BASED CONTRACTING Supports Coordination Services

## **Implementation Guide**



Pennsylvania
Department of Human Services
Office of Developmental Programs

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## Introduction

#### **Supports Coordination is the Keystone to Everyday Lives**

Supports Coordination provides an essential service for individuals and families to explore, plan, and realize an everyday life. Supports Coordinators (SCs) form an alliance with individuals, families, and caregivers to *locate*, *coordinate*, *and monitor* needed services and supports. This alliance is grounded in the skills and tools of *person-centered planning*. SCs strive to create strong relationships with individuals and families to identify interests, values, relationships, health and employment goals, and housing and communication preferences.

There is incredible diversity and variation among all people that should be celebrated, embraced, and supported. SCs work to understand each person, and the quality of conversations and planning that SCs facilitate have the power to change the direction of each person's life.

Supports Coordination Organizations (SCOs) that employ SCs must be responsive to individuals and their families. SCOs should have expertise to support people across the

Person-centered planning is planning directed by the person with helpers they choose. It is a way to learn about the choices and interests that make up a good life and identify the supports (paid and unpaid) needed to achieve a good life.

lifespan, including people with complex needs. To effectively support individuals and families, SCOs must have effective working relationships across systems that people with intellectual disability and autism interface.

#### **Background**

The Commonwealth of Pennsylvania's Department of Human Services (Department), Office of Developmental Programs (ODP) is pursuing systems change to improve the quality and sustainability of services. ODP sought broad stakeholder input on the approach to systems change with extensive stakeholder outreach and a public comment period on a <a href="Concept Paper in June 2023">Concept Paper in June 2023</a>.

ODP applied and was approved for a statewide 1915(b)(4) Selective Contracting waiver for residential services,

To improve quality, ODP is changing the way it manages residential services and supports coordination. This new way of managing is called "performance-based contracting."

including Residential Habilitation, Supported Living, and Life Sharing, which is currently offered in the Consolidated and Community Living 1915(c) Waiver programs. This change in residential services was effective in January 2025. ODP applied for a 1915(b)(4) Selective Contracting waiver for Supports Coordination in the State Medicaid Plan, Consolidated, Person/Family Directed Support and Community Living Waivers for implementation on January 1, 2026. From here on, this program will be referred to as **performance-based contracting**.

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The Centers for Medicare and Medicaid Services (CMS) describes the 1915(b)(4) waiver as follows: "Section 1915(b) of the Social Security Act gives the Secretary of Health and Human Services the discretion to waive a broad range of requirements included in Section 1902 of the Act as may be necessary to enable a State to

ODP made changes to residential services in January 2025. Changes to supports coordination services will begin in January 2026.

This plan focuses on changes for supports coordination as changes in residential services are already happening.

implement alternative delivery mechanisms for its Medicaid program." "Subsection (b)(4) permits a State to restrict the Supports Coordination Organization (SCO) from whom Medicaid beneficiaries receive services as long as such restrictions do not substantially impair access to services of adequate quality where medically necessary. This statutory authority (as well as implementing regulations at 42 CFR §431.55) can be used in both fee-for-service as

well as managed care arrangements."1

ODP is implementing performance-based contracting for multiple reasons. The values set forth in the <u>Everyday Lives document</u>, as well as ODP's goals around service sustainability, quality improvement, increased clinical capacity to serve individuals with complex needs, embedding Lifecourse principles throughout practice, and implementing strategies that support workforce stability and growth are all key drivers of this initiative.



Figure 1

Achieving Everyday Lives for the people served by ODP requires innovation in ODP's **residential** and **supports coordination** services — two key services that link waiver participants to a life of their choosing in the community and at home. Implementing performance-based contracting for these services will provide ODP the tools needed to ensure residential service providers and SCOs are delivering on the Everyday Lives values

<sup>&</sup>lt;sup>1</sup> Preprint Overhaul Instructions – Outline (medicaid.gov)

by establishing performance standards that support improved individual and systems outcomes. Performance-based contracting allows ODP to outline quality and care coordination standards that are in addition to the requirements for SCOs outlined in a typical 1915(c) waiver. Performance-based contracting will provide ODP an additional opportunity to engage in continuous quality improvement of services for individuals. While performance-based contracting will be used for both residential services and supports coordination services, this paper focuses on supports coordination. For information on residential services, please see the Performance-Based Contracting Residential Services Implementation Guide.

### New SCO Performance Standards

ODP will use performance-based contracting to establish performance standards for SCOs. During the initial 3 years, ODP will monitor, support, annually evaluate SCOs' progress toward meeting these standards requiring corrective action plans for SCOs not meeting performance standards. ODP will monitor both individual and aggregate SCO performance and then make refinements to measures and targets as needed. During this initial 3-year period, only minor adjustments to measures may be made from one year to the next, not more frequently. Over time, this 3-year period will allow ODP to streamline the performance standards with other processes such as QA&I and SCO qualifications. At the end of this 3-year period would also be the point at which ODP may initiate more significant changes.

**Standards are rules everyone agrees to follow. We can measure standards.** SCOs will have to meet new standards. These standards are based on data, research, and the ideas of different experts. These new standards will make supports coordination services better for people with disabilities.

ODP initially drafted performance standards based on lessons from <a href="Everyday Lives strategies">Everyday Lives strategies</a> and annual reporting on established performance measures; data analysis and reporting on areas such as prevalence of autism and developmental disabilities, supports needs acuity of individuals served, incident management, and employment of individuals; a review of the research available; consultation with national experts, including members and staff from the National Association of State Directors for Developmental Disabilities Services; and through a comprehensive environmental scan of states that have used selective contracting and other innovations in payment and service delivery models to support individuals with intellectual and developmental disabilities.

These draft performance areas were initially published for public comment as part of the Concept Paper. Once performance areas were defined and adjusted based on public comment, the Supports Coordination Strategic Thinking Group, composed of representatives from Supports Coordination Organizations, providers, Administrative Entities, individuals and families, further refined the performance standards which were then published for a second round of public comment in 2025. Additional revisions were made and the final performance measures are available in <u>Appendix A</u>.

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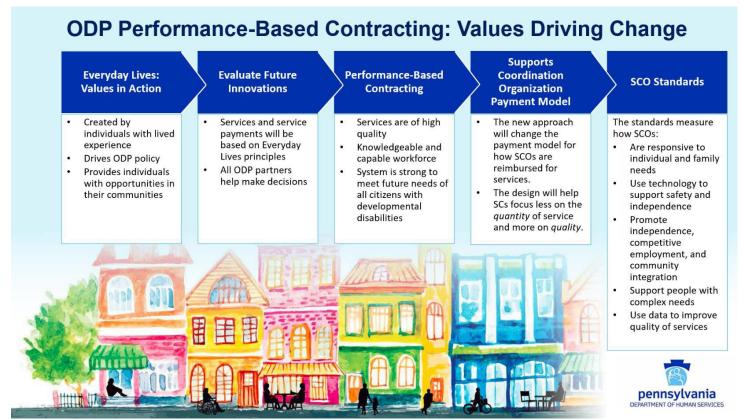


Figure 2

**Figure 2** shows that Everyday Lives was the first step in deciding to start performance-based contracting. Performance-based contracting will allow ODP to ask SCOs to meet new quality standards.

#### **Continuous Quality Improvement**

Continuous quality improvement supports both individual and systems outcomes. Figure 3 depicts how standards are connected to four focus areas: sustainability, workforce, access, and clinical capacity. Continuous quality improvement requires tracking, understanding, and using data to identify and act on quality improvement opportunities, as well as to measure progress on quality improvement projects. ODP anticipates adjusting standards in the future as the process of tracking and using the quality improvement data matures.

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#### Performance standards have been selected specifically to address the areas identified in Figure 3



Figure 3

**Figure 3** shows performance standards focus areas to improve the quality of supports coordination services.

#### Sustainability

Currently over 11,000 individuals are on a waiting list for ODP Home and Community-Based Services (HCBS), and there is a Supports Coordinator vacancy rate of 9.5% and a Direct Support Professional vacancy rate of

14% as of fall 2024. ODP's service delivery model must evolve to meet the needs of individuals in more cost-effective ways that also reduce the burden on traditional

Changes will help make sure that people with disabilities can continue to get the services they need. This is **sustainability.** 

staffing models, while providing greater opportunities for inclusion for individuals receiving services. Focusing on the below areas will promote better sustainability of the system.

Continuum of Services: Ensuring individuals have options to be supported in non-residential services,
Life Sharing and Supported Living is essential. These models of service are less restrictive, less costly,
receive greater satisfaction ratings from individuals and families, and generally require less traditional
staffing than Residential Habilitation in a licensed community home. SCs are a key factor in ensuring
individuals and families have the information and opportunity to pursue these alternative residential
options.

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• **Employment:** Competitive integrated employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for individuals with disabilities are significant and are the same as for individuals without disabilities. Employment contributes to confidence, meaningful community engagement, and higher income. It also may support cost-savings in the system.

#### Workforce

**Workforce** means the SCs who help individuals plan for a good life, locate and coordinate supports and services, and monitor for health and safety.

Addressing supports coordination workforce issues requires a multifold approach.

- Reforming Payment and Billing: Shifting payment methodology to a monthly payment will reduce the administrative burden of billing and completing documentation in 15-minute units. This shift will allow SCs to focus on developing individualized, person-centered plans, prioritizing individual outcomes, and ensuring responsiveness to needs. SCOs will demonstrate they are meeting individual and systems outcomes as an ongoing requirement to maintain a contract with the Department. This requirement will align payment with outcomes. Further, the transition to performance-based contracting allows greater flexibility in how SCOs are responsive to individuals and families. Beginning in January 2026, SCOs may begin using Associate SCs to conduct some activities that were previously restricted to SCs to perform. Flexibilities for how supports coordination services are delivered by SCOs will increase over time.
- Specialized Professional Training: Supports
   Coordination requires the application of personcentered planning methods. This includes the use of
   Charting the Lifecourse tools and understanding the
   needs of people, many whom present with complex
   needs and have multi-system involvement, across the
   lifespan. Specialized professional certifications and/or

Changes will help make sure staff have the training and knowledge they need to provide the best services possible for everyone who needs support.

- credentialing in key areas like complex medical conditions, dual diagnosis, and Charting the Lifecourse will better equip SCs to meet job challenges which may improve SC retention.
- **Stability:** By tracking and sharing data on SC vacancy and turnover rates, SCOs and ODP will be able to use data to identify effective strategies for SC retention.
- Technology: For every individual, SCs should facilitate the Individual Support Plan (ISP) teams to
  explore whether there are technology solutions that support better health, safety, and greater
  independence.

#### **Clinical Capacity**

The acuity of support needs of individuals who receive HCBS from ODP has been increasing over time and is expected to continue to increase.

All current SCOs will be able to continue providing services when performance-based contracting starts. They will get training on the new standards. Each year, SCOs will be assessed on how well they meet the new standards.

- Clinical Knowledge: SCOs should have knowledgeable staff to enable quality supports coordination
  delivery for all individuals across the lifespan with autism, dual diagnosis, complex medical conditions,
  and forensic involvement. Additionally, SCOs should develop and maintain relationships with
  community partners to improve clinical outcomes.
- Trauma-informed practices and crisis intervention training: To improve supports and services to meet individual needs and minimize the use of restrictive procedures SCOs should have organizational approaches to and comprehensive staff training on evidence-based, trauma-informed care and crisis response. Incorporating Trauma-Informed Practices into the workplace is beneficial to individuals, families, and SCs.
- **Wellness:** SCs play a critical role in encouraging individuals to seek preventative care. Individuals with intellectual disabilities and autism experience significant health disparities and it is critical that teams support activities aimed at wellness and addressing any barriers to accessing health care.

#### Responsiveness

Changes will help to improve responsiveness of supports coordination services.

- **Referral and discharge standards**: Changes to the referral and discharge policy and process will improve timely access to supports coordination services.
- **Family engagement:** Most individuals have family involved throughout their lives. Respecting and supporting family relationships is a crucial element in a responsive, quality service delivery system.
- Satisfaction: SCs are the critical link for individuals and families to resources and services they need because SCs play a key linkage role between providers and the administrative entity, which approves and authorizes services in individual plans. Timely and accurate information, individual plan development and revisions, and follow-up monitoring are essential SC roles in this process. Satisfaction surveys will provide valuable information to ODP and SCOs about SCO engagement and responsiveness.

## Supports Coordination Performance Standards

When performance-based contracting is implemented, all currently enrolled SCOs will have the opportunity to enter into a performance-based contract with ODP. To support SCOs with the new requirements and process, ODP will hold SCO summits and virtual office hours so that SCOs have a clear understanding of the process and expectations for performance-based contracting.

Annually, ODP will evaluate each SCO's performance against the established measures. As part of the process to evaluate performance, SCOs will submit documentation demonstrating their performance in each of the areas detailed in <a href="Appendix A">Appendix A</a>. Additionally, ODP will use data from a variety of sources including but not limited to:

- Participants' Experience surveys
- Claims
- Incident Management
- Health Risk Screening
- Administrative Entities
- Performance Analysis Services (PAS) vendor.

As performance standards are achieved over time, quality and capacity to serve individuals is expected to improve. ODP will publish a directory of all SCOs with an active ODP Agreement for Provision of Supports Coordination Organizations Services. The directory will include information related to corrective action required of the SCO so that individuals and families have information to support choice of a Supports Coordination Organization.

All SCOs will receive monthly payments in accordance with the published fee schedule starting July 1, 2026. In addition, SCOs will be eligible to receive incentives through Pay-for-Performance (P4P) payments for achieving established performance standards.

Performance-based contracting will be launched with quality measures and a payment structure that supports the sustainability and long-term vision for the intellectual disabilities/autism (ID/A) system. SCOs will be evaluated in the following performance areas:

- Access
- Administration
- Continuum of Services
- Employment
- Person-centered practices and Community Integration
- Quality, including data integrity
- Wellness
- Resource navigation
- Risk Management
- Technology
- Workforce

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There are specific measures associated with each performance area, see <a href="Appendix A">Appendix A</a> for the complete list of proposed measures. Some measures are applicable for the January 1, 2026 – June 30, 2027 contract period, some are applicable to future contract periods. ODP will be available to provide technical assistance as needed to assist SCOs in achieving the necessary standards. The Information Sharing and Advisory Committee (ISAC) will continue to evaluate the elements in performance-based contracting using the principles outlined in Everyday Lives Recommendation 13 (evaluate future innovations based on everyday lives principles) as a guide.

#### **Phase-In of Performance Measures**

Performance-based contracting (PBC) is about continuous quality improvement. Since PBC is new for Supports Coordination Organizations, performance measures are designed to account for the need to build capacity. Many measures follow a trajectory that includes establishing policy or practice and starting to collect data during the first contract year. In the second contract year the SCO should start to see improvement in their performance for this measure. In subsequent years, the SCO will need to meet statewide benchmarks for performance.



Figure 4

An example of this is the progression of the performance measures to improve outcomes for individuals seeking employment. For improving competitive integrated employment (CIE) outcomes for individuals, in the first year of PBC, SCOs will be required to develop and implement a plan for increasing access to CIE. The plan will include establishing the SCO's baseline for percentage of people are employed or supported to seek employment. In year two, SCOs will be expected to increase from their baseline the percentage of people employed or seeking employment. In year three, SCOs will be expected to meet or exceed the statewide benchmark for employment. It is important to note that the current rate of CIE is 18% statewide yet 40% of adults report they desire employment<sup>2</sup>.

PM Code	Definition of Standard	Performance Measures	Contract Timeframe
SC-EMP.01	Demonstrate support of individuals to seek and obtain Competitive Integrated Employment (CIE).	QM Plan for increasing CIE	January 1, 2026 – June 30, 2027

<sup>&</sup>lt;sup>2</sup> https://idd.nationalcoreindicators.org/wp-content/uploads/2025/06/IPS-23-24-Ch02-Employment\_FINAL.pdf

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SC-EMP.01 (2027)	Demonstrated support of individuals to seek and obtain Competitive Integrated Employment (CIE).	Increase the combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND individuals competitively employed in integrated settings (working age individuals only and adjusted for acuity) from the SCO's calendar year 2026 baseline.	July 1, 2027 – June 30, 2028
SC-EMP.01 (2028)	Demonstrate support of individuals to seek and obtain Competitive Integrated Employment (CIE).	Demonstrate a combined xx% of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND individuals competitively employed in integrated settings (working age individuals only and adjusted for acuity).	July 1, 2028 – June 30, 2029

## **Contracting and Payment**

ODP wants to make sure performance-based contracting does not disrupt services.

Individuals who like their current SCO will keep them.

#### **Continuity of Care**

As ODP transitions to performance-based contracting, it is essential that disruptions in supports coordination services are avoided. To support continuity of care, ODP will contract with all SCOs that are enrolled immediately preceding the 1915(b)(4) waiver effective date.

#### **Supports Coordination Organization Agreement Timeline**

SCOs must sign an Agreement for Provision of Supports Coordination Services. The Agreement for Provision of Supports Coordination Services will outline the additional requirements for participation as an enrolled SCO of ODP supports coordination services. This includes performance standards, and corresponding data submission requirements as described in this document and the amendments to the Medicaid State Plan, 1915(b)(4) waiver and 1915(c) waivers.

The Agreement for Provision of Supports Coordination Services will be published on or before August 1, 2025. SCOs must sign and submit a new Supports Coordination Services Agreement to ODP no later than September 30, 2025.

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SCOs with a new signed and submitted *Agreement for Provision of Supports Coordination Services* may submit data and documentation between **October 1, 2025 through November 1, 2025.** 

ODP will review submitted documentation and data, notify SCOs of their performance by **December 1, 2025**.

SCOs will have a new agreement with ODP that includes the new performance standards.

SCOs that do not submit a signed Agreement for Provision of

Supports Coordination Services will not be qualified to provide supports coordination services funded through the waivers or Medicaid State Plan and will be subject to enforcement actions beginning **January 1, 2026.** 

#### **Timeframes**

#### Contract Period and Rates

Implementation Year: The first contract period will run 18 months from January 1, 2026 to June 30, 2027.

Beginning July 1, 2027, contracting will occur on a state fiscal year (FY) basis with submission periods occurring in February and March of each year. Notification to SCOs of performance evaluation will occur by May 31<sup>st</sup>.

Change to SCO performance-based contracting will start on January 1, 2026.

#### Performance Review Period

Though the contract period is for a FY, the performance review period used to assess the SCO's performance will be the prior calendar year (CY). For example, the assessment for the contract for FY27–28 (July 1, 2027 to June 30, 2028) will be assessed using data and documentation from CY26 (January 1, 2026 to December 31, 2026).

#### **Payment Rates**

To align payment with outcomes, beginning July 1, 2026, all SCOs will receive a standard case rate for individuals receiving Standard Targeted Supports Management (TSM) and monthly case rates for individuals receiving Intensive TSM or enrolled in an ID/A waiver.

Proposed Supports Coordination Payment Structure				
Supports Coordination Level  Assumed Average Hours Per Month  Per Individual Rate				
Standard Targeted Support  Management (TSM)  Two outcome payments available annually (completion of ISP, required mid-year monitoring)				
Intensive TSM³ and P/FDS  2.5  Monthly payment (must meet minimum standards for activity to bill)				
Community Living and Consolidated	3.5	Monthly payment (must meet minimum standards for activity to bill)		

Figure 5

In addition to the above noted fee schedule rates, SCO's may bill a flat fee service rate for a participant's initial person-centered planning and initial individual support plan development that the SCO completes after accepting the participant for service as part of TSM or waiver Supports Coordination.

The minimum activity standards for billing for Supports Coordination are outlined in Appendix C.

#### **Transitioning to New Payment Rates**

The new rate structure will be effective July 1, 2026 allowing time for SCOs to adjust practices and procedures. SCOs will have a performance measure to submit a plan documenting how the agency will operationalize the new payment methodology effective 7/1/26. To support the change from 15-minute fee schedule rates to monthly case rates and flat fee schedule rates, in fiscal years 2026-2027 through 2028-2029 ODP may make additional stabilization payments to SCOs when the aggregated average revenue per individual served results in a loss of 3% or greater of the prior year's aggregated average revenue per individual. ODP may also adjust payments to an SCO if the aggregated average revenue per individual served is 10% or greater than the prior year's aggregated average revenue per individual. SCOs with an excess increase in revenue may be required to submit cost reports.

#### **Flexibility to Perform Supports Coordination Functions**

The transition to performance-based contracting allows greater flexibility in *how* SCOs are responsive to individuals and families. Beginning in January 2026, SCOs may begin using Associate SCs to conduct some

<sup>&</sup>lt;sup>3</sup> Intensive TSM is used when an individual that is not enrolled in an ID/A waiver requires activities detailed in the Billing Requirements for Intensive TSM Appendix C for 3 months during a six month period.

activities that were previously restricted to SCs to perform. Flexibilities for *how* supports coordination services are delivered by SCOs will increase over time.

Associate Supports Coordinators will be able to perform some functions that previously were allowable only by SCs. An example of an activity is facilitating the use of Lifecourse tools with an individual and family. The full list of activities that may be conducted by an Associate is outlined in the billing standards in Appendix C.

In addition to the standard background checks for ODP providers rendering services, Associate SCs will be required at a minimum to complete SC Orientation and First Year Training and, if facilitating the use of Lifecourse Tools, have at least one year of personal or professional experience with people with ID/A and have successfully completed a CtLC Learner Pathways (Professional) Practitioner level course. The full list of qualifications can be found in the published waiver applications.

#### Pay for Performance (P4P)

SCOs will have the opportunity to earn additional compensation through an alternative payment model (APM) called P4P. P4P provides added incentive payments to SCOs that deliver high-quality and cost-efficient care. P4P payments will be made to eligible SCOs who meet or exceed performance targets in various areas, including person-centered planning and community integration. When implemented, these payments will be in addition to the established rates and will be made if performance outcomes are achieved.

SCOs will be able to earn more money if they meet goals for personcentered planning.

SCOs will be eligible for P4P payment incentives to both invest in and reward capacity building and high-quality service delivery. P4P will also advance ODP's goal of aligning SCO payment with outcomes. Additional information can be found in **Appendix B**.

## Supports Coordination Organization Preparedness

#### Supports Coordination Organization (SCO) Complete Preparedness Toolkit

The SCO Complete Preparedness Toolkit will include a self-assessment and action plan template to be used as a resource to ensure a smooth transition and successful engagement with Performance-Based Contracting. The toolkit will include:

- Detailed performance standards and metrics
- Information on available data, data dashboards, and gueries
- Methodologies for measuring each standard

#### **ISAC Provider Performance Review Subcommittee**

ISAC is the Information Sharing and Advisory Committee for ODP. As ODP's stakeholder quality council, ISAC helped ODP decide on new performance standards. ISAC will review provider and SCO performance to make sure the quality of services is getting better.

The ISAC Provider Performance Review Subcommittee was established to provide structured meetings to enable ISAC members to engage in in-depth review, evaluation, and discussion of provider and SCO performance metrics, and provide recommendations related to performance and quality improvement of services.

The subcommittee provides an opportunity for ISAC members to:

- Review data and evaluate findings on key measures related to provider and SCO performance.
- Recommend strategies for improvement based on analysis of provider and SCO performance data.
- Determine quality improvement priorities related to provider and SCO performance, identify and adopt improvement strategies, and choose performance measures to evaluate whether the lives of individuals have improved as a result of changes that have been implemented.
- Make provider and SCO quality improvement recommendations to the ISAC for adoption into the Everyday Lives strategies.

Data reviewed by the subcommittee will be shared at provider and SCO forums.

An example of data for subcommittee review:

#### Health

- Health Risk Screening Fidelity
- Fatal 5 (Choking, Seizure, Sepsis, Dehydration, Constipation)
- Chronic disease rates (hypertension, diabetes, obesity)
- Polypharmacy
- Inpatient hospitalizations
- Wellness activities
- Preventative care visits
- Use of technology to improve health and wellness and create additional opportunities to increase independence
- Repeat hospitalizations within 30 days

#### **SCO Summits and Forums**

ODP will host summits and forums to support SCO preparedness. They will include but will not be limited to:

- Review of the SCO Complete Preparedness Toolkit
- Quarterly forums to review and discuss data presented to the ISAC Provider Performance Review Subcommittee

Emerging themes or trends with implementation of performance-based contracting

## Next Steps

In the coming months, ODP will continue to focus on the following activities:

- Preparing SCOs and other stakeholders for the implementation of performance-based contracting for SCOs, including Summits and Virtual Office Hours
- Operationalizing implementation activities, including testing and training on the new Performance Analysis Services (PAS) submission tool

## Timeline for Supports Coordination Performance-Based Contracting

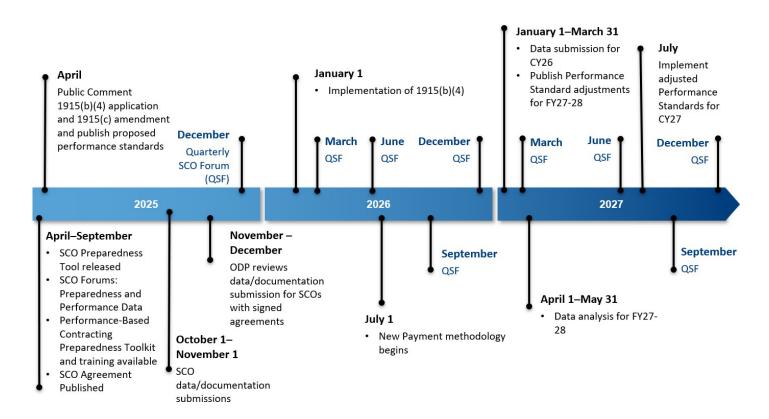


Figure 6



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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Access	SC-AC.01	Remains open for accepting new referrals, and individual/family selection of SCO, regardless of case complexity.	SCO attests that the SCO remains open for accepting new referrals and individual/family selection of SCO in county(ies) of the SCO's defined territory and/or the location of the base contract, regardless of case complexity.	January 1, 2026 – June 30, 2027
Access	SC-AC.01 (2027)	Remains open for accepting new referrals, and individual/family selection of SCO, regardless of case complexity.	Minimum referral acceptance is 75% for CY 2026.  OR  If SCO serves less than 250 individuals, minimum referral acceptance is 60% for CY 2026  SCO is not required to exceed 10% growth from prior year. (10% or 75%/60%)	July 1, 2027 – June 30, 2028

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Access	SC-AC.02	SCO service initiation through initial outreach occurs within an average of 21 calendar days or less post-referral acceptance.	Attestation that SCO will develop and maintain a system to track and report all of the following data elements:  a. Name of individual referred  b. MCI of individual referred  c. Date referral received  d. Date referral accepted/rejected  e. Source of referral (AE/counties)  f. Number of days between acceptance of referral and service initiation (using First Billed service note date in HCSIS)  g. Reason why 21-calendar day timeline for service initiation is not met  h. Reason why a referral was denied (location/geography, insufficient workforce, conflict of interest per policy, etc.).	January 1, 2026 – June 30, 2027
Administration	SC-ADM.01.1	Demonstrate transparent and sound corporate governance structure.	The SCO will attest that it has accurately and truthfully disclosed to the Office of Developmental Programs (ODP) the following:  a. Current financial statements.  b. Violations of conflict-of-interest policy.  c. Any history and status of criminal convictions of Governing Body members.  d. Any history of enforcement actions in other Pennsylvania Department of Human Services programs and/or in other states in which the SCO renders any services to individuals with intellectual and developmental disabilities if applicable.	January 1, 2026 – June 30, 2027
Administration	SC-ADM.01.2	Demonstrate transparent and sound corporate governance structure.	Submission of current financial statements (audited if available).	January 1, 2026 – June 30, 2027
Administration	SC-ADM.01.2 (2028)	Demonstrate transparent and sound corporate governance structure.	Successful passage of a fiscal readiness review	July 1, 2028 – June 30, 2029
Administration	SC-ADM.01.3	Demonstrate transparent and sound corporate governance structure.	Disclosure of Conflict of Interest Policy and associated documentation, including Governing Body.	January 1, 2026 – June 30, 2027
Administration	SC-ADM.01.4	Demonstrate transparent and sound corporate governance structure.	Disclosure of Criminal convictions, including disclosure of criminal convictions for Governing Body members.	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Administration	SC-ADM.01.5	Demonstrate transparent and sound corporate governance structure.	Disclosure of history of enforcement actions by other Pennsylvania DHS programs and/or by other states in which the SCO renders any services to individuals with intellectual and developmental disabilities if applicable.	January 1, 2026 – June 30, 2027
Administration	SC-ADM.01.6 (2027)	Demonstrate transparent and sound corporate governance structure.	Demonstrate that the Governing Body is engaged with and governance is informed by voices of individuals with lived experiences supported by the SCO by:  - Including at least one individual with lived experience with intellectual or developmental disabilities or Autism (inclusive of family members) on the Governing Body  OR  - Operating/participating with an advisory committee or subcommittee that informs the Governing Body that is comprised of individuals with lived experience  AND BOTH OF THE FOLLOWING ARE REQUIRED FOR ALL SCOs  - Evidence that Governing Body deliberations are informed by input of individuals with lived experience  - Evidence that support is offered/made available for individuals with lived experience to meaningfully participate in the governance of the SCO	July 1, 2027 – June 30, 2028
Administration	SC-ADM.02	Demonstrate capacity to manage Supports Coordination activities with individuals in alignment with ODP policies.	Submit a plan documenting how the SCO will operationalize the new payment methodology effective 7/1/26	January 1, 2026 – June 30, 2027
Continuum of Services	SC-CoS.01.1	Demonstrate that individuals requiring or preferring 24/7 support outside of the family home are provided information and encouraged to consider Supported Living and Life Sharing.	Attest that a. SCO has an identified lead for Lifesharing, Supported Living, and Housing who serves as a resource for families and SCO staff about residential alternatives, b. SCO provides information and materials to Support Coordinators (SCs) to build knowledge of Lifesharing, Supported Living, and Housing options, and c. SCs are providing that information and materials to individuals and families seeking residential services.	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Continuum of Services	SC-CoS.01.2	Demonstrate that individuals requiring or preferring 24/7 support outside of the family home are provided information and encouraged to consider Supported Living and Life Sharing.	Demonstrate that SC is providing education to individuals regarding residential options	January 1, 2026 – June 30, 2027
Continuum of Services	SC-CoS.01.2 (2027)	Demonstrate that individuals requiring or preferring 24/7 support outside of the family home are provided information and encouraged to consider Supported Living and Life Sharing.	Increase the percentage of individuals using Supported Living, Life Sharing and Housing Transition and Tenancy Services from the SCO's calendar year 2026 baseline.	July 1, 2027 – June 30, 2028
Continuum of Services	SC-CoS.02	SCOs must demonstrate their ability to develop, implement, and monitor service plans that prioritize and facilitate individuals' opportunities to live in the least restrictive, most integrated settings of their choice. This includes ensuring access to nonresidential services and supports that promote independence, community inclusion, and alignment with the individual's preferences, strengths, and goals as outlined in their Individual Support Plan (ISP)	Demonstrate that SC is providing education to individuals regarding non-residential options	January 1, 2026 – June 30, 2027
Continuum of Services	SC-CoS.02 (2027)	Demonstrate ability to develop, implement, and monitor service plans that prioritize and facilitate individuals' opportunities to live in the least restrictive, most integrated settings of their choice. This includes ensuring access to non-residential services and supports that promote independence, community inclusion, and alignment with the individual's preferences, strengths, and goals as outlined in their Individual Support Plan (ISP)	Increase the percentage of individuals using non-residential services from the SCO's calendar year 2026 baseline.	July 1, 2027 – June 30, 2028

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Continuum of Services	SC-CoS.03 (2029)	Demonstrate ability to develop, implement, and monitor service plans that prioritize and facilitate individuals' opportunities to live in the least restrictive, most integrated settings of their choice.	Percentage of individuals using non-residential services, Life Sharing and Supported Living meets or exceeds statewide benchmark.	July 1, 2029 – June 30, 2030
Employment	SC-EMP.01	Demonstrate support of individuals to seek and obtain Competitive Integrated Employment (CIE).	QM Plan for increasing CIE	January 1, 2026 – June 30, 2027
Employment	SC-EMP.01 (2027)	Demonstrated support of individuals to seek and obtain Competitive Integrated Employment (CIE).	Increase the combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND individuals competitively employed in integrated settings (working age individuals only and adjusted for acuity) from the SCO's calendar year 2026 baseline.	July 1, 2027 – June 30, 2028
Employment	SC-EMP.01 (2028)	Demonstrate support of individuals to seek and obtain Competitive Integrated Employment (CIE).	Demonstrate a combined xx% of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND individuals competitively employed in integrated settings (working age individuals only and adjusted for acuity).	July 1, 2028 – June 30, 2029
Person- Centered Practices	SC-PCP.01.1	Demonstrate effective practices to support individuals with realizing their personal goals	Attest that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-2: Person-centered Goals. (The proportion of people who report their service plan includes things that are important to them).	January 1, 2026 – June 30, 2027
Person- Centered Practices	SC-PCP.01.1 (2027)	Demonstrate effective practices to support individuals with realizing their personal goals	SCO performance on NCI-IDD PCP-2 will meet or exceed 90% OR SCO will submit a plan to achieve 90% or greater on NCI-IDD PCP-2: Person-centered Goals (The proportion of people who report their service plan includes things that are important to them)	July 1, 2027 – June 30, 2028

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Person- Centered Practices	SC-PCP.01.2	Demonstrate effective practices to support individuals with realizing their personal goals	90% compliance with monitoring frequency by waiver type	January 1, 2026 – June 30, 2027
Person- Centered Practices	SC-PCP.01.3 (2027)	Demonstrate effective practices to support individuals with realizing their personal goals	90% compliance with monitoring location by waiver type	July 1, 2027 – June 30, 2028
Person- Centered Practices	SC-PCP.02	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.	Attest that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform 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).	January 1, 2026 – June 30, 2027
Person- Centered Practices	SC-PCP.02 (2027)	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.	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).	July 1, 2027 – June 30, 2028
Quality (Data Integrity)	SC-QDI.01.1	Data collection and entry by SCO is accurate and timely.	86% of demographic information is complete and accurate, including living situation and individual and primary contact email address.	January 1, 2026 – June 30, 2027
Quality (Data Integrity)	SC-QDI.01.2	Data collection and entry by SCO is accurate and timely.	90% of employment information is complete and accurate, including all employment fields in the individual monitoring tool, updated at every required monitoring (based on waiver enrollment)	January 1, 2026 – June 30, 2027
Quality (Data Integrity)	SC-QDI.01.3	Data collection and entry by SCO is accurate and timely.	90% of Prioritization of Urgency of Needs (PUNS) are accurate in accordance with PUNS Manual.	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Quality (Data Integrity)	SC-QDI.01.4	Data collection and entry by SCO is accurate and timely.	ODP will report SCO's baseline accuracy of data for new consolidated waiver enrollees removed from PUNS within 30 calendar days	January 1, 2026 – June 30, 2027
Quality (Data Integrity)	SC-QDI.01.5	Data collection and entry by SCO is accurate and timely.	Attest that the SCO has a process to collect the most current Behavior Support Plan, ensure that the BSP summary within the ISP is current and accurately captures restrictive procedures as of January 1, 2026	January 1, 2026 – June 30, 2027
Quality (Data Integrity)	SC-QDI.01.6	Data collection and entry by SCO is accurate and timely.	Restrictive procedure data is 86% accurate as compared to the most current BSP.	January 1, 2026 – June 30, 2027
Quality	SC-QI.01.1	Demonstrate responsiveness to individuals, families and system partners	Attest that, beginning January 1, 2026, the SCO will support ODP data collection by encouraging family participation in the survey regarding family satisfaction with provider engagement	January 1, 2026 – June 30, 2027
Quality	SC-QI.01.1 (2027)	Demonstrate responsiveness to individuals, families and system partners	Meet minimum benchmark for ODP collected data on satisfaction with SCO engagement via survey regarding responsiveness (timeliness, thoroughness, proactivity, etc.). NCI-IDD Question 47 (Service Coordination Table 3): "Able to contact Case Manager/Service Coordinator when wants to"	July 1, 2027 – June 30, 2028
Quality	SC-QI.01.2	Demonstrate responsiveness to individuals, families and system partners	Report number of individuals who chose another SCO due to dissatisfaction with SC services AND reason for dissatisfaction.	January 1, 2026 – June 30, 2027
Quality	SC-QI.02.1	Demonstrate commitment to continuous quality improvement and demonstrate 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 SCO's policy on how person-centered performance data is utilized to develop the QM Plan and its action plan and to monitor progress towards QM plan goals.	January 1, 2026 – June 30, 2027
Quality	SC-QI.02.2	Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality, continuous learning,	Report number of staff that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
		and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives).		
Quality	SC-QI.02.3 (2027)	Demonstrate 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).	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification.	July 1, 2027 – June 30, 2028
Quality	SC-QI.02.4	Demonstrate commitment to continuous quality improvement and demonstrate 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).	Report if the SCO is accredited by: a. Council for Quality and Leadership (CQL) b. Commission on Accreditation of Rehabilitation Facilities (CARF) c. Council on Accreditation (COA) d. National Association for the Dually Diagnosed (NADD) e. Joint Commission f. Other	January 1, 2026 – June 30, 2027
Quality	SC-QI.03	Demonstrate capacity to enhance diversity, equity, and inclusion (DEI) through provision of Culturally and Linguistically Appropriate Services (CLAS)	Attest to adoption of the federal CLAS Standards – Think Cultural Health (hhs.gov)	January 1, 2026 – June 30, 2027
Quality	SC-QI.03 (2027)	Demonstrate capacity to enhance diversity, equity, and inclusion (DEI) through provision of Culturally and Linguistically Appropriate Services (CLAS)	Submit documentation to demonstrate SCO commitment to CLAS through two or more of the following:  a. Dedicated staff resources  b. Budget line items/invoices for interpretation/translation services  c. Policy that promotes CLAS  d. Outreach materials	July 1, 2027 – June 30, 2028
Quality (Wellness)	SC-QW.01.1	Capacity to identify and address wellness of individuals served by the SCO	Description of how the SCO identifies and promotes wellness activities based on individual needs	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Quality (Wellness)	SC-QW.01.1 (2027)	Capacity to identify and address wellness of individuals served by the SCO	SCO must implement promotion of wellness activities such that SCO participants have improved health	July 1, 2027 – June 30, 2028
Quality (Wellness)	SC-QW.01.2	Capacity to identify and address wellness of individuals served by the SCO	ODP will report SCO's baseline % of members 20 years and older who had an ambulatory or preventive care visit (NCQA HEDIS - Adults' Access to Preventive/Ambulatory Health Services (AAP))	January 1, 2026 – June 30, 2027
Quality (Wellness)	SC-QW.01.3	Capacity to identify and address wellness of individuals served by the SCO	Attest that SCs receive training on well child visit schedules, have age appropriate resources available to provide to families' of children	January 1, 2026 – June 30, 2027
Quality (Wellness)	SC-QW.01.4 (2028)	Capacity to identify and address wellness of individuals served by the SCO	NCQA HEDIS - Well-Child Visits in the First 30 Months of Life: xx% of individuals up to 30 months of life who had the recommended well-child visits with a PCP.	July 1, 2028 – June 30, 2029
Quality (Wellness)	SC-QW.01.5 (2028)	Capacity to identify and address wellness of individuals served by the SCO	NCQA HEDIS - Child and Adolescent Well-Care Visits: xx% of individuals 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner	July 1, 2028 – June 30, 2029

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Risk Management	SC-RM.01	Demonstrate understanding risk for individuals at the population level and the ability to utilize data to mitigate individual risk	Attest to use of Health Risk Screening Tool (HRST) data to identify trends and implement appropriate responses to trends.	January 1, 2026 – June 30, 2027
Resource Navigation	SC-RN.01	Supports access to community resources to meet needs related to Health Related Social Needs	Register in PA Navigate Resource Platform as a Community-Based Organization (CBO).	January 1, 2026 – June 30, 2027
Resource Navigation	SC-RN.01 (2027)	Supports access to community resources to meet needs related to Health Related Social Needs	Demonstrate use of PA Navigate to respond to individual and family Health Related Social Needs (i.e. food, housing)	July 1, 2027 – June 30, 2028

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Technology	SC-TEC.01 (2027)	Demonstrate use of technology to improve health and wellness, and create additional opportunities to increase independence for individuals	NCI: The percentage of people who report that their case manager/service coordinator talked with them about technology that may help them in their everyday life	July 1, 2027 – June 30, 2028
Technology	SC-TEC.01 (2028)	Demonstrate use of technology to improve health and wellness, and create additional opportunities to increase independence for individuals	The SCO will increase number of unique individuals using either remote supports or assistive technology by CY 2027. ODP will publish CY 2024 utilization baseline.	July 1, 2028 – June 30, 2029
Workforce	SC-WF.01	Demonstrate competencies in person-centered approaches for individuals with complex needs across their lifespans.	The SCO will report baseline data of SCs, supervisors, and SCO directors who have completed each of the following trainings/certifications by July 1, 2025.  a. American Institute of Health Care Professionals (www.aihcp.net) b. Capacity Building Institute (CBI) - DHS c. Certified Case Manager (CCM) - Commission for Case Manager Certification d. Certified Community Health Worker (CCHW) - Pennsylvania Certification Board e. Certified Disability Management Specialist (www.ccmcertification.org) f. Dual Diagnosis training Curriculum - ODP g. Enabling Technology Navigator Certification (ETN) h. LifeCourse Ambassador - LifeCourse Nexus i. NADD-CC: Clinical Certification. NADD Dual Diagnosis Specialist Certification j. NADD-DDS: Dual Diagnosis Specialist Certification. The National Association for the Dually Diagnosed (NADD) Specialist Certification — (https://thenadd.org/?page_id=22741) k. Pediatric Capacity Building Institute (PCBI) - DHS l. Person Centered Thinking Trainer Credentialing – The Learning Community for Person Centered Practices — (https://tlcpcp.com/trainers/become-a-trainer) m. Social Role Valorization – International Social Role Valorization Association (complete course work and maintain membership) n. Other, please specify	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Workforce	SC-WF.01 (2027)	Demonstrate competencies in person-centered approaches for individuals with complex needs across their lifespans.	The SCO will increase number of SCs, supervisors, and SCO directors that have completed or currently maintain at least one of the following trainings/certifications by x%:  a. American Institute of Health Care Professionals (www.aihcp.net) b. Capacity Building Institute (CBI) - DHS c. Certified Case Manager (CCM) - Commission for Case Manager Certification d. Certified Community Health Worker (CCHW) - Pennsylvania Certification Board e. Certified Disability Management Specialist (www.ccmcertification.org) f. Dual Diagnosis training Curriculum - ODP g. Enabling Technology Navigator Certification (ETN) h. LifeCourse Ambassador - LifeCourse Nexus i. NADD-CC: Clinical Certification. NADD Dual Diagnosis Specialist Certification j. NADD-DDS: Dual Diagnosis Specialist Certification. The National Association for the Dually Diagnosed (NADD) Specialist Certification - (https://thenadd.org/?page_id=22741) k. Pediatric Capacity Building Institute (PCBI) - DHS l. Person Centered Thinking Trainer Credentialing - The Learning Community for Person Centered Practices - (https://tlcpcp.com/trainers/become-a-trainer) m. Social Role Valorization - International Social Role Valorization Association (complete course work and maintain membership) n. Other, please specify	July 1, 2027 – June 30, 2028
Workforce	SC-WF.02.1	Demonstrate workforce stability strategy to reduce and manage turnover and vacancy rates SCs	The SCO will report SC and SC Supervisor voluntary and involuntary turnover rate, vacancy rate and total compensation	January 1, 2026 – June 30, 2027
Workforce	SC-WF.02.2	Demonstrate workforce stability strategy to reduce and manage turnover and vacancy rates SCs	Report on current tenure of staff and management	January 1, 2026 – June 30, 2027

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Performance Area	PM Code	Definition of Standard	Performance Measure	Contract Timeframe
Workforce	SC-WF.03.1	Demonstrate trauma-informed practices are employed throughout the SCO	Submission of policy and procedures that address how trauma informed practices are utilized in planning, coordinating, and monitoring services	January 1, 2026 – June 30, 2027
Workforce	SC-WF.03.2	Demonstrate trauma-informed practices are employed throughout the SCO	Describe current trauma informed supports training provided to SCs and SC Supervisors and/or plans to implement trauma informed supports training for SCs and SC Supervisors in the future.	January 1, 2026 – June 30, 2027
Workforce	SC-WF.03.3	Demonstrate trauma-informed practices are employed throughout the SCO	Report the number of SCs and SC Supervisors that have completed trauma informed supports training.	January 1, 2026 – June 30, 2027
Workforce	SC-WF.03.4 (2027)	Demonstrate trauma-informed practices are employed throughout the SCO	Demonstrate supportive services are offered in at least 95% of incidents involving abuse, neglect, or exploitation.	July 1, 2027 – June 30, 2028



## **Supports Coordination Organizations – Pay-for-Performance (P4P)**

## 2025-2026 Capacity Building

## #1 - Capacity Building for Person-Centered Planning Through Credentialing

Milestone 1: Submission of agency plan for person-centered planning capacity building efforts

#### Rationale

To promote effective person-centered planning for everyone, a Supports Coordination Organization (SCO) must have Supports Coordinators (SCs) with skills and knowledge in many areas including planning for individuals and families over a person's lifespan, supporting individuals with complex needs, working with teams to ensure individuals that want to work have opportunities to be employed, facilitating alternatives to residential services, and working with local communities to identify non-residential housing options.

Related Performance Measure(s): SC-WF.01

#### Criteria

Eligible SCOs may submit a plan to expand agency capacity for person-centered planning through additional training and credentialing programs using one or more of the following solutions:

- American Institute of Health Care Professionals (<u>www.aihcp.net</u>)
- Capacity Building Institute (CBI) DHS
- Certified Case Manager (CCM) Commission for Case Manager Certification
- Certified Community Health Worker (CCHW) Pennsylvania Certification Board
- Certified Disability Management Specialist (www.ccmcertification.org)
- Dual Diagnosis training Curriculum ODP
- Enabling Technology Navigator Certification (ETN)
- LifeCourse Ambassador LifeCourse Nexus
- NADD-CC: Clinical Certification. NADD Dual Diagnosis Specialist Certification
- NADD-DDS: Dual Diagnosis Specialist Certification. The National Association for the Dually Diagnosed (NADD) Specialist Certification (https://thenadd.org/?page\_id=22741)
- Pediatric Capacity Building Institute (PCBI) DHS
- Person Centered Thinking Trainer Credentialing The Learning Community for Person Centered Practices (https://tlcpcp.com/trainers/become-a-trainer)
- Social Role Valorization International Social Role Valorization Association (complete course work and maintain membership)
- Other, please specify

P4P is available to qualifying SCOs for completion of the below planning milestone.

Plan must include, at a minimum the following:

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- 1. The training/credentialing program(s) that will be or has been initiated for SCs, SC Supervisors, and Directors
- 2. Agency structure to support the training/credentialing program: implementation, associated staff positions, supervision and mentoring, IT/technology, human resources, knowledge transfer to additional staff
- 3. Agency budget for training/credentialing including, if applicable, any financial incentives for SCs, SC Supervisors, and Directors
- 4. Timelines and milestones including target number and percent of SCO staff credentialed each quarter beginning Jan 1, 2026
- 5. Baseline data on total number of SCO staff trained/credentialed on July 1, 2025
- 6. Target for total number of SCO staff trained/credentialed by December 31, 2026

#### Attestation

- All representations in the plan are accurate
- Funding requested does not duplicate but rather supplements any funds received through a prior ARPA Credentialing Initiative

#### **Amount Available**

- Up to 3% of total ODP-eligible SCO revenue in FY24-25 (base funds and AAW revenue excluded)
- Total statewide available \$3.8M

#### **Timelines**

- Plan submissions due: October 1 November 1, 2025
- Milestone payments: January 2026

## #2 - Capacity Building for Person-Centered Applications of Technology

#### Milestone 1: Technology Plan Submission and Attestation

#### **Rationale**

Access to technology is necessary for all individuals in our society, particularly for individuals with ID/A, to promote self-determination and to engage meaningfully in major aspects of life such as education, health promotion, employment, recreation, and community.<sup>1</sup> As a basic right, technology solutions advance independence, communication, and socialization opportunities and SCs have a critical role in facilitating person-centered planning strategies that include technology. Supportive technology solutions are broad, complex, and require an ongoing commitment by an SCO to remain current in a quickly changing environment.

Related Performance Measure(s): SC-PCP.01; SC-TEC.01

#### Criteria

Eligible technology includes solutions to enhance service delivery within Office of Developmental Programs (ODP) supports coordination services. Technology solutions must aim to improve the quality of care and individual outcomes identified in performance-based contracting measures including:

#### Performance-Based Contracting Supports Coordination Services Implementation Guide

- Expanding access to supportive technology as demonstrated by increasing the number of individuals using assistive and remote support technology through training and/or consultation
- Implementation of solutions like data management systems, artificial intelligence, customer relationship management solutions, consultation

P4P is available to qualifying SCOs for completion of the below planning milestone.

Plan must include, at a minimum the following:

- Description of technology solution(s): Technology that the agency intends to purchase or enhance and/or training certifications or consultation the agency intends to purchase to expand individual access to technology
- 2. Dates and timelines for implementation of new technology solution(s)
- 3. Objectives for technology solution(s) the SCO has chosen
- 4. Description of how technology solution will support agency meeting performance-based contracting performance standards
- 5. Estimated costs related to purchase, lease, operationalizing new technology solution(s)

#### Attestation

- All representations in the plan are accurate
- Funding requested does not duplicate but rather supplements any funds received through a prior ARPA Technology Initiative

#### **Amount Available**

- Up to 3% of total ODP-eligible SCO revenue in FY24-25 (base funds and AAW revenue excluded)
- Total statewide available \$3.8M

#### **Timelines**

• Plan submissions due: October 1 - November 1, 2025

Milestone payments: January 2026

<sup>&</sup>lt;sup>1</sup> Adapted from The Rights of People with Cognitive Disabilities to Technology and Information Access

### 2026-2027 Scaling Capacity

### **Person-Centered Outcomes**

### Milestone 2: Improvement in Targeted Individual Outcomes

#### Rationale

Milestone 1 provided SCOs with opportunities to build capacity by investing in training, certifications, and technology that drive improvements in individual and population outcomes. Effective person-centered practices should result in improved outcomes for individuals with ID/A.

#### Criteria

Milestone 2 identifies person-centered planning target areas that focus on employment, increasing utilization of non-residential services, and increasing the use of technology. SCOs that demonstrate effective use of person-centered practices by achieving at least 1 of the 4 targets below, are eligible for a milestone 2 payment.

#### **Target 1: Employment**

Increase from the SCO's calendar year 2025 baseline, the combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND

individuals competitively employed in integrated settings (working age individuals only and adjusted for acuity).

#### **Target 2: Continuum of Services**

Increase the percentage of individuals using Supported Living, Life Sharing, or Housing Transition and Tenancy services from the SCO's calendar year 2025 baseline.

#### **Target 3: Continuum of Services**

Increase the percentage of individuals using non-residential services from the SCO's calendar year 2025 baseline.

#### **Target 4: Technology**

Increase the number of unique individuals using either Remote Supports or Assistive Technology services from the SCO's calendar year 2025 baseline.

Related Performance Measure(s): SC-CoS.01.2, SC-CoS.02, SC-EMP.01, SC-TEC.01

#### **Amount Available**

• 3% of total ODP-eligible SCO revenue in FY25-26 (base funds and AAW revenue excluded)

#### **Timelines**

• Submissions Due: February 1-15, 2027

Milestone 2 payments: May 2027

Total statewide available \$3.9M

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#### **SCO P4P Timeline**

### 2025-2026 (Building Capacity)

- Initial plan submission and approval
- 1st milestone payment -Implementation of capacity building incentives for all SCOs

#### 2026-2027

#### (Scaling Capacity)

- Continued capacity building for progress with person centered planning target areas
- 2nd milestone payment for SCOs that achieve percentage increases

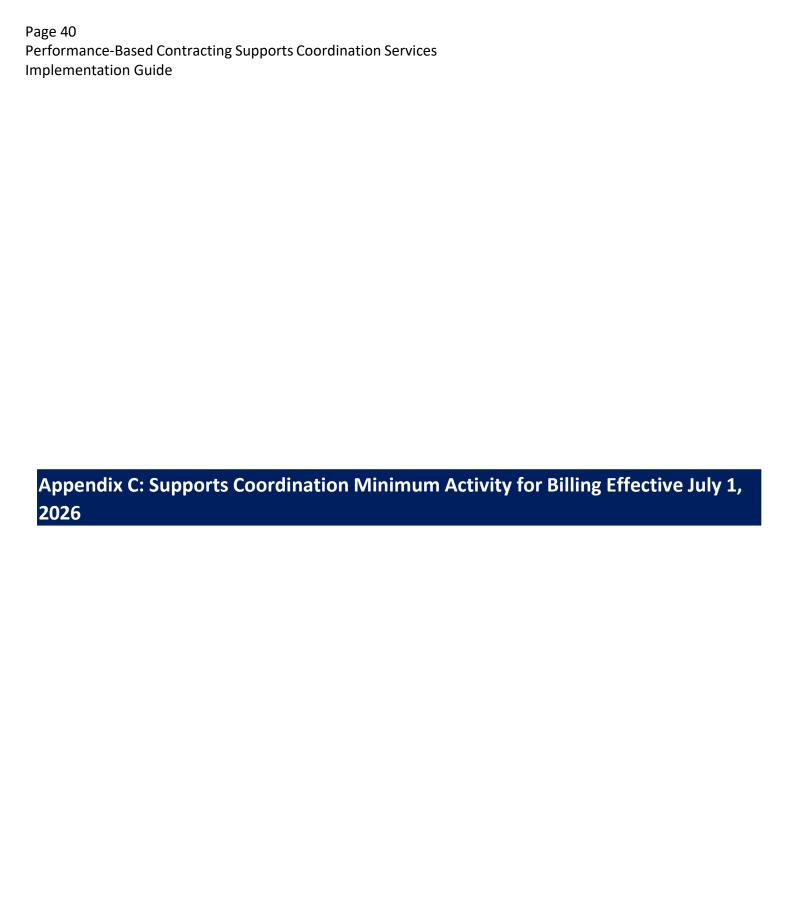
#### 2027-2028

# (Establishing Systems Benchmarks)

 Additional P4P opportunities for improved performance. Page 39
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#### **Definitions for SCO Pay-for-Performance (P4P)**

- 1. **Baseline data:** Initial data collected on a specific date (e.g., 07/01/2025) or date range (calendar year 2025) that is used as a reference point to measure future growth and performance improvements, and to establish targets, and future benchmarks.
- 2. **Milestones:** Specific, measurable objectives or stages of progress that must be achieved by a certain deadline as part of the P4P program. Each milestone comes with its own set of criteria, deadlines, and documentation requirements, and SCOs receive supplemental payments based on meeting or exceeding these milestones.
- **3. Technology solutions:** Any hardware, software, digital system, training, or consultation used to enhance the efficiency, quality of care, and operational management of SCOs; including strategies for individuals to increase the use of supportive technology (i.e. assistive technology, remote supports).



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Allowable Billing Frequency	Minimum Requirements for Billing	Activity Requirements (what did the SC do?)	Documentation/Claim Substantiation	
Program Enrollment Type: Standard TSM (SC only, Base funded services[1], ICF/ID)				
Maximum of twice annually	Delivery and documentation of at least one activity from lis A, the minimum billing standard is met:	t		
	1. Individual monitoring tool completion	1. Real time/ Face-to-Face Individual Monitoring	Individual Monitoring tool is complete, service note documenting completion of Individual Monitoring	
	2. Annual ISP meeting	2. Annual ISP meeting and plan development	Service note documenting Annual ISP meeting and annual ISP is completed	
	3. Participation in the individual's SIS assessment.	<ol> <li>Face to face or virtual participation in SIS assessment</li> </ol>	3. Service note documenting SC's participation in SIS assessment	
	4. Completion of Lifecourse Tools	4. SC completes Lifecourse Tools with an individual	<ol><li>Service note documenting completion of Lifecourse Tool(s).</li></ol>	
	5. Individual wellness check	5. SC visits the individual at the request of individual, family, AE, ODP, etc	5. Service note documenting SC's actions related to wellness check	
Program Enrollme	Program Enrollment Type: Intensive TSM and PFDS Waiver (SC only, Base funded services, ICF/institution/hospital transition, PFDS Waiver)			
Monthly	For P/FDS participants, monitoring frequency as described in Waivers applies.			
	Meet requirements of List A or List B			
	List A: Delivery and documentation of at least one activity from list A, the minimum monthly billing standard is met:			
	Individual monitoring tool completion	1. Real time/Face-to-Face Individual Monitoring[2]	Individual Monitoring tool is completed, service note documenting completion of Individual Monitoring	
	2. Facilitating Annual ISP meeting	2. Facilitate annual ISP meeting and plan development	Service note documenting annual ISP meeting and annual ISP is completed	
	3. Facilitating ISP team meeting	3. Facilitate real time/face-to-face ISP team meeting	3. Service note documenting team meeting	
	4. Updates to the ISP (Critical Revision, General Update, Fiscal Year Renewal)	4. SC generates updated ISP	4. ISP is updated, service note reflects actions taken in ISP to update content or revise services	
	5. Facilitation of/Completion of a Lifecourse tool with individual/family	5. Facilitation/completion of Lifecourse Tool (trajectory, star)	5. Service notes with documentation of meeting to gather information for facilitation of/completing Lifecourse tools and/or completed Lifecourse tool	
	6. Scheduling/participation in the individual's SIS assessment	6. Schedules or participates in SIS assessment.	6. Service note documenting SC's participation in SIS assessment	

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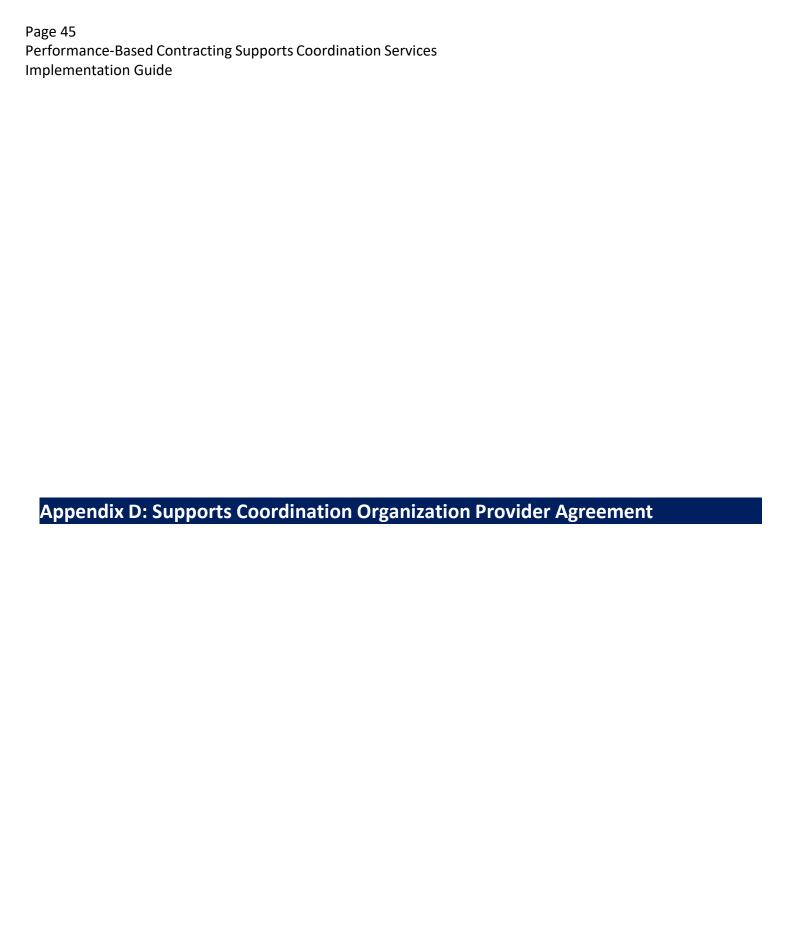
Allowable Billing Frequency	Minimum Requirements for Billing	Activity Requirements (what did the SC do?)	Documentation/Claim Substantiation
	7. Incident management activities, including reporting, participation in the administrative review, verification of corrective action, or follow-up on concern or grievance.	7. SC or SCO enters an incident in EIM or its successor or completes activities in EIM related to a specific incident for an individual. This may also include participation in the administrative review, verification of corrective action, follow-up on concerns or grievances.	7. Service note documenting SC's actions related to incident.
	8. Making referrals to ODP service providers.	8. SC or other agency representative makes directed referrals to qualified ODP service providers.	8. Service note documenting referral efforts
	9. Individual wellness check	9. SC visits the individual at the request of individual, family, AE, ODP, etc.	9. Service note documenting SC's actions related to wellness check.
	10. Attending meetings not facilitated by the SC including Individualized Education Program planning meeting, interagency meeting, court hearings, etc.	10. Attend meeting, real time, face to face or virtual, directly related to a specific individual	10. Service note documenting meeting attendance and summary of meeting
Monthly	<b>List B:</b> Delivery and documentation of at least two activities from List B, the minimum monthly billing standard is met: NOTE: The two activities can be the same activity, twice in a one-month period.		
	<ol> <li>Phone call with individual or their surrogate</li> <li>Written correspondence with individual or their surrogate</li> <li>Direct contact with an individual's team member in which the SC gathers information to assess or monitor the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange</li> <li>Direct contact with other agencies such as providers or community resources, insurance companies, Office of Vocational Rehabilitation (OVR) or County Assistance Offices (CAO), to maintain benefits or make referrals that are appropriate for the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange</li> </ol>	<ol> <li>Phone call with individual or their surrogate</li> <li>Written correspondence with the individual or their surrogate</li> <li>Direct contact with an individual's team member in which the SC gathers information to assess or monitor the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange</li> <li>Direct contact with other agencies such as providers or community resources, insurance companies, OVR, or County Assistance Offices to make referrals that are appropriate for the individual ex: Phone call or personal contact, email exchange, letter/correspondence exchange in which the SC gathers information to provide to the individual or team</li> </ol>	<ol> <li>Service note documenting phone call with individual or surrogate</li> <li>Service note documenting issuance of written communication</li> <li>Service note documenting phone call that demonstrates the purpose of the activity and that it is relative to a referral/linkage, monitoring of services, ensuring health and safety related to the needs and risks of the individual</li> <li>Service note documenting contact that demonstrates the purpose of the communication.</li> </ol>
	<ul><li>5. Review of documentation or records ex: provider records, variance process, SIS review, etc.</li><li>6. IM4Q closing the loop activities</li></ul>	<ul><li>5. Review of documentation or records that is of direct benefit to the individual</li><li>6. Review, follow up, and data entry related to IM4Q</li></ul>	<ul> <li>5. Service note documenting record reviewed and benefit to the individual</li> <li>6. IM4Q activity in HCSIS, service note documenting IM4Q activity</li> </ul>

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Allowable Billing Frequency	Minimum Requirements for Billing	Activity Requirements (what did the SC do?)	Documentation/Claim Substantiation
	7. Updating PUNS	7. Update individual's PUNS status or related information	7. Updated PUNS, service note documenting PUNS related activity
	8. Completing forms on behalf of or with an individual ex: variance form, applications, etc.	8. SC completes a variance form or assists an individual with an application or paperwork	8. Service note documenting form or assistance provided on behalf of or with an individual
Program Enrollm	ent Type: Consolidated and Community Living Wa	aiver	
Monthly	For Consolidated and Community Living Waiver participants, monitoring frequency as described in Waivers applies.		
	Meet requirements of List A or List B		
	<b>List A</b> : Delivery and documentation of at least one activity from list A, the minimum monthly billing standard is met:		
	1. Individual monitoring	1. Real time/Face-to-Face Individual Monitoring	Individual Monitoring tool is completed
	2. Facilitating Annual ISP meeting	2. Facilitate annual ISP meeting and plan development	2. Service note documenting annual ISP meeting and annual ISP is completed
	<ol> <li>Facilitating ISP team meeting</li> <li>Updates to the ISP (Critical Revision, General Update, Fiscal Year Renewal)</li> </ol>	<ul><li>Facilitate ISP team meeting</li><li>SC generates updated ISP</li></ul>	<ul><li>3. Service note documenting team meeting</li><li>4. ISP is updated, service note reflects actions taken in ISP to update content or revise services</li></ul>
	5. Facilitation of/Completion of a Lifecourse tool with individual/family	5. Facilitation/completion of Lifecourse Tool (trajectory, star)	5. Service notes with documentation of meeting to gather information for facilitation of/completing Lifecourse tools and/or completed Lifecourse tool
	<ol><li>Scheduling/participation in the individual's SIS assessment</li></ol>	6. Schedules or participates in SIS assessment.	6. Service note documenting SC's participation in SIS assessment
	7. Incident management activities, including reporting, participation in the administrative review, verification of corrective action, or follow-up on concern or grievance.	<ol> <li>SC or SCO enters an incident in EIM or its successor or completes activities in EIM related to a specific incident for an individual.</li> </ol>	7. Service note documenting SC's actions related to incident.
	8. Making referrals to ODP service providers.	8. SC or other agency representative makes directed referrals to qualified ODP service providers.	8. Service note documenting referral efforts
	9. Individual wellness check	9. SC visits the individual at the request of individual, family, AE, ODP, etc.	9. Service note documenting SC's actions related to wellness check.
	<ol> <li>Attending meetings not facilitated by the SC including Individualized Education Program planning meeting, interagency meeting, court hearings, etc.</li> </ol>	10. Attend meeting, real time, face to face or virtual, directly related to a specific individual	10. Service note documenting meeting attendance and summary of meeting

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Allowable Billing Frequency	Minimum Requirements for Billing	Activity Requirements (what did the SC do?)	Documentation/Claim Substantiation
Monthly	<b>List B</b> : Delivery and documentation of at least two activities from List B, the minimum monthly billing standard is met:		
	1. Phone call with individual or their surrogate	1. Phone call with individual or their surrogate	Service note documenting phone call with individual or surrogate
	2. Written correspondence with individual or their surrogate	2. Written correspondence with the individual or their surrogate	2. Service note documenting issuance of written communication
	3. Direct contact with an individual's team member in which the SC gathers information to assess or monitor the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange	3. Direct contact with an individual's team member in which the SC gathers information to assess or monitor the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange	3. Service note documenting contact with team members to gather information, monitor or assess.
	4. Direct contact with other agencies such as providers or community resources, insurance companies, Office of Vocational Rehabilitation (OVR) or County Assistance Offices (CAO), to maintain benefits or make referrals that are appropriate for the individual: ex: Phone call or personal contact, email exchange, letter/correspondence exchange	4. Direct contact with other agencies such as providers or community resources, insurance companies, OVR, or County Assistance Offices to make referrals that are appropriate for the individual ex: Phone call or personal contact, email exchange, letter/ correspondence exchange in which the SC gathers information to provide to the individual or team	4. Service note documenting contact that demonstrates the purpose of the communication.
	5. Review of documentation or records ex: provider records, variance process, SIS review, etc	5. Review of documentation or records that is of direct benefit to the individual	5. Service note documenting meeting attendance and summary of meeting
	6. IM4Q closing the loop activities	6. Review, follow up, and data entry related to IM4Q	6. IM4Q activity in HCSIS, service note documenting IM4Q activity
	7. Updating PUNS	7. Update individual's PUNS status or related information	7. Updated PUNS, service note documenting PUNS related activity
	8. Completing forms on behalf of or with an individual ex: variance form, applications, etc.	8. SC completes a variance form or assists an individual with an application or paperwork	8. Service note documenting form or assistance provided on behalf of or with an individual
[1] Base funded Supports Coordination services will continue to be delivered and paid on the existing 15-minute unit fee schedule		[2] Deviation of monitoring frequency and location requirements for individuals in the Consolidated, Community Living and P/FDS Waivers:  During the time when an individual is receiving a waiver service on a less than monthly basis or on temporary travel, the SC shall conduct monthly phone monitorings with at least one SC teleservice monitoring occurring every three months.	



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### Commonwealth of Pennsylvania Department of Human Services Office of Developmental Programs

#### **Agreement for Supports Coordination Organizations**

This agreement is effective January 1, 2026, for the purposes of
(hereinafter "Supports Coordination Organization") provision of supports coordination services through the
Consolidated, Person Family Directed Support (P/FDS), Community Living 1915(c) Waivers, or Pennsylvania State Plan.

Whereas, the Department of Human Services ("Department"), Office of Developmental Programs ("ODP") administers Pennsylvania's 1915(b)(4) Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living 1915(c) Waivers, and the provision of supports coordination and targeted support management services by Supports Coordination Organizations; and

Whereas, the Supports Coordination Organization seeks to provide supports coordination and targeted support management services as outlined in the supports coordination performance standards established by ODP to individuals with an intellectual disability, autism, developmental disability, or medically complex condition; and

Whereas, supports coordination and targeted support management services are supported by federal and state funds, and ODP must administer the Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living Waivers, and the Pennsylvania State Plan as approved by the Centers for Medicare and Medicaid Services ("CMS").

Now, therefore, as a condition of provision of services, the Supports Coordination Organization agrees:

- 1. To comply with the following (collectively, "the Standards"): federal and state statutes and regulations that apply to the 1915(b)(4) Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living Waivers, the Pennsylvania State Plan, and Supports Coordination Organizations, including but not limited to those governing participation in the Pennsylvania Medical Assistance Program, confidentiality, and nondiscrimination; and policy bulletins governing the 1915(b)(4) Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living Waivers, and targeted support management for individuals with an intellectual disability, autism, developmental disability, or medically complex condition issued by ODP. This includes but is not limited to the monitoring of the Supports Coordination Organization's service delivery and of claims submitted for services delivered, provided that the Supports Coordination Organization does not thereby waive any rights it has under state and federal law related to the Standards, including but not limited to ODP's interpretation and application of the Standards to the Supports Coordination Organization.
- 2. To comply with the approved 1915(b)(4) Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living Waivers, the Pennsylvania State Plan, including all standards enumerated in the Consolidated, P/FDS, and Community Living Waivers' supports coordination service definition(s) and the Pennsylvania State Plan for the services which the Supports Coordination Organization will be rendering, qualification requirements to provide supports coordination and targeted support management services, and other requirements established by the Department as outlined in the approved Performance-Based Contracting Waiver, the Consolidated, P/FDS, and Community Living Waivers, and the Pennsylvania State Plan.
- 3. To deliver supports coordination or targeted support management services in accordance with the terms of the Individual Support Plan of each individual served by the Supports Coordination Organization in a manner that

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meets professionally recognized standards of care. For this paragraph, the Individual Support Plan is the most current Individual Support Plan authorized by the Administrative Entity.

- 4. To deliver supports coordination or targeted support management services in a manner that is consistent with the supports coordination performance standards established by ODP.
- 5. To provide information or data, as requested, to the Department, or the Department's designee, related to implementation of the Performance-Based Contracting Waiver and the Supports Coordination Organization's qualifications and delivery of supports coordination and targeted support management services to permit ODP to evaluate the Supports Coordination Organization's performance relative to the supports coordination performance standards established by ODP.
- 6. To comply with any corrective action plans or directed corrective actions plans issued by ODP as a result of ODP's evaluation of the Supports Coordination Organization's performance.
- 7. To provide records, as requested, to the Department, the United States Department of Health and Human Services, the Pennsylvania Office of Attorney General (Medicaid Fraud Control Unit), and other authorized federal and state agencies, or their designees, regarding services delivered and payments received by the Supports Coordination Organization.

This Agreement shall continue in effect until it is terminated by either the Supports Coordination Organization or the Department upon thirty (30) days prior written notice to the other party or until it is superseded by a new agreement. The notice of termination must state the date of termination.

(Supports Coordination Organization Signature)	(Date)
(Printed Name of Signatory)	(Title of Signatory)
(Printed Name of Supports Coordination Organization)	
(Master Provider Index (MPI) number)	
(Supports Coordination Organization Full Business Add	lress)
(Telephone Number)	(Email Address)

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Appendix E: SCO PBC Attestation Form

#### **Office of Developmental Programs**

# Supports Coordination Organization Performance-Based Contracting Attestation

#### *Instructions:*

All Supports Coordination Organizations (SCOs) that render Targeted Support Management services and/or Supports Coordination services through the Consolidated Waiver, Community Living Waiver, or Person/Family Directed Support Waiver must complete the below attestation. The SCO must complete a separate attestation for each Master Provider Index (MPI) number through which the SCO renders Targeted Support Management services and/or Supports Coordination services through the Consolidated Waiver, Community Living Waiver, or Person/Family Directed Support Waiver. The completed attestation must be uploaded using the Performance-Based Contracting SCO Data Submission Tool by the end of the documentation submission period.

The purpose of the attestation is to confirm that the SCO has met performance standards outlined in bulletin 00-25-03. The SCO designee completing this form must have knowledge of all information to which the SCO attests. The SCO designee should check all applicable boxes for which the SCO has documentation of meeting the criteria or will have documentation by January 1, 2026.

SCOs that fail to complete and submit this form by the end of the documentation submission period will receive a Directed Corrective Action Plan requiring completion of the attestation to remain qualified to provide Supports Coordination and/or Targeted Support Management services. Questions regarding this form should be sent to <a href="mailto:ra-pwodppbc@pa.qov">ra-pwodppbc@pa.qov</a>.

#### Form Completion:

As the Supports Coordination Organization designee of *Insert SCO Name and MPI Here*, hereafter referred to as "SCO", I attest that the SCO has documentation that the SCO currently meets or will meet the criteria no later than January 1, 2026 for all boxes checked below:

### **Standards for All Supports Coordination Organizations**

The SCO remains open for accepting new referrals and individual/family selection of SCO in county(ies) of the SCO's defined territory and/or the location of the base contract, regardless of case complexity. (SC-AC.01)
The SCO will develop and maintain a system is in place to accurately track and report all of the following (SC-AC.02):
<ul> <li>Name of individual referred</li> <li>MCI of individual referred</li> <li>Date referral received</li> <li>Date referral accepted/rejected</li> <li>Source of referral (AE/counties)</li> <li>Number of days between acceptance of referral and service initiation (using First Billed service note date in HCSIS)</li> <li>Reason why 21-calendar day timeline for service initiation is not met</li> <li>Reason why a referral was denied (location/geography, insufficient workforce, conflict of interest per policy, etc.)</li> </ul>
The SCO has accurately and truthfully disclosed to the Office of Developmental Programs (ODP) the following (SC-ADM.01):
<ul> <li>Current financial statements.</li> <li>Violations of conflict-of-interest policy.</li> <li>Any history and status of criminal convictions of Governing Body members.</li> <li>Any history of enforcement actions by other Pennsylvania Department of Human Services programs and/or by other states in which the SCO renders any services to individuals with intellectual and developmental disabilities if applicable.</li> </ul>
The SCO meets all of the following (SC-CoS.01.1):
<ul> <li>Has an identified lead for Lifesharing, Supported Living, and Housing who serves as a resource for families and SCO staff about residential alternatives,</li> <li>Provides information and materials to Support Coordinators (SCs) to build knowledge of Lifesharing, Supported Living, and Housing options, and</li> <li>Support Coordinators are providing that information and materials to individuals and families seeking residential services.</li> </ul>
The SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-2: Person-centered Goals. (The proportion of people who report their service plan includes things that are important to them). (SC-PCP.01.1)
The SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale

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inclusion activities). (SC-PCP.02)
The SCO has a process to collect the most current Behavior Support Plan (BSP), ensure that the BSP summary within the ISP is current and accurately captures restrictive procedures. (SC-QDI.01.5)
The SCO will support ODP data collection by encouraging family participation in the survey regarding family satisfaction with provider engagement. (SC-QI.01.1)
The SCO has adopted the federal CLAS Standards – Think Cultural Health (hhs.gov). (SC-QI.03)
All Supports Coordinators receive training on well child visit schedules and have age-appropriate resources available to provide to families of children. (SC-QW.01.3)
The SCO uses Health Risk Screening Tool (HRST) data to identify trends and implement appropriate responses to trends. (SC-RM.01)

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By signing this document, I attest that I have knowledge of all the information checked on this form and all information checked is accurate and that the SCO will be able to produce documentation demonstrating the SCO meets the requirements for all items checked upon request by ODP. Failure to produce requested documentation may result in a sanction outlined in 55 Pa. Code §6100.742.

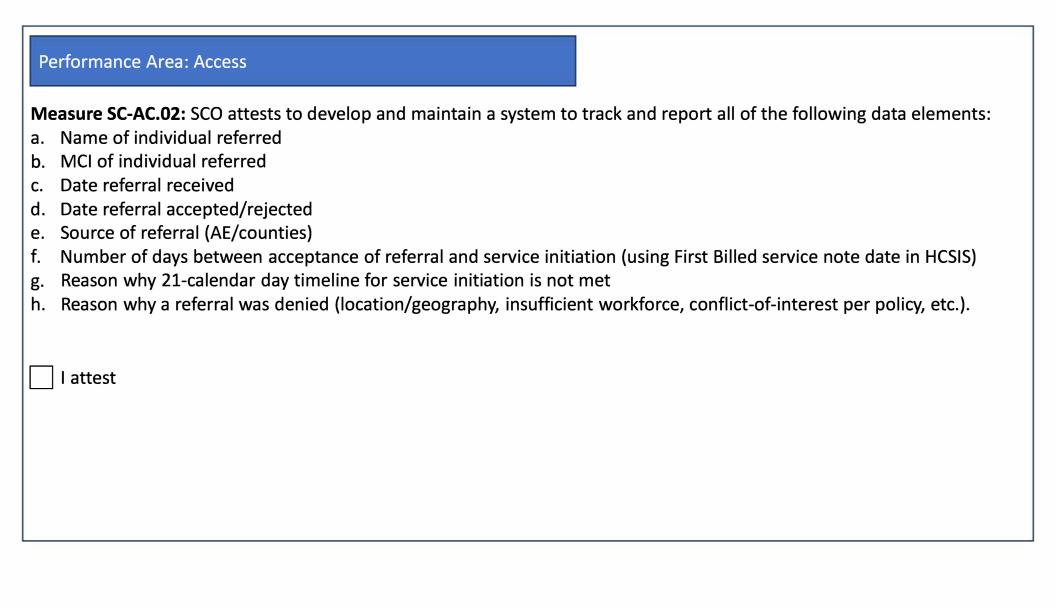
Complete the following for the SCO designee completing this form:		
Printed/Typed Name:		
Signature (electronic signature is acceptable):		
Role/title with SCO:		
Email:		
Phone Number:		
Date Attestation Completed:		

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Appendix F: SCO Data Submission Form

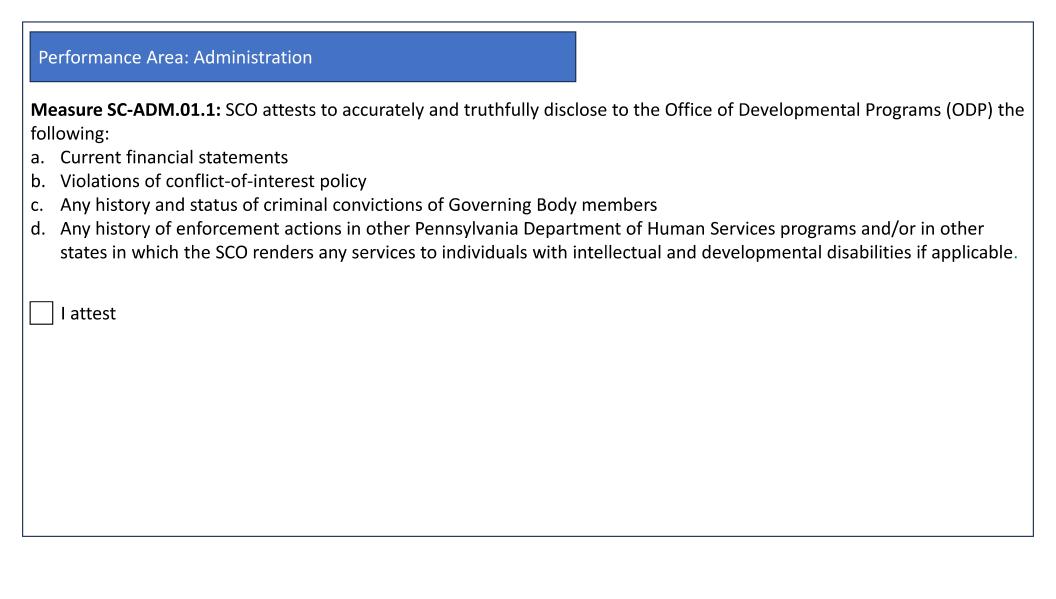
Page 54 Performance-Based Contracting Supports Coordination Services Implementation Guide **PBC Measures and Questions for SCOs** 

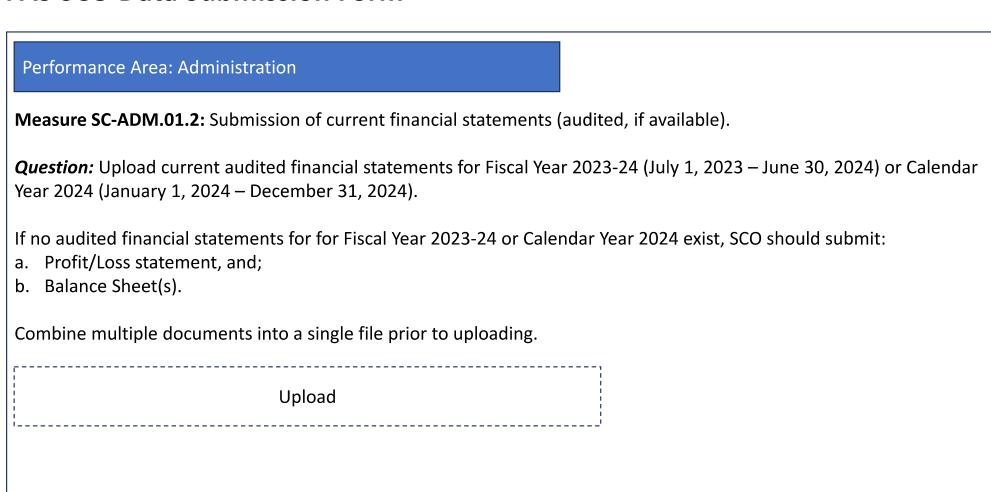
SCO Performance-Based Contracting Data Submission Tool			
Provide the following information about the SCO, as of December 31, 2024:			
Total number of staff employed by the SCO:			
Number of Supports Coordinators (SCs) employed by the SCO:			
Number of SCO Supervisors employed by the SCO:			
Number of SCO Directors employed by the SCO:			
Year the SCO was established:			

Performance Area: Access
Measure SC-AC.01: SCO attests to remain open for accepting new referrals and individual/family selection of SCO in county(ies) of the SCO's defined territory and/or the location of the base contract, regardless of case complexity.
☐ I attest



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Performance Area: Administration		
Measure SC-ADM.01.3: Disclosure of conflict-of-interest policy and associated documentation, including Governing Body.		
Question: Was the SCO's conflict-of-interest policy violated during Calendar Year 2024?		
Yes		
○ No		
[if yes] <b>Question:</b> Indicate how the SCO's conflict-of-interest poli actions taken by the SCO.	cy was violated during Calendar Year 2024, including	

Performance Area: Administration					
<b>Measure SC-ADM.01.4</b> : Disclosure of Criminal convictions, including disclosure of criminal convictions for Governing Body members.					
Question: Did any of the officers or owners within the SCO have criminal convictions? Yes					
○ No					
[If yes] <b>Question:</b> Identify the first and last names of any officers or owners within the SCO that have had criminal convictions. Include when the instance occurred and the status of the instance.					
	First Name of Officer/Owner	Last Name of Officer/Owner	Position Title of Officer/Owner	Date when incident occurred	Status of incident
Officer/Owner 1:					
Officer/Owner 2:					

Performance Area: Administration		
Measure SC-ADM.01.5: Disclosure of history of enforcement actions by other Pennsylvania DHS programs and/or by other states in which the SCO renders any services to individuals with intellectual and developmental disabilities if applicable.		
Question: Has the SCO been subject to enforcement actions in other Pennsylvania DHS programs?		
Yes		
○ No		
[If yes] Provide a written description that includes why these action and the date of these actions.	s were issued, which DHS program/entity issued them,	
[If yes] Have these issues been resolved? If not, is there a mitigation plan in place to resolve them?		
[If yes] Have these issues been resolved? If not, is there a mitigation	n plan in place to resolve them?	

Measure SC-ADM.01.5: Disclosure of history of enforcement actions by other Pennsylvania DHS programs and/or by other states in which the SCO renders any services to individuals with intellectual and developmental disabilities if applicable.
<b>Question:</b> Has the SCO been subject to enforcement actions in other states in which the SCO renders services to individuals with intellectual and developmental disabilities?  Yes
○ No
[If yes] Provide a written description that includes why these actions were issued, which other State program/entity issued them, and the date of these actions.
[If yes] Have these issues been resolved? If not, is there a mitigation plan in place to resolve them?
[Measure SC-ADM.01.5 Continued]

### Performance Area: Administration

**Measure ADM.02:** Submission of a plan documenting how the SCO will operationalize the new payment methodology effective July 1, 2026.

Question: Upload the SCO's plan to implement the new payment methodology effective July 1, 2026.

Acceptable plans must include the following elements at a minimum:

- a. Action items
- b. Responsible person(s)
- c. Goal date for achieving each action item
- d. Progress made toward achieving each action item
- e. Expected completion date

Upload

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Perfor	mance Area: Continuum of Services		
Measu	re SC-CoS.01.1: SCO attests that:		
	SCO has an identified lead for Life Sharing, Supported Living, and Housing who serves as a resource for education for families and SCO staff about residential alternatives,		
	b. SCO provides information and materials to Support Coordinators (SCs) to build knowledge of Life Sharing, Supported Living, and Housing options, and		
	are providing that information and materials to individuals a	nd families seeking residential services.	
lat	test		

Performance Area: Continuum of Services

**Measure SC-CoS.01.2**: Demonstrate that SC is providing education to individuals regarding residential options.

Measure SC-CoS.02: Demonstrate that SC is providing education to individuals regarding non-residential options.

**Question:** Upload a plan for how the SCO will improve or has improved the provision of education and resources of the full continuum of residential services, including Life Sharing, Supported Living, and promoting HTTS to individuals and families for residential alternatives.

Acceptable 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

Upload

Pe	erformance Area: Employment
Me	easure SC-EMP.01: QM Plan for increasing CIE.
Qu	estion: Upload the SCO's plan to improve CIE.
a. b. c. d. e.	ceptable plans must include the following elements at a minimum Baseline Data Timeframe/end goal date Action items and/or measurable targets to improve CIE Responsible person(s) Goal date for achieving each target/action item Progress made toward achieving each target/action item (when
	Upload

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Performance Area: Person-Centered Practices		
<b>Measure SC-PCP.01.1:</b> SCO attests that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-2: Person-centered Goals (The proportion of people who report their service plan includes things that are important to them).		
☐ I attest		

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Performance Area: Person-Centered Practices		
<b>Measure SC-PCP.02:</b> SCO attests that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform 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).		
☐ I attest		

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Performance Area: Quality (Data Integrity)
<b>Measure SC-QDI.01.5</b> : SCO attests to having a process to collect the most current Behavior Support Pla BSP summary within the ISP is current, and accurately captures restrictive procedures as of January 1,
☐ I attest

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Performance Area: Quality		
<b>Measure SC-QI.01.1</b> : SCO attests that beginning January 1, 2026, the SCO will support ODP data collection by encouraging family participation in the survey regarding family satisfaction with provider engagement.		
☐ I attest		

Performance Area: Quality	
•	uals who had been supported by the SCO during Calendar Year 2024 but f December 31, 2024, who chose another SCO due to dissatisfaction with
	ove, report how many individuals left the SCO during Calendar Year 2024 multiple reasons, they can be counted more than once. If any of the <.
<ul> <li>a. Poor communication</li> <li>b. Lack of responsiveness or follow-through</li> <li>c. Inadequate knowledge or capacity</li> <li>d. Disrespect or lack of cultural competence</li> <li>e. High turnover</li> <li>f. Lack of person-centered planning</li> <li>g. Mistrust or ethical concerns</li> </ul>	

#### Performance Area: Quality

**Measure SC-QI.02.1**: Provide SCO's policy on how person-centered performance data is utilized to develop the QM Plan and its action plan, and to monitor progress towards QM plan goals.

**Question:** Upload the SCO's written policy which includes, at a minimum:

- a. What data is used from which data sources
- b. Frequency of data monitoring, review and analysis
- c. How opportunities for quality improvement are selected
- d. How person-centered performance data is utilized to develop the QM plan and to measure process
- e. How performance measures are established
- f. The title of the person who is ODP QM certified and generally responsible for the organization's QM plan

Upload

**Last Name** 

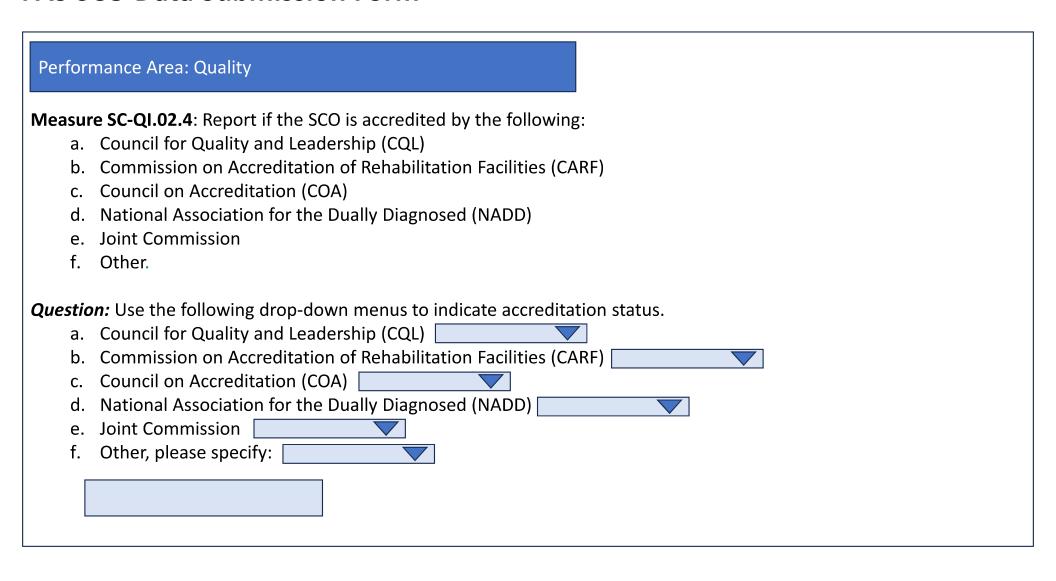
**First Name** 

Performance Area: Quality
Measure SC-QI.02.2: Report number of staff that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.
Note: Staff who are in a leadership role include Executive Directors, Chief Executive Officers, Chief Operations Officers, Chief Nursing Officers/Directors of Nursing, Chief Clinical Officers/Directors of Clinical Services, and Quality Management and other Directors.
Question:  Total number of staff with ODP QM Certification as of November 15, 2025:  Total number of executive leadership staff with ODP QM Certification as of November 15, 2025:
<b>Question:</b> Use the table below to list each staff member, including executive leadership staff that hold an ODP Quality Management (QM) Certification as of November 15, 2025.

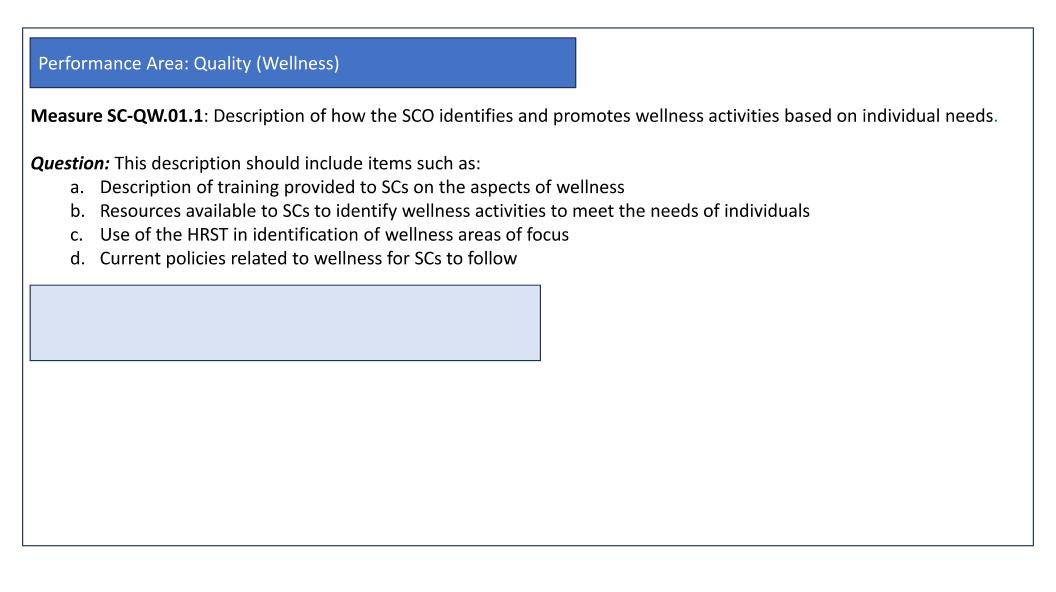
Title

Leadership Role with authority to adopt

recommendations and direct QM activities (Y/N)



Performance Area: Quality	
Measure SC-QI.03: SCO attests to adoption of the federal CLAS Star	dards – Think Cultural Health (hhs.gov).
Please refer to these resources to learn more about these CLAS Star	ndards: (Think Cultural Health, National CLAS Stan
I attest	



Performance	Area: Quality (Wellness)	
	<b>W.01.3</b> : SCO attests that SCs receive train lable to provide to families of children.	ning on well child visi
	the <u>Recommendations for Preventive Pe</u> for a recommended well child visit sched	
☐ I attest		

Performance Area: Resource Navigation	
Measure SC-RN.01.1: Register in PA Navigate Resource Platform as a	Community-Based Organization (CBO).
Question: Enter the SCO's unique web address or URL for the organi	zation on PA Navigate.
Note: If the SCO is not registered in the PA Navigate Resource Platforhttps://www.panavigatehelp.org/ and follow instructions for claiming question.	, , , , , , , , , , , , , , , , , , , ,

#### Performance Area: Workforce

**Measure SC-WF.01:** Report baseline data of SCs, supervisors, and SCO directors who have completed each of the following trainings/certifications by July 1, 2025.

**Question:** Use the table below to report the number of staff with each qualification, broken out by staff role. Staff members may be counted multiple times for each of their qualifications.

Training/Certification	SCs	Supervisors	SCO Directors
American Institute of Health Care Professionals ( <u>www.aihcp.net</u> )			
Capacity Building Institute (CBI)			
Certified Case Manger (CCM) – Commission for Case Manager Certification			
Certified Community Health Worker (CCHW) – Pennsylvania Certification Board			
Certified Disability Management Specialist ( <u>www.ccmcertification.org</u> )			
Dual Diagnosis Training - ODP			
Enabling Technology Navigator Certification (ETN)			
LifeCourse Ambassador – LifeCourse Nexus			
NADD Dual Diagnosis Specialist Certification			
The National Association for the Dually Diagnosed (NADD) Specialist Certification ( <a href="https://thenadd.org/?page_id=22741">https://thenadd.org/?page_id=22741</a> )			
Pediatric Capacity Building Institute (PCBI)			
Person Centered Thinking Trainer Credentialing – The Learning Community for Person Centered Practices ( <a href="https://tlcpcp.com/trainers/become-a-trainer">https://tlcpcp.com/trainers/become-a-trainer</a> )			
Social Role Valorization – International Social Role Valorization Association (complete course work and maintain membership)			
Other, please specify:			

Performance Area: Workforce

SCs

**SC Supervisors** 

**Measure SC-WF.02.1:** Report of SC and SC Supervisor voluntary and involuntary turnover rate, vacancy rate, and total compensation.

Question: Use the table below to report the SCO's employment statistics for Calendar Year 2024 (CY24).

Total # of staff capacity

Total # of vacant staff positions

Total # of staff who voluntarily left in CY24

Total # of staff who involuntarily left in CY24

Question: Use the table below to report how the SCO compensated SCs and SC Supervisors in Calendar Year 2024 (CY24).

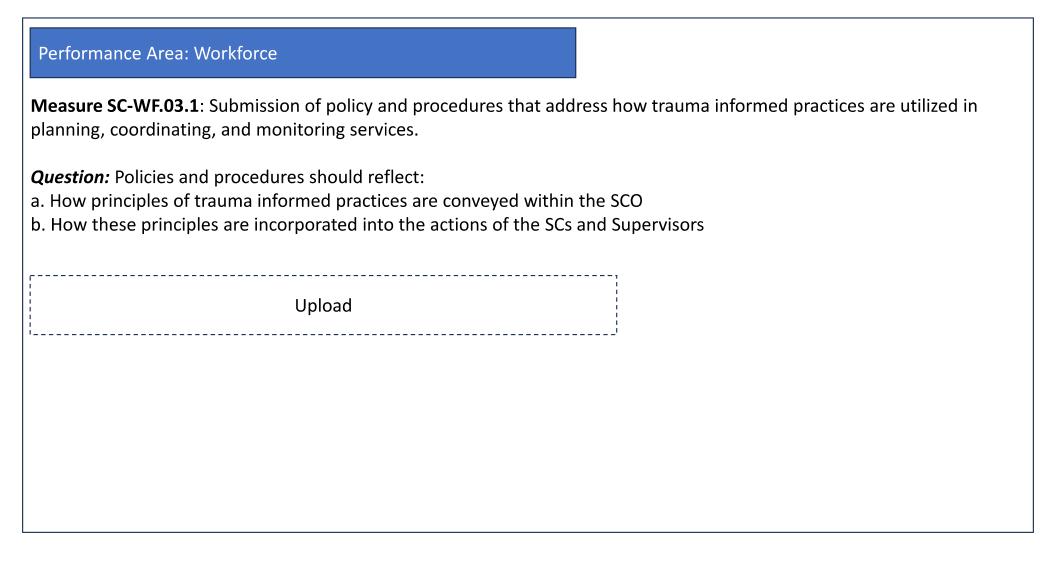
<b>Total Compensation</b>	Starting salary	Average salary	Supplemental bonusses (retention, sign on, etc.)	· ·	Monthly cost of health insurance per employee	Overtime
SCs						
SC Supervisors						

Performance Area: Workforce

Measure SC-WF.02.2: Report on current tenure of staff and management.

**Question:** Use the table below to report the total number of staff in each position at your SCO that have a tenure in the range indicated by the column header. Each staff member should only be counted once.

	0 to <6 months	6 to <12 months	12 to <24 months	24 to <36 months	36 months or more
SCs					
SC Supervisors					
SCO Directors					
Other Management					



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Performance Area: Workforce	
<b>Measure SC-WF.03.2:</b> Describe current trauma informed supports training proto implement trauma informed supports training for SCs and SC Supervisors in	•
<b>Question:</b> Does the SCO currently provide trauma informed supports training  Yes	for SCs and SC Supervisors?
○ No	
[If yes] Question: Describe current trauma informed supports training:	

#### Performance Area: Workforce

**Measure SC-WF.03.2:** Describe current trauma informed supports training provided to SCs and SC Supervisors and/or plans to implement trauma informed supports training for SCs and SC Supervisors in the future.

[If no] **Question:** Upload the SCO's plans (if applicable) to implement trauma informed supports training for SCs and SC Supervisors in the future. Acceptable 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 action item/target
- f. Progress made toward achieving each target (when applicable)

Upload

[Measure SC-WF.03.2 Continued]

Performance Area: Workforce	
<b>Measure SC-WF.03.3:</b> Report the number of SCs and SC Supervisor training.	sors t
Question: Report staff numbers as of December 31, 2024.	
Supports Coordinators:	
SC Supervisors:	

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The following measures will be evaluated using existing ODP data and will <u>not</u> require data submission by the SCO.

Performance Area: Person-Centered Practices

Measure SC-PCP.01.2: 90% compliance with monitoring frequency by waiver type.

Performance Area: Quality (Data Integrity)

**Measure SC-QDI.01.1**: 86% of demographic information is complete and accurate, including living situation and individual and primary contact email address.

**Measure SC-QDI.01.2**: 90% of employment information is complete and accurate, including all employment fields in the individual monitoring tool, updated at every required monitoring (based on waiver enrollment).

Measure SC-QDI.01.3: 90% of Prioritization of Urgency of Needs (PUNS) are accurate in accordance with PUNS manual.

Measure SC-QDI.01.4: ODP will report SCO's baseline % of members 20 years and older who had an ambulatory or preventive care visit (NCQA HEDIS - Adults' Access to Preventive/Ambulatory Health Services (AAP))

Measure SC-QDI.01.6: Restrictive procedure data is 86% accurate as compared to the most current BSP.

Performance Area: Quality (Wellness)

**Measure SC-QW.01.2**: ODP will report SCO's baseline % of members 20 years and older who had an ambulatory or preventive care visit (NCQA HEDIS - Adults' Access to Preventive/Ambulatory Health Services (AAP))

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# Pay for Performance (P4P) Incentive Questions

Pay for Performance (P4P) Incentive Program	
SCOs will have the opportunity to earn additional compensation three P4P provides added incentive payments to SCOs that deliver high-quanties and to eligible SCOs that meet or exceed performance targets in simplementation of technology. When implemented, these payment made if performance outcomes are achieved.	uality and cost-efficient care. P4P payments will be taff accreditation in person-centered planning and
SCOs will be eligible for P4P payment incentives to both invest in an delivery. P4P will also advance ODP's goal of aligning SCO payment v	. ,
Question: Which P4P incentives would your SCO like to apply for?	
Capacity Building for Person-Centered Planning - Credentialing	
Capacity Building for Person-Centered Planning - Technology	
My SCO will not apply for P4P incentives	

P4P Incentive: Capacity Building for Person-Centered Planning Through Credentialing

[If Capacity Building for Person-Centered Planning is selected]

To promote effective person-centered planning for everyone, a Supports Coordination Organization (SCO) must have Supports Coordinators (SCs) with skills and knowledge in many areas including planning for individuals and families over a person's lifespan, supporting individuals with complex needs, working with teams to ensure individuals that want to work have opportunities to be employed, facilitating alternatives to residential services, and working with local communities to identify non-residential housing options.

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## PAS SCO Data Submission Form - P4P

#### P4P Incentive: Capacity Building for Person-Centered Planning Through Credentialing

Please answer the following questions to provide details about your SCO's plan related to Capacity Building for Person-Centered Planning. This incentive plan supports efforts to strengthen staff skills in areas like planning across the lifespan, supporting complex needs, promoting employment, finding alternatives to residential care, and working with communities on housing options.

**Question:** Which training/credentialing program(s) has your SCO initiated (or do you plan to initiate) for SCs, SC Supervisors, and Directors?

American Institute of Health Care Professionals ( <u>www.aihcp.net</u> )
Capacity Building Institute (CBI)
Certified Case Manager (CCM) -Commission for Case Manager Certification
Certified Community Health Worker (CCHW) - Pennsylvania Certification Board
Certified Disability Management Specialist ( <u>www.ccmcertification.org</u> )
Dual Diagnosis training Curriculum - ODP
Enabling Technology Navigator Certification (ETN)
LifeCourse Ambassador - LifeCourse Nexus
NADD-CC: Clinical Certification. NADD Dual Diagnosis Specialist Certification
NADD-DDS: Dual Diagnosis Specialist Certification. The National Association for the Dually Diagnosed (NADD) Specialist Certification – ( <a href="https://thenadd.org/?page_id=22741">https://thenadd.org/?page_id=22741</a> ) - Pediatric Capacity Building Institute (PCBI)
Pediatric Capacity Building Institute (PCBI) - DHS
Person Centered Thinking Trainer Credentialing – The Learning Community for Person Centered Practices – ( <a href="https://tlcpcp.com/trainers/become-a-trainer">https://tlcpcp.com/trainers/become-a-trainer</a> )
Social Role Valorization – International Social Role Valorization Association (complete course work and maintain membership)
Other, please specify:

P4P Incentive: Capacity Building for Person-Centered Planning	Through Credentialing		
<b>Question:</b> How is your SCO structured to support the training/credentialing program(s) indicated in the previous question? Please include: how program(s) are implemented, any associated staff positions, supervision and mentoring, IT/technology, human resources, and knowledge transfer to additional staff.			

P4P Incentive: Capacity Building for Person-Centered Planning Through Credentialing

**Question:** What are the estimated costs associated with purchasing, leasing, or operationalizing the new technology services and/or solutions? Complete the table below with specific line items for each investment or activity.

Expense Type	Amount
Staff Training Wages	
Program Administration Costs	
Staff Bonuses	
Staff Wage Incentives (Annual Cost)	
Consulting	
Certification Fees	
Supplies	
Travel	
Other (See question below)	
Total Budget for Credentialing:	\$0.00

Question: If you included an "Other" line item, please specify its purpose below.

P4P Incentive: Capacity Building for Person-Centered Planning Through Credentialing  Quarties: What is the total number of SCO staff who were trained or credentialed as of July 1, 20252			
Question: What is the total number of SCO staff who were trained or credentialed as of July 1, 2025?			
<b>Question:</b> Please enter the target number and percent of SCO staff you plan to have credentialed by the end of each quarter beginning Jan 1, 2026.			
Quarter	Target Number Credentialed	Target Percent Credentialed (%)	
Q1 2026			
Q2 2026			
Q3 2026			
Q4 2026			
Question: What timelines and milestones has your SCO established to support implementation of these programs?			

P4P Incentive: Capacity Building for Person-Centered Planning Through Credentialing
<ul> <li>Question: SCO attests that:</li> <li>All representations and information provided in the preceding questions are accurate.</li> <li>Funding requested does not duplicate, but supplements, any funds received through prior ARPA Credentialing Initiative(s).</li> </ul>
I attest

P4P Incentive: Capacity Building for Person-Centered Applications of Technology

[If Capacity Building for Person-Centered Application of Technology is selected]

Access to technology is necessary for all people in our society, particularly for people with ID/A, to promote self-determination and to engage meaningfully in major aspects of life such as education, health promotion, employment, recreation, and community.<sup>1</sup> As a basic right, technology solutions advance independence, communication, and socialization opportunities and Supports Coordinators have a critical role in facilitating person-centered planning strategies that include technology. Supportive technology solutions are broad, complex, and require an ongoing commitment by an SCO to remain current in a quickly changing environment.

1. Adapted from https://stateofthestates.ku.edu/sites/stateofthestates/files/documents/Rights\_Declaration.pdf

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P4P Incentive: Capacity Building for Person-Centered Applicatio	ons of Technology
Please answer the following questions about your SCO's plan related of Technology. This incentive supports staff training so individual participation in daily life. Your plan should focus on improving catechnology.	als can use technology for greater independence and
<b>Question:</b> Please select the types of technology services and/or service delivery within ODP supports coordination services.	solutions the SCO plans to purchase or improve to enhance
<ul> <li>Staff Training – Technology Systems</li> <li>Technology – Data Management Systems</li> <li>Technology – Customer Relationship Management Solutions</li> <li>Consulting</li> <li>Technology – Artificial Intelligence</li> <li>Other, please specify:</li> </ul>	
Question: Based on the response above, please provide details of purchase or implement.	on the <u>specific</u> technology services or solutions the SCO will

P4P Incentive: Capacity Building for Person-Centered Applications of Technology
<b>Question:</b> What are the specific goals or outcomes your SCO hopes to achieve through these investments in technology services and/or solutions?
<b>Question:</b> What are the planned dates and timelines for implementing the new technology services and/or solutions?
<b>Question:</b> Explain how the new technology services and/or solutions will help your SCO meet goals, improve services or achieve better results in areas that are measured or required by PBC.

P4P Incentive: Capacity Building for Person-Centered Applications of Technology

**Question:** What are the estimated costs associated with purchasing, leasing, or operationalizing the new technology services and/or solutions? Complete the table below with specific line items for each investment or activity.

Expense Type	Amount
Staff Training – Technology Systems	
Program Administration Costs	
Technology – Data Management Systems	
Technology – Customer Relationship Management Solutions	
Consulting	
Technology – Artificial Intelligence	
Technology/Training Supplies	
Travel	
Other (See question below)	
Total Budget for Technology:	\$0.00

Question X: If you included an "Other" line item, please specify its purpose below.

P4P Incentive: Capacity Building for Person-Centered Applications of Technology	
<ul> <li>Question: SCO attests that:         <ul> <li>All representations and information provided in the preceding questions are accurate.</li> <li>Funding requested does not duplicate, but rather supplements, any funds received through prior ARPA Technology Initiative(s).</li> </ul> </li> </ul>	
I attest	