

SUPPORTS COORDINATION ORGANIZATION PERFORMANCE-BASED CONTRACTING PLANNING CONSIDERATIONS



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

Supports Coordination Organization Performance-Based Contracting Planning Considerations



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INTRODUCTION

The Commonwealth of Pennsylvania's Department of Human Services (Department), Office of Developmental Programs (ODP) is implementing systems change to improve the quality and sustainability of services for people with intellectual and developmental disabilities (IDD). ODP is using a statewide 1915(b)(4) Performance-Based Contracting (PBC) waiver to establish performance standards and metrics for supports coordination organizations (SCO). As part of PBC, organizations wishing to contract with ODP for the delivery of supports coordination services are required to engage in the use of data and the principles of continuous improvement for service quality, as well as organizational management and effectiveness.

As part of its commitment to support SCOs before and during the PBC process, ODP developed this planning considerations document so an SCO may begin to think about the organizational changes necessary to position itself for the PBC contracting process.

ODP encourages you to use these planning considerations to strategize improvement actions necessary to engage in the PBC process. The document is not all inclusive of all measures but will provide a framework for planning for the systems change. SCOs are strongly encouraged to attend preparatory SCO summits and virtual office hours as well as utilize available resources in consideration of a data-driven organization, such as canned and custom reports in HRS [online](#) and Incident Management Dashboards in [EIM](#).

PLANNING CONSIDERATIONS: Standards and Metrics

Through PBC ODP established performance standards for SCOs. ODP will monitor, support, and evaluate SCOs' progress toward meeting these standards. ODP initially drafted performance standards based on lessons from Everyday Lives strategies and annual reporting on established performance measures; data analysis and reporting on areas such as prevalence of autism and developmental disabilities, support needs acuity of individuals served, incident management, and employment of individuals; a review of the research available; and consultation with national experts.

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Access

Individuals and families seeking services have a right to timely and efficient admission and initiation of direct supports and services. Most importantly, SCOs are expected to continually remain open for new referrals and selection by individuals and families, regardless of case complexity. Ideally, SCOs should be able to meet a minimum threshold of referral acceptance.



Supported by SCO processes and practices informed by data analytics, SCOs should operate in such a manner that individuals and families receive initial outreach on an average of 21 calendar days or less following acceptance of the referral. An SCO with data-driven operations tracks and trends data regarding the amount of time to services starting, average days to service coordination starting, and reasons for referral denials and untimeliness. Ideally, an SCO's operations are responsive within 48 hours of referrals for individuals and/or families in high need or crisis situations (e.g., death or loss of primary caregiver; loss of housing; inpatient stay; incarceration; unanticipated facility discharge).

Example Measures:



1. 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.
2. 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

SCO Executives and Leadership Actions:



- ✓ Evaluate organizational perspective and practices related to responsiveness to need for services, service access, and SCO growth.
- ✓ Collect, analyze, and use data regarding referral acceptance.
- ✓ Collect, analyze, and use data for support coordination and service delivery initiation.
- ✓ Record reasons for untimely response and service denial.

Administration



It is the expectation that SCOs operate transparently and on the foundation of a sound governance structure. At the core, this means that SCOs are on solid financial footing, operate in a conflict-free manner, assure that members of the governing body and management are free from criminal convictions, and deliver services in a manner that does not garner enforcement action in Pennsylvania or any other state. Ideally, an SCO's policy, operations, and management are meaningfully informed by people with lived experience and their family members. SCOs must be managed to deliver high quality responsive services to Pennsylvanians with ID/A.

Example Measures:



1. Attest to and/or provide evidence regarding financial solvency, conflict-free operations, strong leadership, and enforcement-free licensure.
2. Evidence that at least one individual with lived experience (inclusive of family) is a member of the Governing Body or advisory committee.
3. Evidence that board deliberations are informed by input of people with lived experience.
4. Plan for how the SCO will operationalize the new payment methodology.

SCO Executives and Leadership Actions:



- ✓ Prepare appropriate documentation and evidence of sound administrative practices and leadership.
- ✓ Augment the membership of current governance bodies with at least one person with lived experience; establish a governance or advisory body if not already in place.
- ✓ Develop processes that enable the governing body or board to be informed by people with lived experience.
- ✓ Review new payment structure including billing and documentation requirements and collect and analyze current billing data to develop a plan for successful transition to the new payment structure 7/1/26.

Continuum of Services



SCOs are expected to support individuals to consider service options that are the best match for their level of need in the least restrictive setting. This includes a planful and robust outreach process regarding housing and service options. Ideally, the SCO has a designated lead for Lifesharing and Supported Living to serve as a resource for the education of individuals and families about residential alternatives. The SCO must engage in the continuous education of SCs about non-residential options, so they are best prepared to inform individuals and families about all available service options.

Example Measures:



1. 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
2. Demonstrate that SC is providing education to individuals regarding residential options
3. Increase the percentage of individuals using non-residential services from CY2026 baseline.
4. Percentage of individuals supported by the SCO may not exceed an established percentage of residential habilitation using calendar year data for initial review.

SCO Executives and Leadership Actions:



- ✓ Evaluate SCOs strengths in technical knowledge related to all residential and non-residential options for housing and supportive services.
- ✓ Evaluate SCO strengths for person-centered planning for supporting individuals with non-residential options.
- ✓ Determine how the SCO will ensure the available expertise on housing and residential options is available to individuals and families.
- ✓ Consider improvements to SC training programs.
- ✓ Look at staffing assignments to assure that at least one person is designated as a housing options lead.
- ✓ Begin to capture and use data regarding the number and percent of people in Supported Living and Lifesharing; establish new processes to collect such data, as needed.
- ✓ Put mechanisms in place to assure the lead staff for residential options is using data to improve outreach to individuals, families, and other stakeholders about housing opportunities.

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Employment



SCs play an important role in an individual's choice to explore employment or obtain a job. Because they know the individuals they serve, regularly have conversations with individuals and their families about support needs, and have a working knowledge of community integration options, SCs are key to an individual's success in obtaining competitive integrated employment, if that is what they want to do.

Example Measures:



1. QM Plan for increasing CIE
2. 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.

SCO Executives and Leadership Actions:



- ✓ Evaluate the knowledge base and resources in the SCO related to CIE.
- ✓ Develop strategies for the SCO to effectively address individual needs related to employment.
- ✓ Ensure SCs understand their role in supporting individuals to seek and obtain competitive integrated employment.
- ✓ Provide training to SCs regarding how to engage in conversations with individuals and families about employment options. Include how to address fears that working will cause loss of benefits.
- ✓ Establish methods for tracking the number of working age individuals engaged in career assessment, job finding, and/or benefits counseling services.
- ✓ Include goals in your SCO's Quality Management Plan (QMP) to increase competitive integrated employment for working age individuals served.

Person-Centered Practices



A key tenet of home and community-based services (HCBS) is that individuals have the opportunity for meaningful engagement in community life, specifically outside of the home. These activities are driven by individual choice, strengths, interests, and preferences. An SCO must operate such that these principles are prioritized, and people are supported to optimize community inclusion opportunities.

Another key principle of HCBS programs is that the preferences and desires of individuals are prioritized in the service planning and service delivery processes. The SC is essential to ensuring that the individual is valued and actively involved in making decisions, and that supports are tailored to the person's needs. The SC has an important role in regularly assessing that the individual is supported with all needed services, and in the manner outlined in the Individual Support Plan (ISP), which should reflect things that are important to and important for the person. In essence, the SC must effectively support people to realize their personal goals.

Example Measures:



1. 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
2. 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.
3. 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).

SCO Executives and Leadership Actions:



- ✓ Organize SCO efforts to assure participation in ODP's data collection to assess the individual satisfaction with the level of participation in community inclusion activities and the proportion of people served by the SCO who report that their service plan includes things that are important to them, mirroring the NCI measure.
- ✓ Formulate a plan to achieve or exceed the statewide average for person-centered goals.

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- ✓ Identify opportunities for SCO improvement to improve Satisfaction with the Community Inclusion Scale and the number of people reporting their service plan includes things that are important to them.

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Quality



SCOs are key partners to ODP in ensuring that individuals, families, and other system partners receive timely, thorough, proactive, and quality responses to their inquiries and needs. ODP practices continuous quality improvement and expects that SCOs mirror that commitment, embracing a culture of quality, continuous learning, and effective use of data to identify opportunities for improvement and assess progress towards achieving goals in their Quality Management Plan (QMP). SCOs also must engage in ongoing efforts to enhance diversity, equity, and inclusion through the application of Culturally and Linguistically Appropriate Services (CLAS) standards.

Example Measures:



1. 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
2. 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"
3. Report number of individuals who chose another SCO due to dissatisfaction with SC services AND reason for dissatisfaction. The number of SCO staff with ODP Quality Management (QM) certification, including at least one executive leadership team member (defined as personnel who have the authority to adopt QM recommendations and direct QM activities).
4. Attest to adoption of the federal CLAS Standards – Think Cultural Health ([hhs.gov](https://www.hhs.gov))

SCO Executives and Leadership Actions:



- ✓ Establish tracking of individual SC dissatisfaction leading to new SCO selection and develop a process to evaluate the data to improve service delivery
- ✓ Enroll SCs and pertinent leadership team members in ODP QM certification courses. Establish internal process to support continuous quality improvement.
- ✓ Create a description/policy and mechanisms to clearly demonstrate the use of person-centered performance data to inform QMP development and implementation.
- ✓ Incorporate the use of CLAS standards, including demonstrated commitment via budgeting and policy.

Quality (Data Integrity)



ODP adheres to the principle that valid, accurate, and timely data collection is essential to effective continuous quality improvement. As IDD system partners, SCOs are expected to collect and enter timely, complete and accurate data.

Example Measures:



1. 86% of demographic information is complete and accurate, including living situation and individual and primary contact email address.
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)
3. Restrictive procedure data is 86% accurate as compared to the most current BSP. 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

SCO Executives and Leadership Actions:



- ✓ Establish processes for collecting data on the timely and accurate completion of individual demographic information, PUNS documentation, restrictive procedures, and employment.
- ✓ Ensure SCs understand the importance of accurate data in the context of performance-based contracting and are trained on the procedures for data entry and collection.

Quality (Wellness)



There is growing research pointing to the need for people with IDD to receive supports for wellness, including disease prevention or management, fitness, social connection, and health outcomes. ODP relies on SCOs as a primary partner in these focused efforts to promote the health and wellbeing of individuals receiving services. This includes the SCOs having the necessary capacity to identify and address individual wellness.

Example Measures:



1. Description of how the SCO identifies and promotes wellness activities based on individual needs
2. Percentage of individuals 20 years and older who have had an ambulatory or preventive care visit (NCQA HEDIS Adults' Access to Preventive/Ambulatory Health Services (AAP)).
3. Attestation that SCs receive training on well-child visit schedules and have age-appropriate resources available to provide the families of children served.
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))

SCO Executives and Leadership Actions:



- ✓ Evaluate SCO performance against the statewide baseline for the AAP measure and ensure processes in place to support adults to access preventative care.
- ✓ Obtain and distribute appropriate wellness resources for SCs to effectively discuss and promote wellness activities for individuals supported.
- ✓ Modify internal processes to ensure SCs are identifying and promoting wellness activities based on the needs of individuals supported.
- ✓ Include SC education regarding well-child visit schedules in training curriculum.
- ✓ Obtain appropriate SC resources to educate families of children served about well-child visits, including typical visit milestones.

Resource Navigation



SCs are critical for individuals and families navigating the services system. They assist the individual and family in understanding the services system, making informed choices about services and supports, and engaging in high quality, person-centered planning. SCs must think about individuals in the context of family and over the course of a lifespan and support relevant connections to community resources. ODP expects SCOs to possess the capacity to support access to community resources that meet individuals' health-related social needs (i.e., food, housing).

Example Measures:



1. Register in PA Navigate Resource Platform as a Community-Based Organization (CBO).
2. Demonstrate use of PA Navigate to respond to individual and family Health Related Social Needs (i.e. food, housing)

SCO Executives and Leadership Actions:



- ✓ Register as a CBO with PA Navigate.
- ✓ Provide training to SCs on Lifecourse and the necessity of understanding available community resources. Support SCs with the use of PA Navigate to be responsive to the health-related social needs of individuals and families served.
- ✓ Modify internal processes to ensure SCs prioritize the use of PA Navigate as a resource.

Risk Management



SCs play an important role in identifying and managing risks for individuals with IDD, including health, behavioral, and environmental risks. ODP expects SCOs to fully evaluate and understand the different types of risks for individuals at the population level and to demonstrate the capacity to use data to mitigate risk at the individual level.

Example Measure:



1. Attest to use of Health Risk Screening Tool (HRST) data to identify trends and implement appropriate responses to trends.

SCO Executives and Leadership Actions:



- ✓ Provide training to and monitoring of SCs on the identification of individual risk, including use of all available assessment, restrictive procedure, and incident management data.
- ✓ Develop a process to review HRST trends and identify appropriate responses for SCs during monitoring and plan development.

Technology



Increasingly, individuals with IDD are successfully supported in their independence and community engagement through the use of assistive technology and remote supports. To continue promotion and use of enabling technology in service delivery, ODP expects SCOs to demonstrate the use of technology to improve health and wellness, and create additional opportunities to increase independence for individuals.

Example Measures:



1. 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
2. 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.

SCO Executives and Leadership Actions:



- ✓ Evaluate knowledge and skills within SCO related to use of technology including SC, SC Supervisor and leadership competency related to person-centered planning that assesses for and coordinates technological solutions for individuals.
- ✓ Provide training and education to SCs on the various types of remote support and assistive technologies, including best practices in their promotion with individuals and families.
- ✓ Modify internal processes to track and trend data over time to identify improvements in the promotion of enabling technology and its use by individuals served.

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Workforce



A strong direct care workforce, including supports coordination, is foundational to a successful service delivery system for people with IDD. Therefore, SCOs must be able to demonstrate a workforce stability strategy to reduce and manage SC turnover and vacancies. Also, because a workforce that is trained in core competencies is proven to influence recruitment and retention, SCOs must have the ability to demonstrate that SCs have competencies in person-centered approaches to complex needs across the lifespan of individuals supported, including trauma-informed practices. It is essential that the majority of SCO personnel – SCs, SC supervisors, and SCO directors – have nationally recognized or ODP-endorsed training or certification.**

**Pediatric Capacity Building Institute ○ Capacity Building Institute ○ American Institute of Health Care Professionals ○ Disability Management Specialist Certification ○ ODP Dual Diagnosis Training ○ Certified Case Manager Commission ○ Certified Community Health Worker Pennsylvania Certification Board ○ LifeCourse Nexus Ambassador ○ Person Centered Thinking Trainer Credentialing – The Learning Community for Person Centered Practices ○ NADD Dual Diagnosis Specialist Certification ○ International Social Role Valorizations Association

Example Measures:



1. SCO will report baseline data of SCs, supervisors, and SCO directors who completed each of the above trainings/certifications by July 1, 2025. 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%
2. Rate of SC and SC Supervisor compensation, turnover, and vacancy, voluntary and involuntary.
3. Rate of personnel tenure at all levels.
4. Policies and procedures for implementation of trauma-informed practices; percentage of SCs and SC supervisors with trauma-informed supports training.
5. Demonstrate supportive services are offered in at least 95% of incidents involving abuse, neglect, or exploitation.

SCO Executives and Leadership Actions:



- ✓ Track and trend personnel data for turnover, vacancy, tenure, and compensation.
- ✓ Document training and certification of personnel; begin personnel enrollment in and completion of recommended certification or credentialing programs.
- ✓ Ensure policies and procedures are in place regarding how trauma-informed practices are utilized in planning, coordinating, and monitoring services.
- ✓ Evaluate and review methods for tracking referrals to supportive services following incidents of abuse or neglect of individuals supported.