

# Everyday Lives: Values in Action

Information Sharing & Advisory Committee  
(ISAC)

## ANNUAL REPORT



# 2024

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## INTRODUCTION

The Information Sharing and Advisory Committee (ISAC) became ODP’s Stakeholder Quality Council in 2018, following the publication of *Everyday Lives: Values in Action*, and went on to create a detailed series of recommendations, strategies\* and performance measures (PMs) to guide the Office of Developmental Programs (ODP) and gauge its progress in achieving the important goals outlined in *Everyday Lives*. These recommendations and strategies have influenced the development of new waiver applications, regulations, and policies, have improved trainings, helped to launch the Supporting Families Collaborative and employment initiatives, and continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system.

The ISAC continues to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. Together ODP and ISAC will continue to use our quality improvement framework to assess our progress and to plan for and make improvements in the system, while imbedding successful practices. This publication offers us a glimpse of where we are at the end of 2024, and it will help us to continue to move forward and strive for a better tomorrow.

*\* The strategies for each ISAC recommendation can be found in a separate document that can be accessed by clicking [here](#) or visiting [home.MyODP.org](http://home.MyODP.org) and following this path: Everyday Lives > Everyday Lives Publications > Recommendations, Strategies, and Performance Measures.*

### Managing for Quality:

**Planning, Doing, Checking (performance), and Acting (to embed successful practices)**





## Recommendation 1: Assure Effective Communication

Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual's language preferences and use of current technology.

### ACCOMPLISHMENT HIGHLIGHTS *for #1*

- ✓ Continued to build capacity in understanding communication across the system
- ✓ Continued increase in percentage of Supports Coordinators (SCs) addressing communication needs
- ✓ Continued to increase access to speech and language professionals
- ✓ Added the American Sign Language (ASL) to English Interpreter service to all 4 waivers
- ✓ Rebooted and expanded required training for people who support individuals who are deaf

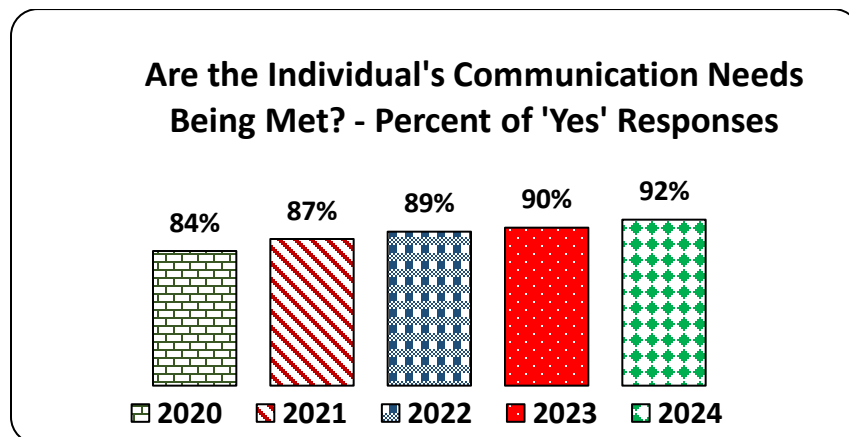
### ACCOMPLISHMENTS IN DETAIL *for #1*

#### Capacity Building in Understanding and Supporting People with Complex Communication Needs –

- ❖ Published the fourth annual update to the [Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals](#).
- ❖ Held numerous trainings, for internal and hundreds of external stakeholders, on various communication topics such as sensory regulation, neurodiversity, employment, etc.

#### Supports Coordinators (SCs) Increasingly Addressing Communication –

- ❖ During SC monitoring, the results for “Are the individual's communication needs being met?” showed a continued increase since 2020. For 2024, 92% of SCs said that the individual's communication needs were being met.



### Increased Access to Speech and Language Professionals –

- ❖ At the start of 2023, ODP began funding a program at Technology for Our Whole Lives (TechOWL) at the Institute on Disabilities at Temple University called Just SO (Short-term Online) Speech for individuals registered with ODP. The program offers statewide, free access to a licensed speech-language pathologist to determine if there is a way to make communication more effective, make recommendations, set up a communication device if determined necessary, teach communication strategies, etc. Since the start of the program, 170 applications have been received (109 in 2023 and 61 in 2024, as of November 2024). The chart below shows the goals of individuals who have used Just SO Speech as of November 2024.

Goals of Individuals Who Have Used Just SO Speech	
Borrow and trial of Augmentative and Alternative Communication (AAC) Device	59%
AAC evaluation	12%
Training for team	12%
Help to find funding for AAC	4%
Speech Resources	8%
Other	5%

### American Sign Language (ASL) – English Interpreter service added to all 4 waivers –

- ❖ The Centers for Medicare and Medicaid Services (CMS) approved the addition of the ASL – English Interpreter service to the Consolidated, P/FDS, Community Living and Adult Autism waivers. This service can be provided in homes, the community, and via teleservices.

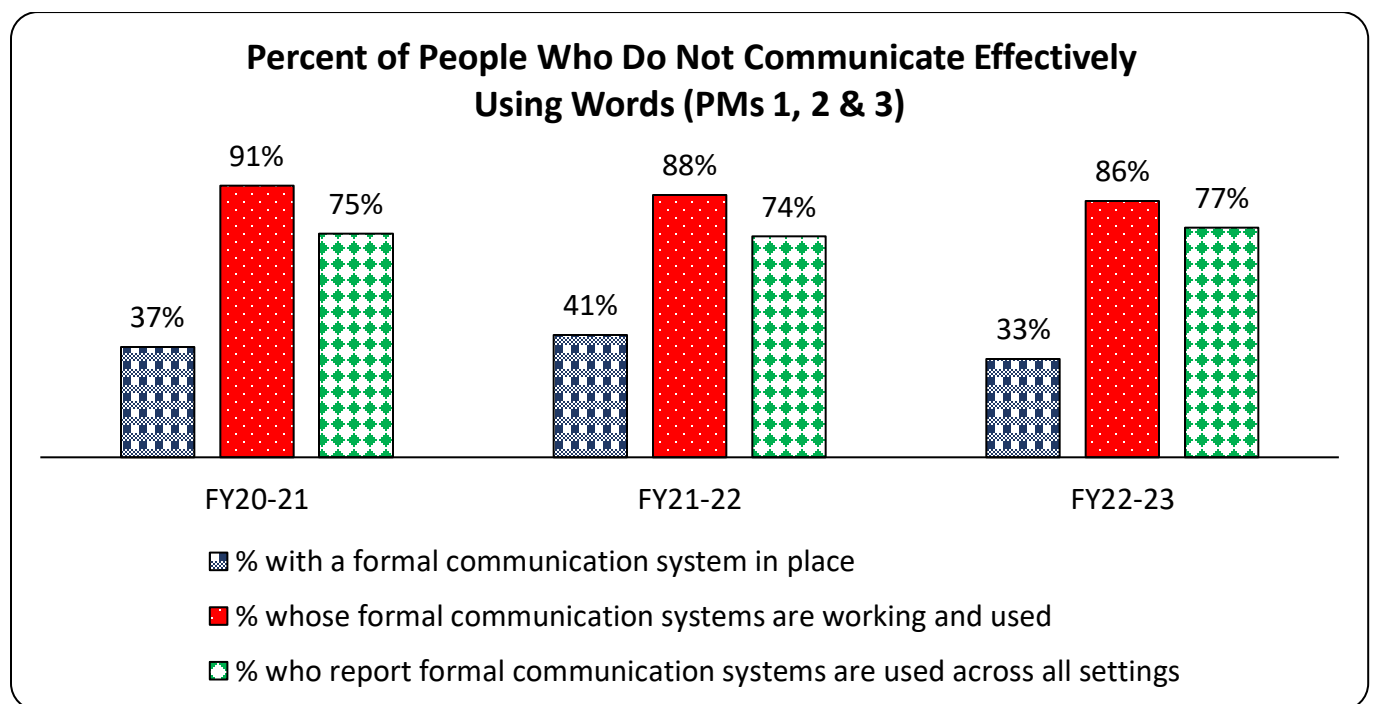
### Rebooted and expanded required training for people who support someone d/Deaf –

- ❖ SCs, providers, Certified Investigators, and Independent Monitoring for Quality monitors who work with someone who is d/Deaf, hard of hearing, and DeafBlind (DHHDB) are required to complete an online training that includes videos introducing the ODP Deaf Services Coordinator, a focus on Deaf Sensitivity, a feature on individuals with an intellectual disability and/or autism who are DHHDB, and a guide to DHHDB services. The training also offers additional helpful informational tools.

<b>PERFORMANCE MEASURES <i>for #1</i></b>
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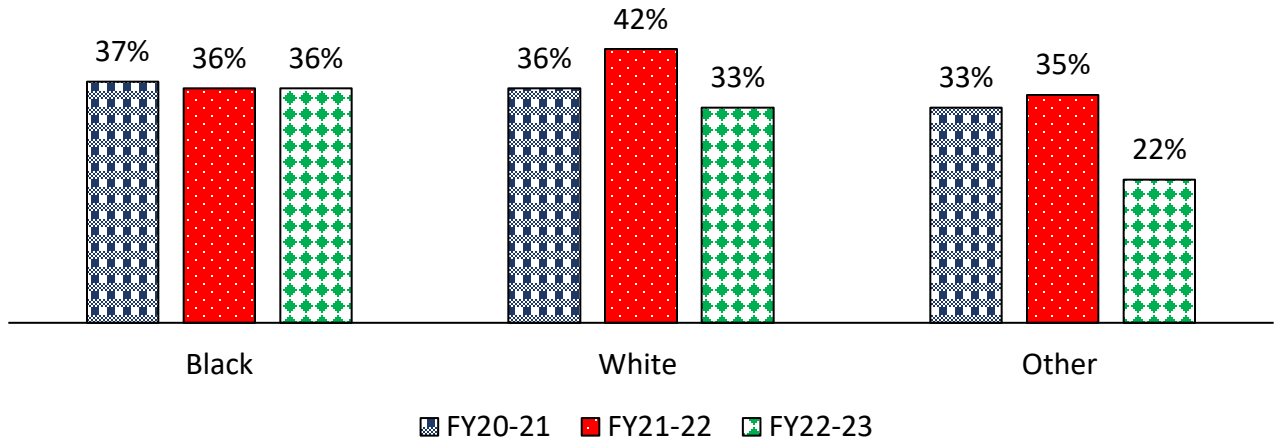
1. For people who do not communicate effectively using words, the percent of people with a communication system in place, overall and by race, age, and living situation i.e., a written plan in place that describes and documents a communication system, e.g., sign language, a picture board/system such as Picture Exchange Communication System (PECS), a voice-output communication device, or a combination of methods. A communication profile in the ISP is not sufficient in and of itself. (IM4Q)

2. For people with communication systems in place, the percent of systems that are in working order and being used. *(IM4Q)*
3. For people with communication systems in place, the percent of individuals and self-advocates, overall and by race, who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community). *(IM4Q)*
4. Percent of individuals who report that their staff understand their communication. *(IM4Q)*
5. Percent of individuals whose ISP includes information about how the individual communicates, and the communication supports and services the individual may need to ensure effective communication. *(QA&I)*
6. The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication. *(QA&I)*



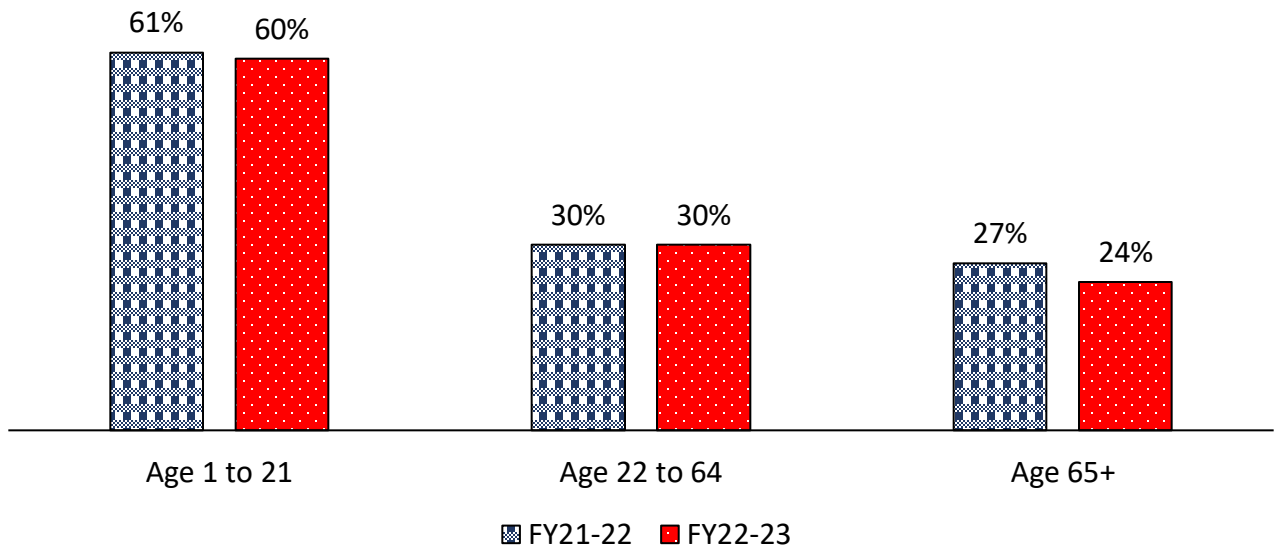
Source: IM4Q

**Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place, by Race (PM 1)**



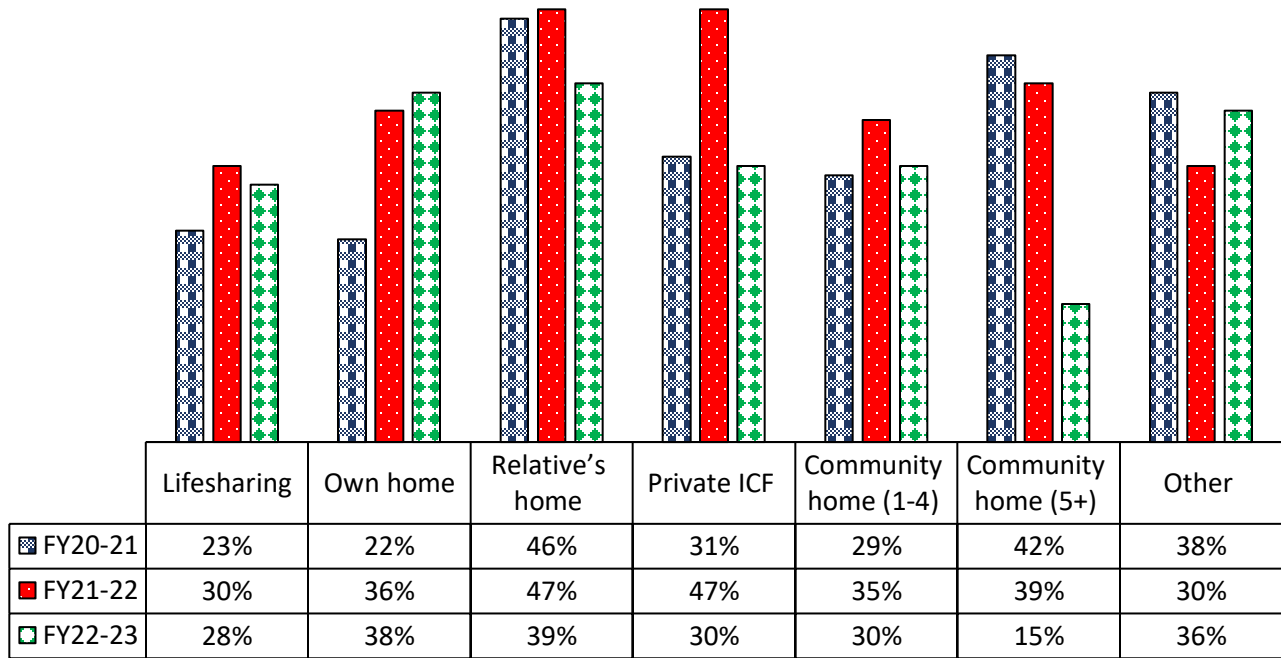
Source: IM4Q

**Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place, by Age (PM 1)**



Source: IM4Q

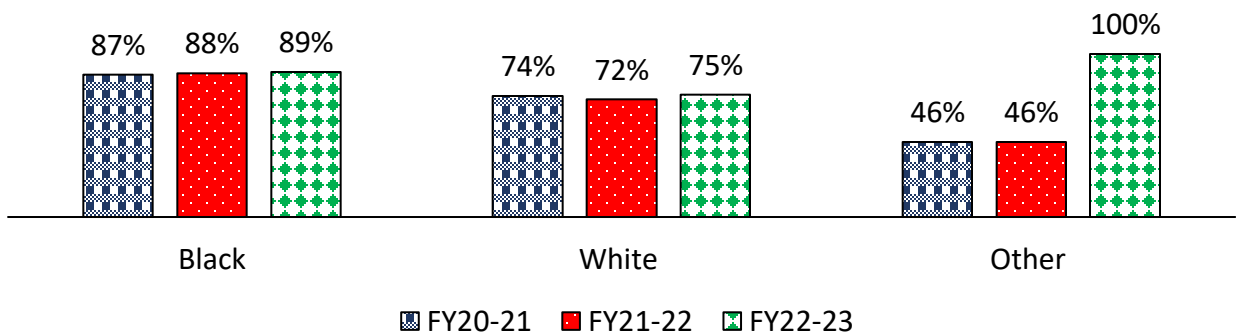
**Percent of People Who Do Not Communicate Effectively Using Words and Have a Communication System in Place, by Living Situation (PM 1)**



Source: IM4Q

**Note:** Community home (1-4) = with 1-4 residents; Community home (5+) = with 5 or more residents.

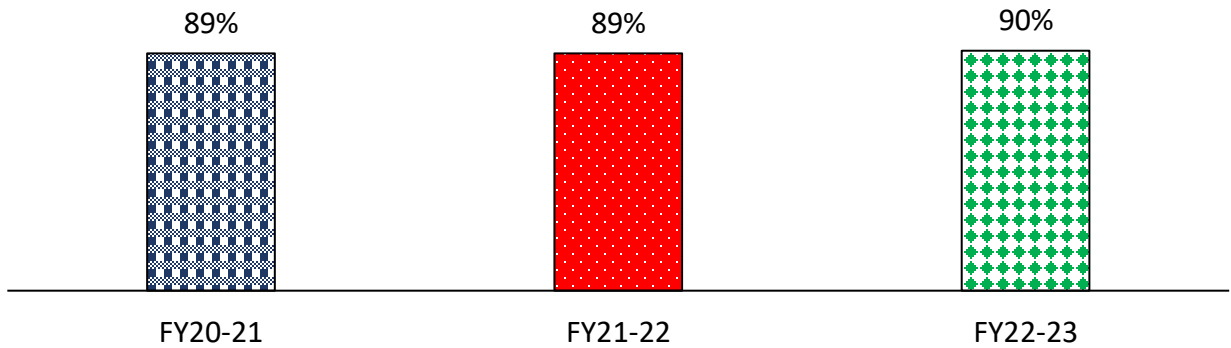
**Percent of People Who Do Not Communicate Effectively Using Words and have a Communication System in Place Used Across All Settings, by Race (PM 3)**



Source: IM4Q



**Percent of Individuals Who Report That Their Staff Understand Their Communication (PM 4)**



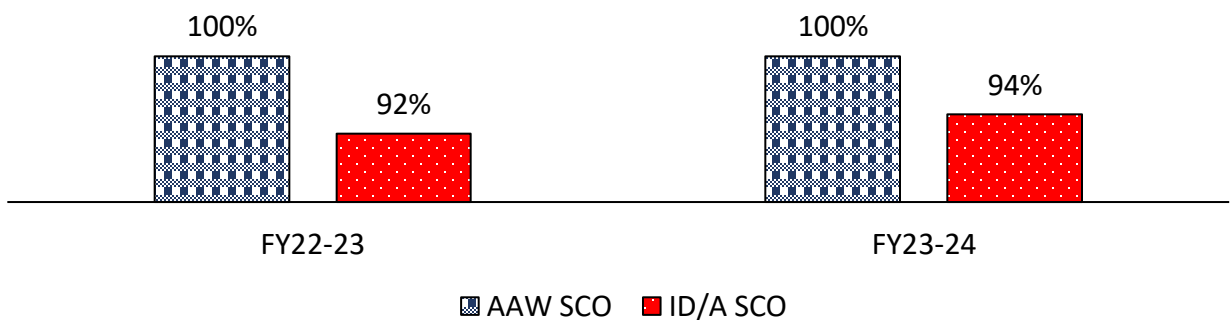
Source: IM4Q

**Percent of Individuals Whose ISP Includes Information About How the Individual Communicates, and the Communication Supports and Services the Individual May Need to Ensure Effective Communication (PM 5)**



Source: QA&I

**The Provider Implements Communication Supports and Services as Specified in the Individual's ISP to Ensure Effective Communication (PM 6)**



Source: QA&I



## Recommendation 2: Promote Self-Direction, Choice, and Control

Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company. Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

### ACCOMPLISHMENT HIGHLIGHTS *for #2*

- ✓ High compliance with choice and control requirements
- ✓ Increased use of Participant Directed Services (PDS)
- ✓ Initiated development of Individual's Bill of Rights
- ✓ Growth in Supportive Living Usage

### ACCOMPLISHMENTS IN DETAIL *for #2*

#### Choice and Control in Licensed Settings

- ❖ ODP previously incorporated requirements that promote and protect individual choice and control into licensing and programmatic regulations. Since 2020, ODP has been extracting and analyzing compliance data for these regulations. In 2024, ODP published the [Home & Community-Based Settings Rule Annual Report](#), which showed compliance data for FY 22-23 for these regulations.
  - ✓ 86% of day programs were in full compliance with choice and control requirements at the time of the inspection.
  - ✓ 90% of residential programs were in full compliance with choice and control requirements at the time of the inspection.
  - ✓ In locations where a choice and control violation were found, 93% fully corrected the violation and the remaining 7% were subjected to sanctions for failure to comply with requirements.

### Growth in Participant-Directed Services Use

- ❖ PDS use in Agency with Choice (AWC) was maintained in FY 23-24.
  - ✓ Authorizations
    - 2023 = 6,496
    - 2024 = 6,537 (+0.63%)
  - ✓ Utilization
    - 2023 = 6,075
    - 2024 = 6,050 (-0.41%)
- ❖ PDS use in Vendor Fiscal/Employer Agent (VF/EA) increased significantly in FY 23-24.
  - ✓ Authorizations
    - 2023 = 1,112
    - 2024 = 1,250 (+12.41%)
  - ✓ Utilization
    - 2023 = 1,063
    - 2024 = 1,290 (+21%)

### Development of Individual's Bill of Rights

- ❖ There are 30 individual rights protected by Chapter 6100 regulations. The rights are not always easy to understand because regulations can be hard to read. Based on recommendations from the ISAC, ODP has convened a team of subject matter experts to draft the Individual's Bill of Rights, which will present individual rights in plain language, preferred languages, and easy-read options so everyone can understand them. ODP intends to solicit feedback from individuals and families as soon as the draft is complete, with the goal of releasing the Individual's Bill of Rights in 2025.

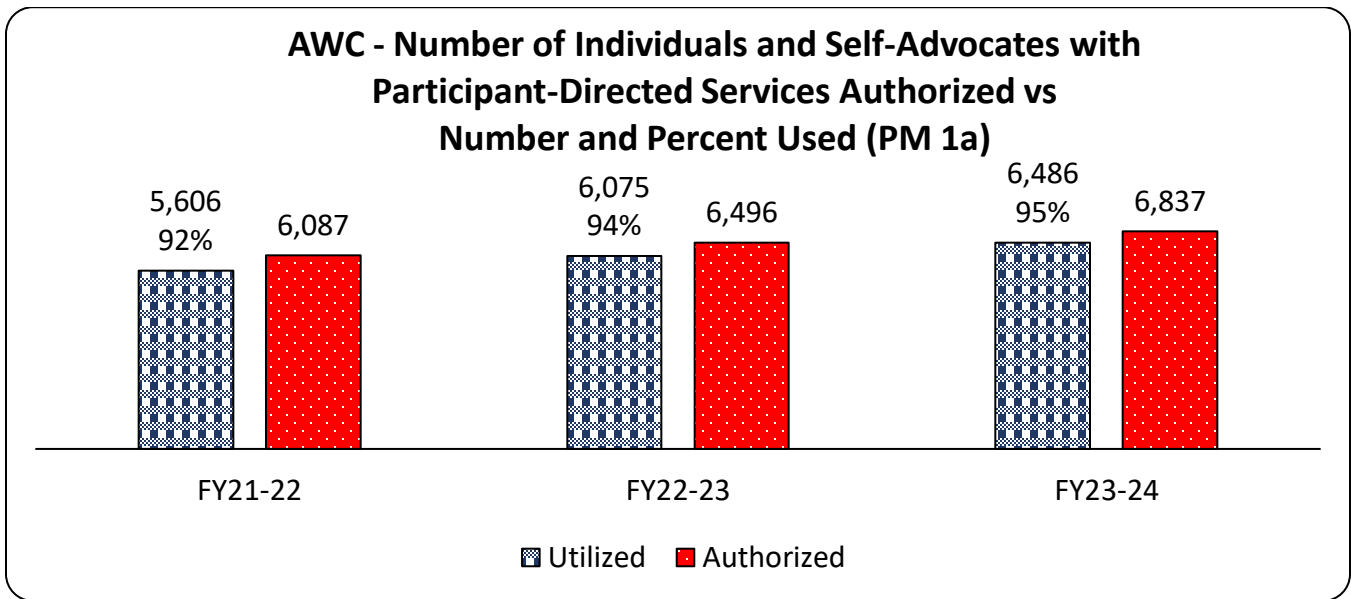
### Growth in Supportive Living

- ❖ The Supportive Living service offers a high degree of individual choice and control. In FY 21-22, 134 individuals received the Supportive Living service. In FY 22-23, that number grew to 161, a 20% increase. In FY 23-24, the number increased by 17% to 188 individuals.

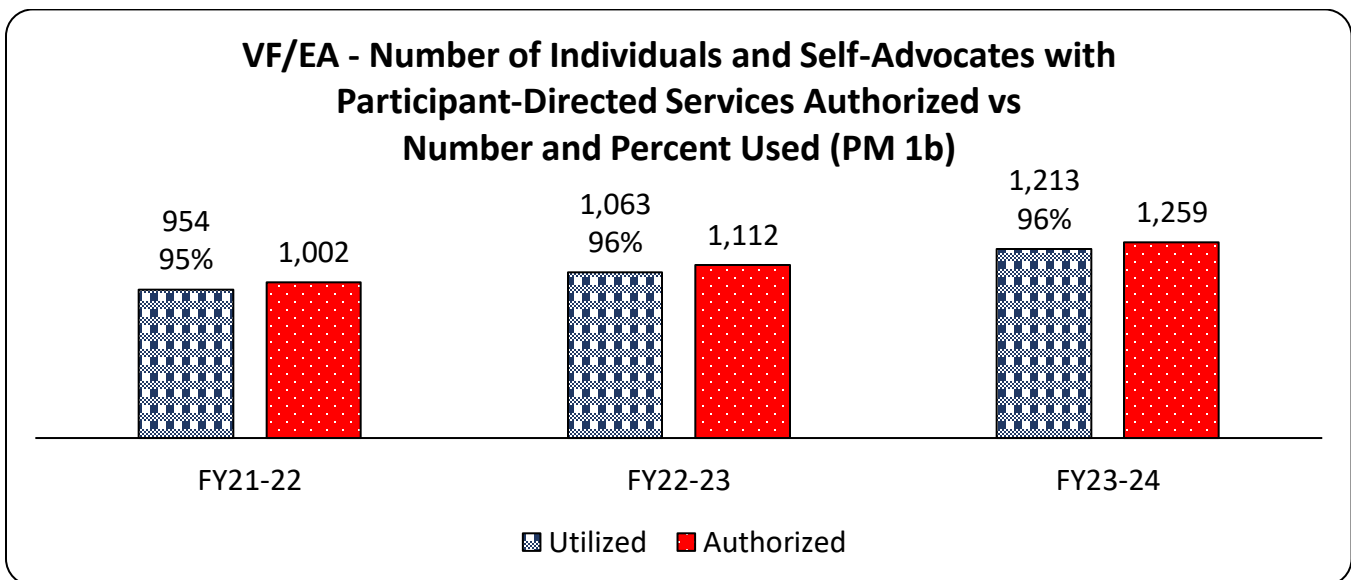
## PERFORMANCE MEASURES *for #2*

1. Number and percent of Individuals and Self-Advocates authorized for and who use Participant-Directed Services (PDS), by AWC (PM 1a) and VF/EA (PM 1b), overall and by race. (*Home & Community Services Information System - HCSIS*)
2. Number of Self-Directed services per individual/self-advocate; will include Supports Broker Service. (*HCSIS*)
3. Percent of individuals who reported they vote, overall and by race. (*IM4Q*)

4. Percent of individuals surveyed who had a key/way to get into their house or apartment on their own. (IM4Q)
5. Percent of individuals interviewed who reported they chose what they do during the day. (IM4Q)
6. Percent of individuals who said they were given a choice to live where people without disabilities live, overall and by race. (IM4Q)
7. Percent of individuals surveyed who saw no other places before they moved into their residence. (IM4Q)



Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 10/25/2024

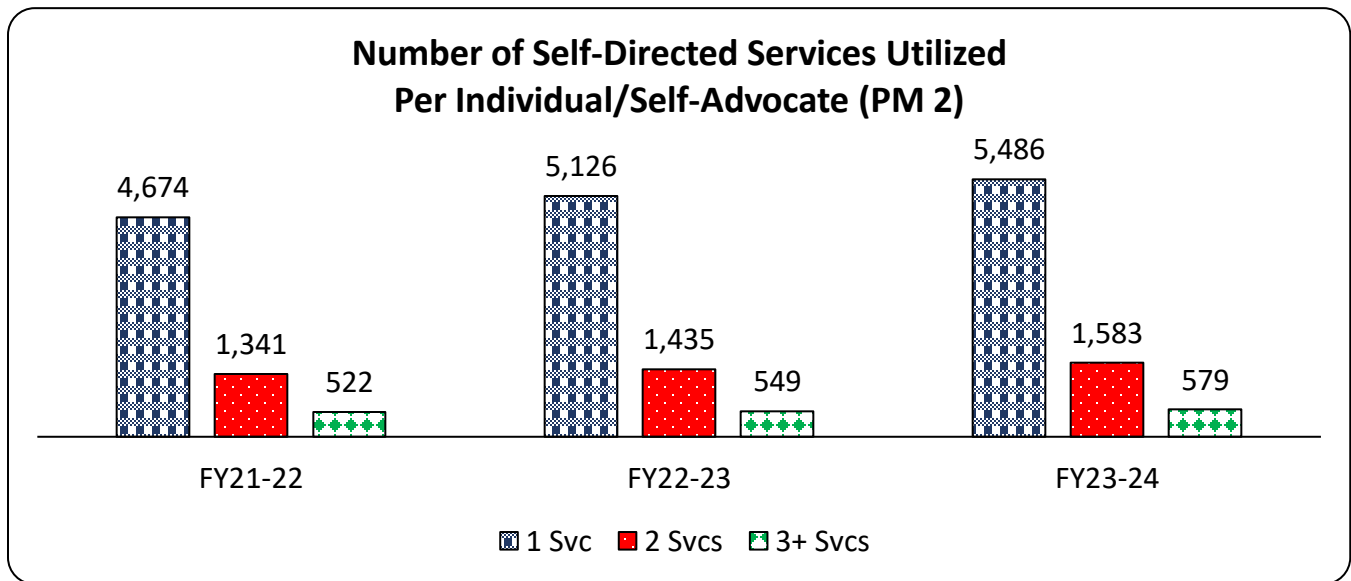


Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 10/25/2024

Individual Utilization of AWC and VF/EA Services, by Race (PM 1)	FY21-22		FY22-23		FY23-24	
	Number	Percent	Number	Percent	Number	Percent
American Indian or Alaskan Native	<11	0.20%	14	0.20%	15	0.20%
Asian	130	2%	148	2%	162	2%
Black or African American	552	8%	610	9%	658	9%
Native Hawaiian or Other P-Islander Indicator	<11	0.03%	<11	0.04%	<11	0.03%
White	5,328	82%	5,782	81%	6,189	81%
Other	477	7%	507	7%	572	7%
Unknown	12	0.20%	13	0.20%	16	0.20%
Multi-Race	26	0.40%	33	0.50%	34	0.40%

Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 10/25/2024

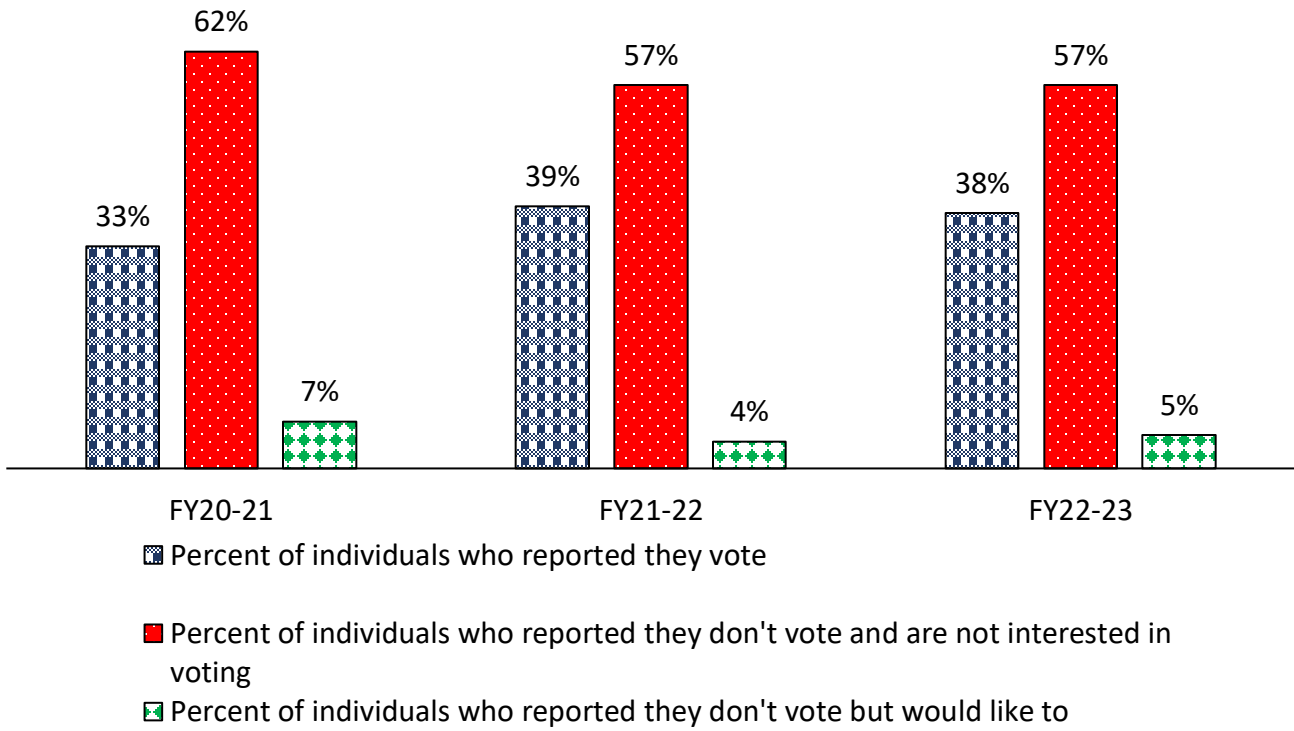
**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes.



Source: HCSIS as of 10/25/2024

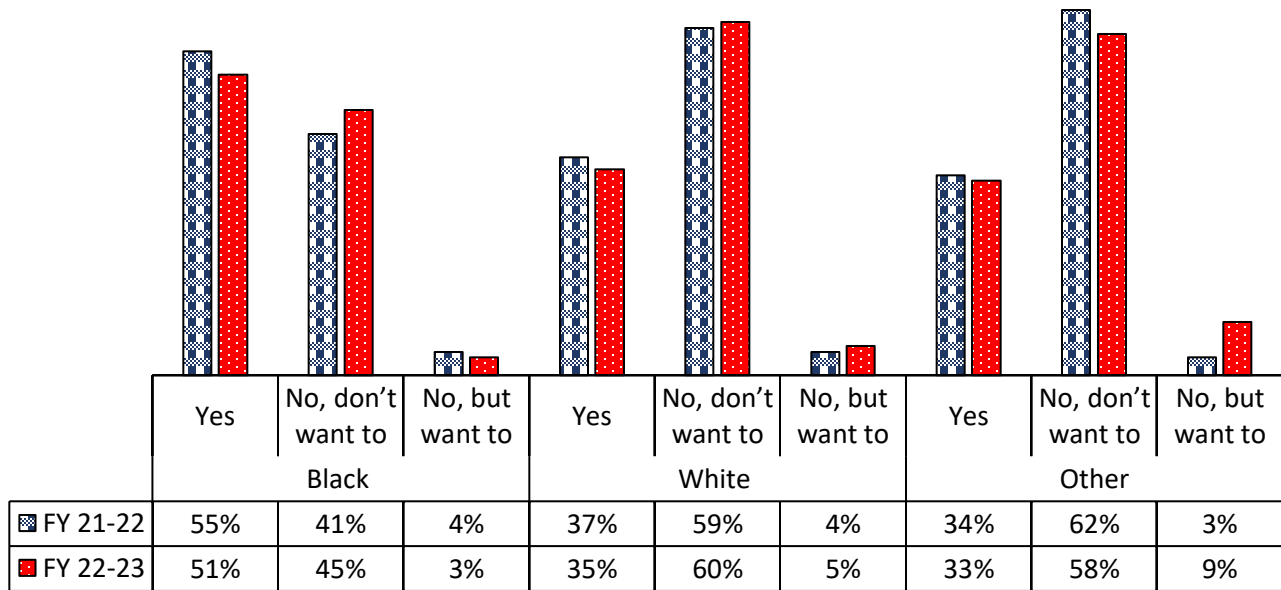
**Note:** Includes Supports Broker service.

### Percent of Individuals and Voting Status (PM 3)



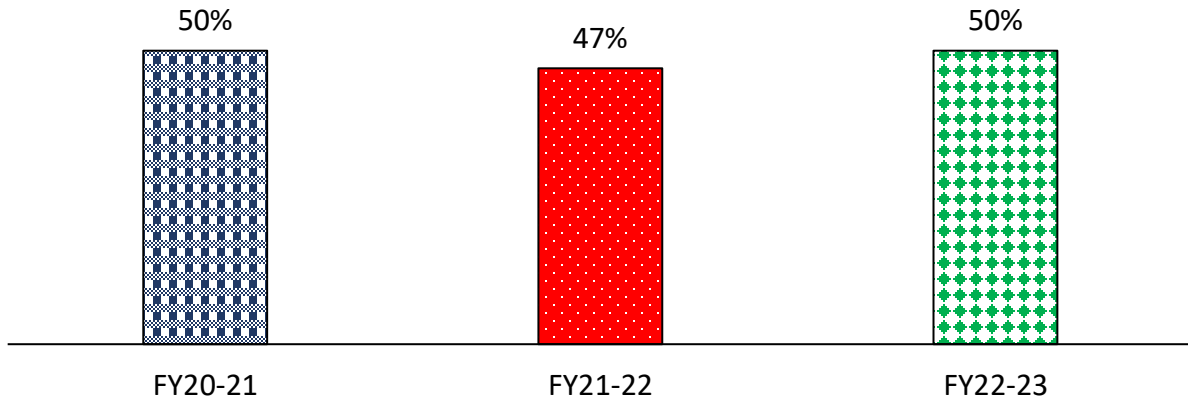
Source: IM4Q

### Percent of Individuals and Voting Status, by Race (PM 3)



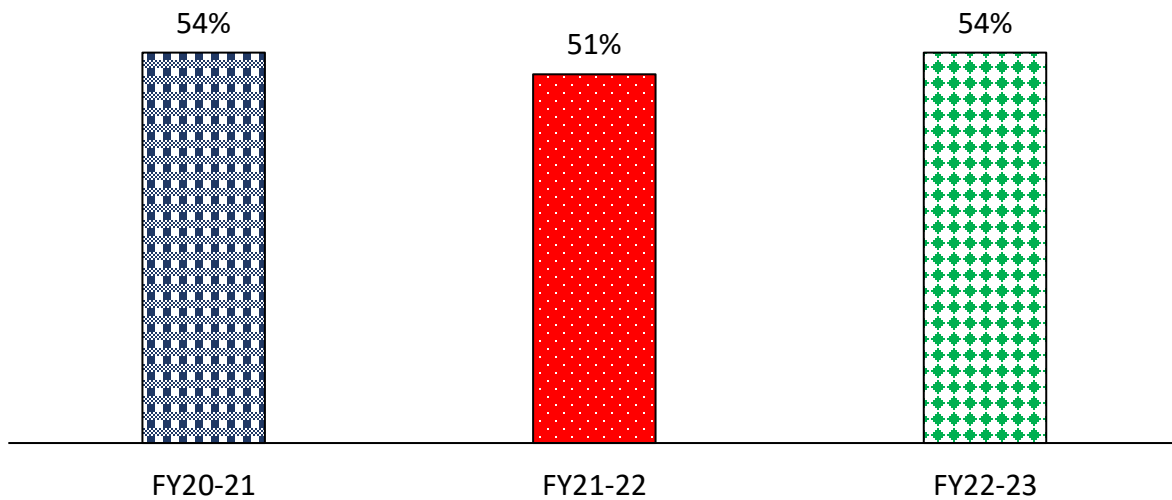
Source: IM4Q

**Percent of Individuals Who had a Key/Way to Get into Their House or Apartment on Their Own (PM 4)**



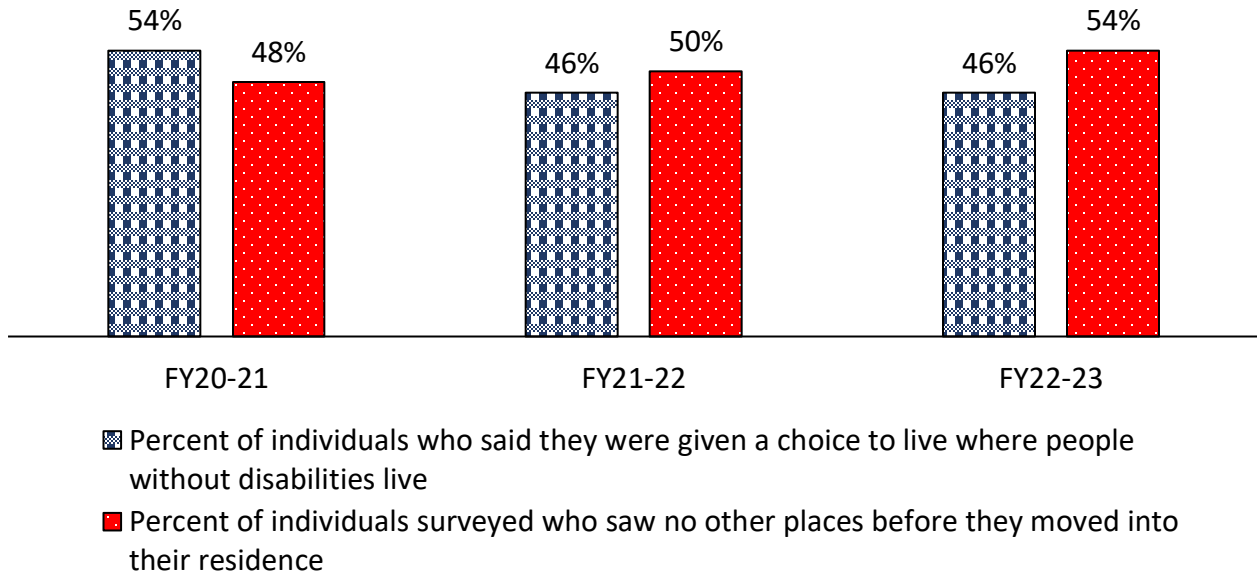
Source: IM4Q

**Percent of Individuals Who Reported They Chose What They Do During the Day (PM 5)**



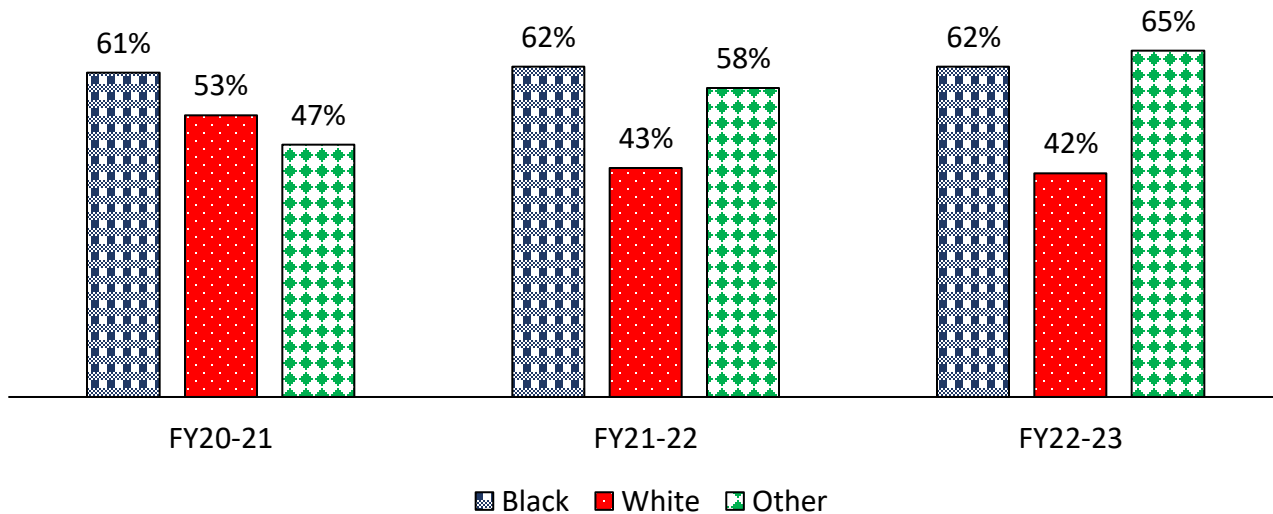
Source: IM4Q

### Percent of Individuals Who Reported They Have Choice and Control on Where to Live (PM 6 & 7)



Source: IM4Q

### Percent of Individuals Who Reported They Were Given a Choice to Live Where People without Disabilities Live, by Race (PM 6)



Source: IM4Q

**Note:** Percentages represent the portion within the race category who responded “yes” they were given a choice.





## Recommendation 3: Increase Employment

Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.

### ACCOMPLISHMENT HIGHLIGHTS *for #3*

- ✓ Continued partnership with the Office of Vocational Rehabilitation (OVR) to increase the number of annual Regional Employment Symposiums from 3 to 4, covering all ODP regions
- ✓ Provided a second year of employment data by race to each county/county joiner
- ✓ Continued partnership with the PA Department of Education (PDE), OVR, Pennsylvania Training and Technical Assistance Network (PaTTAN), Local Education Agencies (LEAs), Intermediate Units (IUs), and Centers for Independent Living (CILs) on the Pathways to Partnership Demonstration Model Grant
- ✓ Employment measures and Pay-for-Performance (P4P) milestones have been included for residential providers as part of Performance-Based Contracting (PBC)

### ACCOMPLISHMENTS IN DETAIL *for #3*

#### Increase in People with Competitive Integrated Employment (CIE) –

- ❖ There was an increase of 243 individuals, ages 18-64, who are competitively employed, from FY 22-23 (8,085) to FY 23-24 (8,328). (Due to an increase in overall enrollment numbers, the *percentage* with CIE remained at 18%.)

#### Regional Employment Symposiums –

- ❖ In May and June 2024, ODP hosted its second annual series of Employment Symposiums and increased the total number of symposiums from 3 to 4. The in-person symposiums offered tangible opportunities for networking, sharing resources and learning best practices for employer engagement, with the goal of working to increase employment rates for people with disabilities.
- ❖ The target audience for these symposiums included employees in leadership roles at County ID Programs/Administrative Entities (AEs), Supports Coordination Organizations (SCOs), providers of employment-related services, including community participation support (CPS) prevocational services. Staff from OVR district offices were also invited.

- ❖ Attendees had the opportunity to engage with speaker panels comprised of successfully employed individuals, their supports teams, and employers. Additionally, staff from ODP and OVR presented information on cross-system navigation when working with both offices.

#### **Dissemination of Employment Data by Race –**

- ❖ In September 2024, ODP released a second year of county specific data related to CIE, employment services, and employment goals, evaluated by race. ODP requested that each county/county joinder review their data and, for any significant disparities in rates of employment between races to determine if a reason for the disparities could be identified. As appropriate, counties were then asked to develop strategies to address systemic issues.
- ❖ ODP developed analysis guidance to assist counties in the evaluation of the CIE data provided to them, including identification of potential disparities or barriers. This guidance also offered information and support in utilizing quality management tools to address identified disparities or barriers and technical assistance from ODP's Regional Employment Leads.
- ❖ ODP distributed a survey to solicit feedback from the AE Employment Leads to learn more about existing disparities, plans to address disparities, and ways in which future reports and the provisions of technical assistance could be improved.

#### **Pathways to Partnership Demonstration Model Grant –**

- ❖ ODP continues to partner with OVR, PDE, PaTTAN, LEAs, IUs and PA federally funded Centers for Independent Living (CILs) on The Pennsylvania Transition Partners: Pathways to Partnership Demonstration Model. Pennsylvania was awarded \$9.9 million for this 5-year grant (October 2023 through September 2028) through the federal Disability Innovation Fund (DIF) Program. The federal DIF Program supports innovative activities aimed at increasing competitive integrated employment for youth and other individuals with disabilities.
- ❖ The goal of this grant is to improve the transition of youth with disabilities from the education system to the vocational rehabilitation system by increasing transition planning, work-based learning competencies, and work-based learning experience opportunities.
- ❖ In 2024, PDE, OVR, and ODP engaged in strategic planning meetings to coordinate and optimize the Charting the Life Course (CtLC) training initiatives. This included successfully conducting the CtLC Fundamentals training during the Pre-Conference for the July 2024 PA Community of Practice Transition Conference hosted by OVR and PaTTAN.

#### **Transition from Subminimum Wage to CIE –**

- ❖ ODP continues to partner with OVR to implement the Integrated Vocational Engagement and Supports Team (InVEST) project, a wraparound model for assisting individuals with disabilities, who are considering or currently engaged in employment for subminimum wage, to transition to CIE. Pennsylvania was awarded \$13.9 million for this 5-year project (October 2022 through September 2027) through the federal DIF Program.

- ❖ The following activities have been completed in the past year:
  - ✓ The InVEST Memorandum of Understanding (MOU) amendment has been successfully executed.
  - ✓ A contract with the PA Family Network has also been executed, with notable progress, including:
    - Recruitment and hiring of 5 InVEST Family Advisors who use their personal experiences and the CtLC Framework & Tools to help individuals and families chart their own course toward CIE, community integration, and independence.
    - Development of a Family Advisor region map.
    - Completion of the Virginia Commonwealth University web course “Introduction to Social Security” training by Family Advisors.
    - Initiation of outreach efforts by Family Advisors to 14c certificate holders to coordinate onsite visits and other opportunities. A 14(c) certificate holder is an employer authorized by the Wage and Hour Division under Section 14(c) of the Fair Labor Standards Act (FLSA) to pay subminimum wages to workers with disabilities.
    - Participation of PA Family Network and Family Advisors in community outreach events.
  - ✓ The Invitation to Qualify contract with the University of Missouri-Kansas City (UMKC) for the CtLC program has been finalized. This partnership includes:
    - Ongoing meetings among the Cross-System Collaboration teams (PDE, OVR, ODP) and UMKC to strategize statewide CtLC Person-Centered Planning trainings.
    - CtLC Trainings are scheduled for December 2024 through May 2025 in collaboration with UMKC.
  - ✓ Community Rehabilitation Provider contracts have been executed with Achieva for the Western Region and Kencrest/CIS for the Eastern Region.
  - ✓ A contract with the National Disability Institute (NDI) has been executed for Integrated Resource Team (IRT) trainings, which includes planning for Eastern Region training and preparing for statewide OVR training. Western Region training was completed in June 2024.
  - ✓ Sheetz has been identified as the Designated Employer for the West and Central regions.
  - ✓ Sheetz, Achieva, OVR and the ODP InVEST team made the following advancements:
    - Substance Use Disorder Project - Leadership for the national workgroup has been identified and deliverables for the grant term have been established.
    - The grant team has actively participated in conferences and presented on the InVEST project.
    - Ongoing, engagement in community events related to InVEST.
    - Outreach efforts to 14c providers conducted for InVEST.

- A dedicated InVEST webpage has been created on the OVR website.
- A QR code has been developed for the InVEST project to facilitate access to related resources.

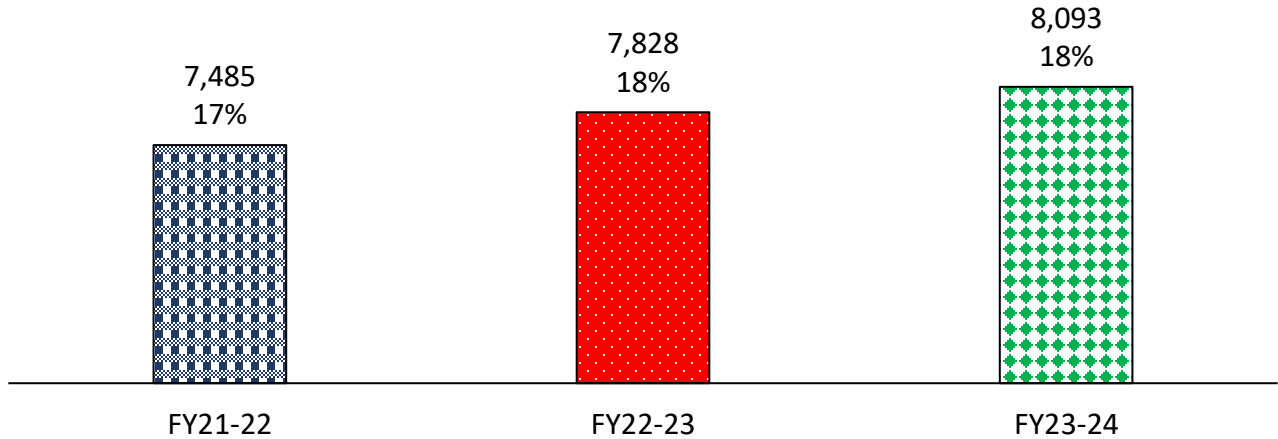
**PBC and P4P –**

- ❖ PBC performance standards published in Bulletin 00-24-01 include requirements for residential service providers to demonstrate a commitment to helping individuals obtain and maintain CIE through data collection and submission of a plan to improve CIE.
- ❖ Residential P4P details were announced in October to inform residential providers that they are eligible to receive additional payments to their fee schedule rate, for meeting or exceeding one or both of the following milestones related to employment:
  - Milestone 1: Submission of plan to increase CIE for working age individuals in residential program; and
  - Milestone 2: Increase CIE from agency baseline.

<b>PERFORMANCE MEASURES <i>for #3</i></b>
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1. Number and percent, overall and by race, of individuals ages 18-64, working in Competitive Integrated Employment. *(HCSIS)*
2. Number of individuals employed vs. number of individuals employed and authorized to receive ODP employment services. *(HCSIS)*
3. Number and percent of people, overall and by race, with authorized employment services and/or an employment goal in their ISP. *(HCSIS)*
4. Number of people receiving employment services. *(HCSIS)*
5. Percent of Administrative Entities (AE) having a designated employment lead. *(QA&I)*
6. Percent of SCs providing education and information to the individual about employment services. *(QA&I)*
7. Percent of people reporting their supports coordinators talked with them about employment at their most recent planning meetings. *(IM4Q)*
8. Number and percent of individuals enrolled with ODP and receiving subminimum wage. *(OVR Data Sharing Memorandum of Understanding)*

### Number and Percent of Individuals Ages 18-64 Working in CIE (PM 1)



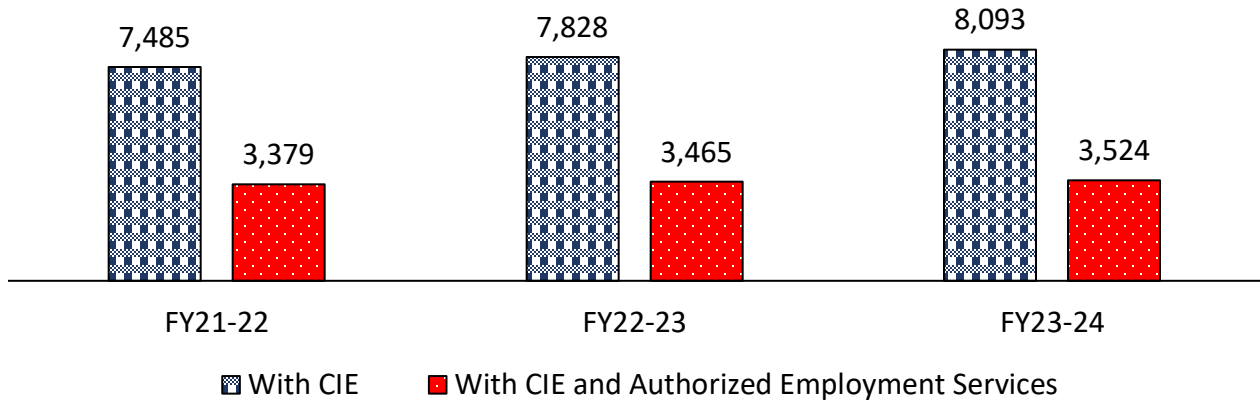
Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts  
Data extraction date: 12/23/2024

### Number and Percent of Individuals Ages 18-64 Working in CIE, by Race (PM 1)

	FY 21-22		FY 22-23		FY 23-24	
	Count	Percent	Count	Percent	Count	Percent
American Indian or Alaskan Native	<11	0.1%	<11	0.1%	<11	0.1%
Asian	83	1.1%	95	1.2%	117	1.4%
Black or African American	1,228	16.4%	1,262	16.1%	1,276	15.8%
Native Hawaiian or Other Pacific Islander	0	0%	<11	0%	<11	0.0%
White	5,701	76.2%	5,959	76.1%	6,155	76.1%
Other	411	5.5%	433	5.5%	464	5.7%
Unknown	24	0.3%	34	0.4%	30	0.4%
Multi-Race	29	0.4%	37	0.5%	38	0.5%
No To All Options	<11	0%	<11	0%	0	0%
<b>Total</b>	<b>7,485</b>	<b>100%</b>	<b>7,828</b>	<b>100%</b>	<b>8,093</b>	<b>100%</b>

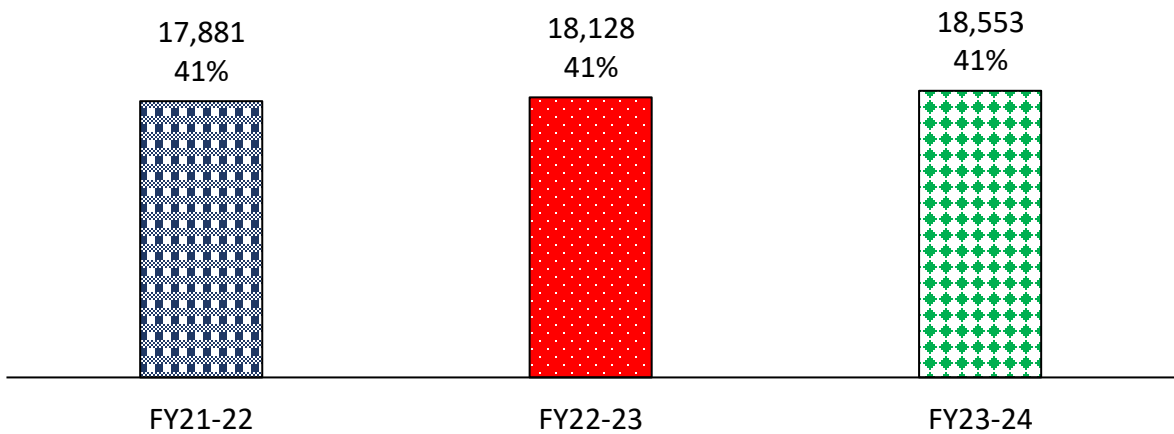
Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts  
Data extraction date: 12/23/2024

**Number of Individuals Employed in CIE vs Number of Individuals Employed in CIE and Authorized to Receive ODP Employment Services (PM 2)**



Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts  
 Data extraction Date: 12/23/2024

**Number and Percent of Individuals with Authorized Employment Services and/or an ISP Employment Goal (PM 3)**



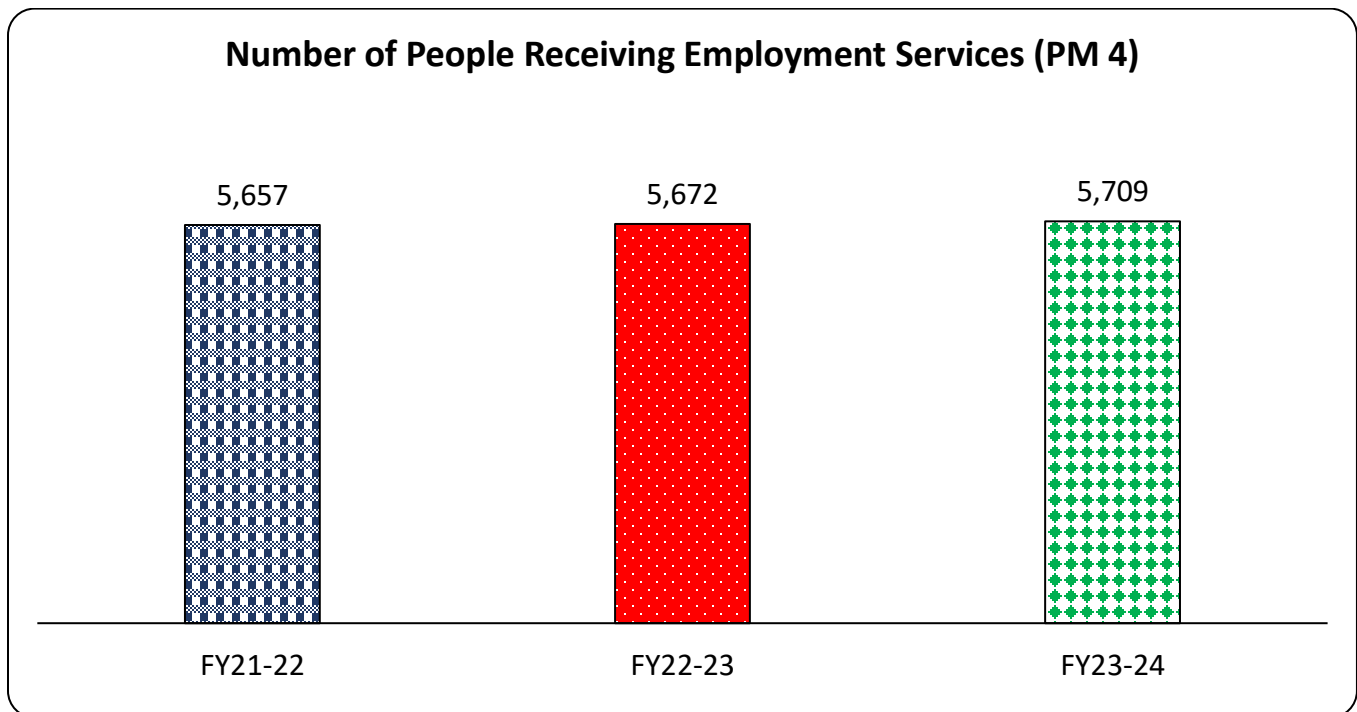
Source: EDW HCSIS Consumer Demographics Fact and SCO/Individual Monitoring Facts  
 Data extraction date: 12/23/2024

Number and Percent of Individuals with Authorized Employment Services and/or an ISP Employment Goal, by Race (PM 3)						
Race	FY20-21		FY22-23		FY23-24	
American Indian or Alaskan Native	29	0.1%	31	0.1%	29	0.2%
Asian	236	1.3%	269	1.5%	288	1.6%
Black Or African American	3,124	17.5%	3,218	17.8%	3,266	17.6%
Native Hawaiian or Other Pacific Islander Indicator	<11	0.03%	<11	0.03%	<11	0.0%
White	13,342	74.6%	13,414	74.0%	13,741	74.0%
Other	1,036	5.8%	1,072	5.9%	1,094	5.9%
Unknown	48	0.3%	50	0.3%	47	0.3%
Multi-Race	61	0.3%	68	0.4%	83	0.5%

Source: EDW HCSIS Consumer Demographics Fact and SCO/Individual Monitoring Facts

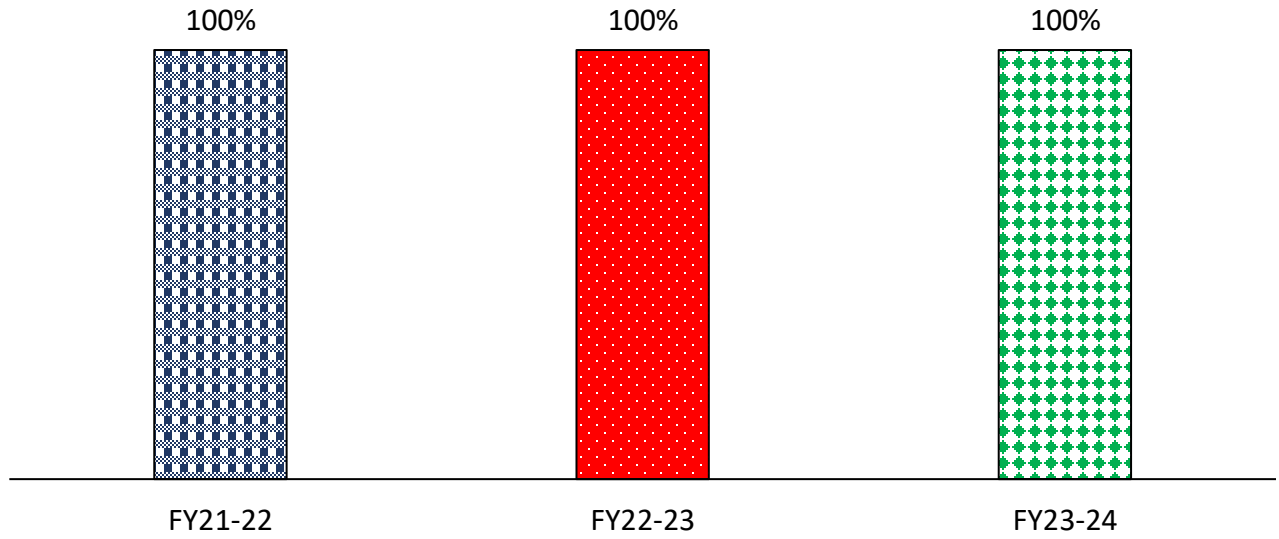
Data extraction date: 12/23/2024

**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes. Column totals are also not provided for privacy purposes.



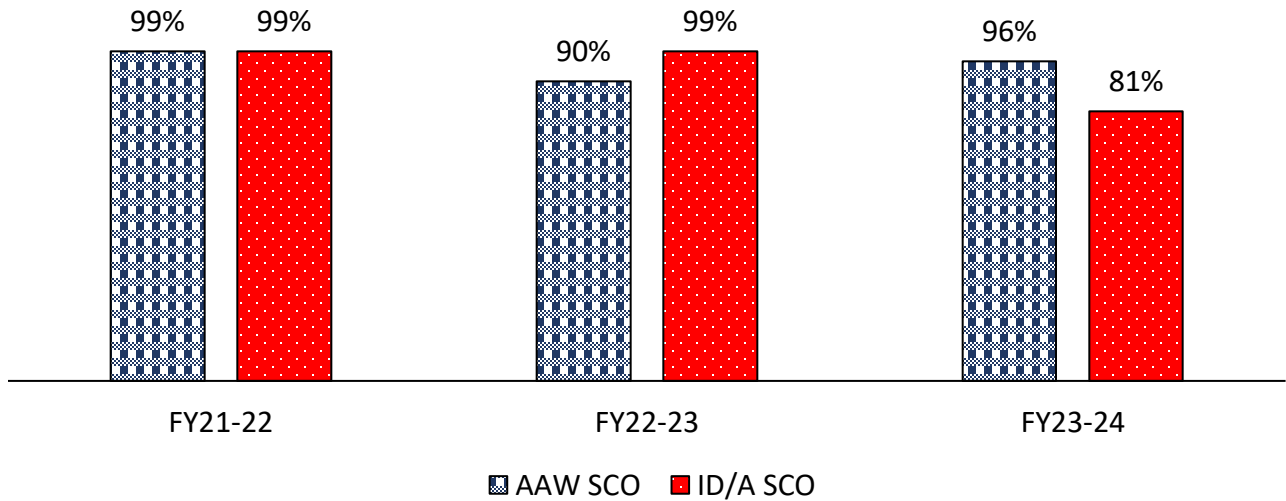
Source: Tableau, Expanded Authorizing Employment Services graph as of June 2024

### Percent of AEs with a Designated Employment Lead (PM 5)



Source: QA&I

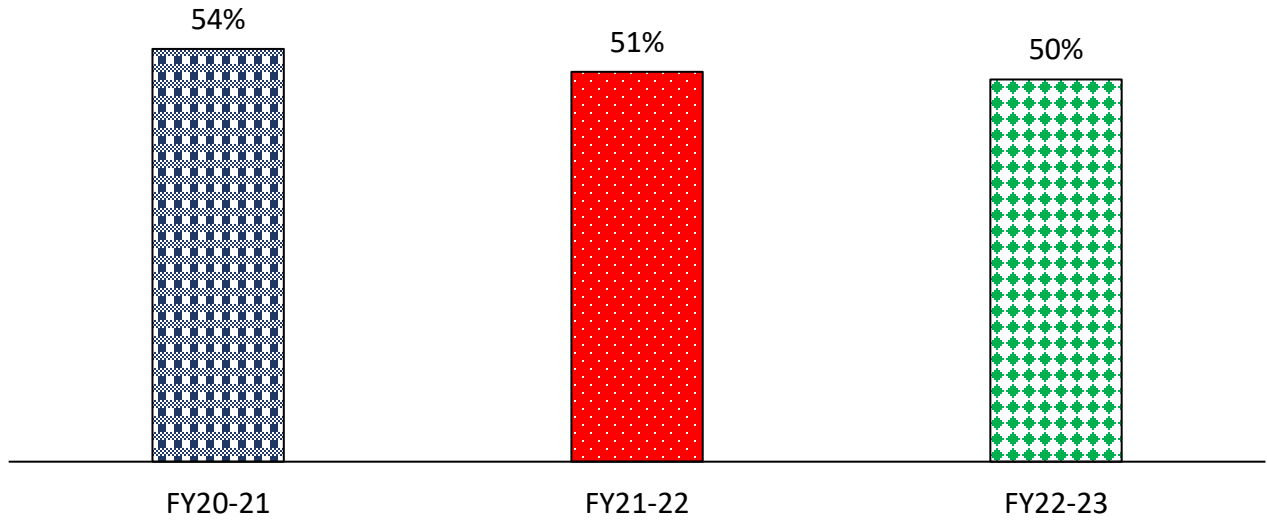
### Percent of SCs Providing Education and Information about Employment Services (PM 6)



Source: QA&I

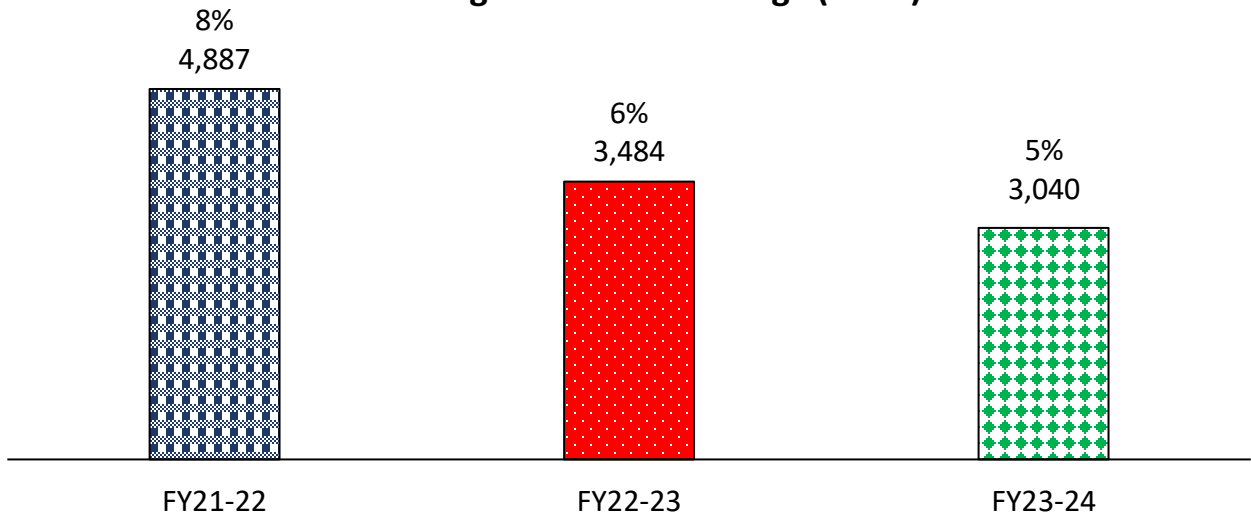


**Percent of Individuals Who Reported SC Talked to Them About Employment in the Planning Meeting (PM 7)**



Source: IM4Q

**Number and Percent of Individuals Enrolled with ODP and Receiving Subminimum Wage (PM 8)**



Source: OVR Data Sharing Memorandum of Understanding



## Recommendation 4: Support Families throughout the Lifespan

The vast majority of people with disabilities in Pennsylvania live with their families. Families need support in order to make an everyday life possible throughout the person's lifetime. Families need information, resources, and training. They need connections with other families and support services. Listening to people with disabilities and their families is key to providing supports that help them achieve an everyday life.

### ACCOMPLISHMENT HIGHLIGHTS *for #4*

- ✓ PA Family Network continued to virtually conduct workshops and hosted events for connecting and networking
- ✓ ODP hosted the 5<sup>th</sup> Regional Collaborative Summit for 120+ people featuring the Community of Practice (CoP) for Supporting Families Across the Lifespan
- ✓ ODP hosted the 4<sup>th</sup> annual PA Charting the LifeCourse (CtLC) Ambassador and Champion Event
- ✓ In partnership with the Office of Vocational Rehabilitation (OVR) and the Pennsylvania Department of Education (PDE), ODP co-hosted a CtLC kickoff event at the Secondary Transition Conference

### ACCOMPLISHMENTS IN DETAIL *for #4*

#### Collaborated with Communities, Stakeholders, and Cross-System Partners –

- ❖ ODP hosted the 5<sup>th</sup> Regional Collaborative Summit for 120+ people and the 4<sup>th</sup> annual CtLC Ambassador and Champion Event.
- ❖ ODP continued to hold quarterly Innovation Workgroup calls for all interested stakeholders on diverse topics such as employment, self-advocacy, and family engagement.
- ❖ ODP continued to host quarterly trainings for professionals on CtLC.
- ❖ In partnership with OVR and PDE, ODP co-hosted a CtLC kickoff event at the Secondary Transition Conference as part of the efforts in 2 Disability Innovation Fund grants awarded to OVR including:
  - ✓ InVEST, PA's Sub-minimum Wage to Competitive Integrated Employment (SWtCIE) project
  - ✓ Pathways to Partnership, an innovative 3 component model of transition services

- ❖ **Regional Collaboratives and Administrative Entities (AEs)** engaged in many activities to support the objectives of CoP, including, but not limited to:
- ✓ **Central Region Collaborative:** Co-lead took part in planning for the Transition Conference in State College in August; the planning team used the LifeCourse framework to design programs and presentations for the conference; also, the Supports Coordination Organization (SCO) lead is designing a presentation specific to the SCO's requests for targeted training and technical assistance.
  - ✓ **Northeast Region Collaborative:** During quarterly meetings, the collaboratives network and exchange ideas; email sharing will start soon to highlight CoP events and activities.
  - ✓ **Western Region:** Facilitated quarterly meetings with AEs and SCOs, SAU1 and PA Family Network. During these meetings 1 or 2 collaboratives described their activities to support self-advocates and families, promoting learning and connection with each other. Many collaboratives were encouraged to, and added, community members to their groups. Several AEs hired a family coordinator/liaison dedicated to support families using the LifeCourse Framework to help them get what they need, especially those with individuals engaged with multiple systems; several SCOs pursued the Nexus Ambassador training for staff and 1 SCO is planning to send all of their SC supervisors for Ambassador training.
  - ✓ **Berks/Schuylkill:** Has been supporting the IM ABLE Foundation, which awards grants for sports-related adaptive equipment and provides advocacy for those with disabilities; Berks received a plaque from IM ABLE for being a consistent supporter of their mission.
  - ✓ **Blair:** Encouraging and supporting the development of a new regional collaborative.
  - ✓ **Bucks:** Focused on supporting families by meeting monthly with AEs, engaging families in discussions to receive funding from the county, and planning future events; also, plan to partner with local businesses to hire individuals with ID based on the model Chester County launched.
  - ✓ **Carbon/Monroe/Pike:** Joined other local groups and attended community events to publicize their work and increase diverse representation at their meetings; also, planning a resource fair to offer supports and connections to self-advocates and families.
  - ✓ **Centre:** Partnering with Central Region Office (CRO) CoP Leads to develop a LifeCourse training day for county school districts.
  - ✓ **Chester:** Focused on employment and developing relationships with businesses to hire individuals with ID, with parents joining the effort to speak with business owners about their children that were hired through this partnership; connected with job coaching, Rotaries, Christian Business Association to further the employment initiative; held a self-determination awards luncheon with over 250 attendees in September.
  - ✓ **Delaware:** Focused on transitioning children by partnering with local school districts, attending back-to-school nights with parents, offering "college connect" to families with

children transitioning to adulthood, and developing an ongoing transition coalition of school districts along with a designated person to assist with the graduation process.

- ✓ **Franklin/Fulton/York/Adams:** Supporting the revitalization of the regional collaborative.
- ✓ **Lehigh/Northampton:** Continued to offer informative sessions for families and self-advocates, including topics such as internet safety, employment, and how to research providers.
- ✓ **Montgomery:** Focused on building new relationships by partnering with Integrate for Good, for an open house to learn about services for empowerment, leadership, and volunteer work (some paid opportunities available) for those who are on the CPS waiting list; partnered with Ursinus College around advocacy and a plan to meet once a month; also, conducted several events, including a back-to-school night and a resource fair.
- ✓ **Philadelphia:** Focused on supporting families by hosting a fall festival/block party with over 40 vendors, featuring SPIN’s Choir, this event focused on Networking, providing resources support/services available to support families around LifeSharing, and Employment; also, partnered with InVEST and PA Family Network for this event and will host a similar event in the Spring of 2025.

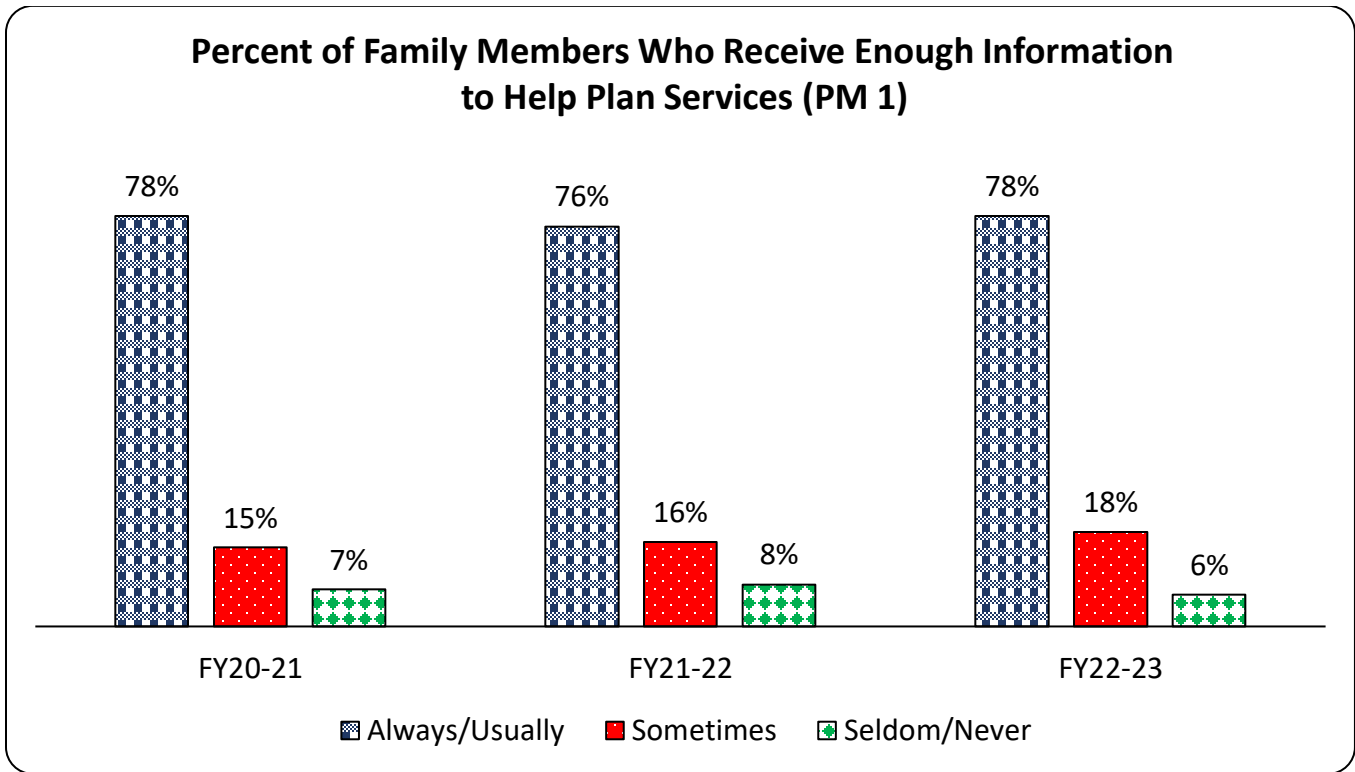
#### **Championed the Work of PA Family Network Partners–**

- ❖ Worked with PA Family Network management and Family Advisors to accomplish the following:
  - ✓ Delivered over 500 hours of mentoring to families and their loved ones
  - ✓ Reached over 5,200 stakeholders
  - ✓ Held 18 LifeCourse workshops and 12 Good Life Group meetings for adult siblings
  - ✓ Held 40 Waiver workshops
  - ✓ Held 58 workshops with simultaneous Spanish interpretation on Participant Directed Services, Technology, Wellness, and Resilience.
  - ✓ Held 40 LifeCourse workshops
  - ✓ Produced a podcast, “Life Without Limits,” and featured the work on multiple social media platforms, including Facebook and TikTok

### **PERFORMANCE MEASURES *for #4***

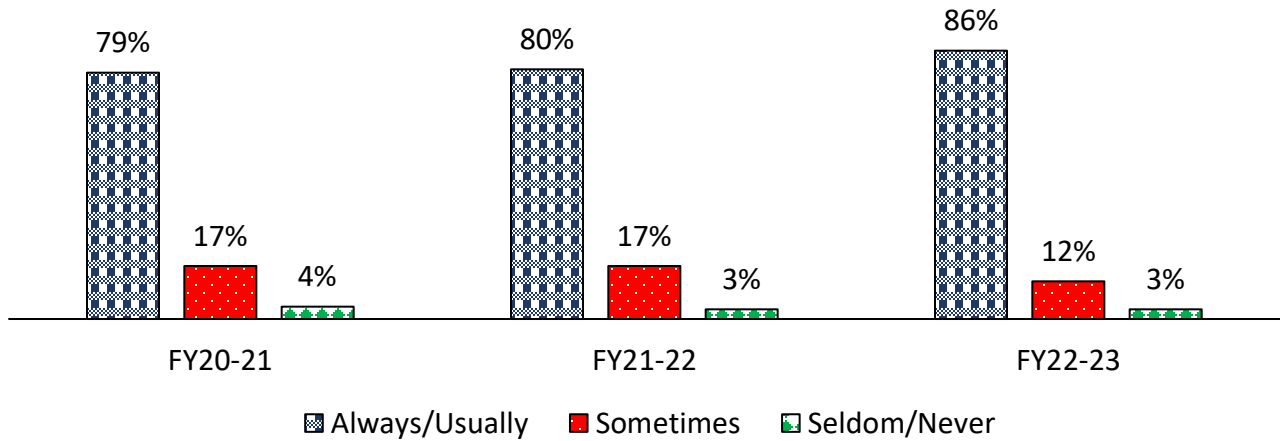
1. Percent of family members who receive enough information that helps them participate in planning services for their family. *(NCI PA Adult Family Survey)*
2. Percent of family members who report that the information received is easy to understand. *(NCI PA Adult Family Survey)*

3. Percent of family members, overall and by race, reporting the Supports Coordinator tells them about other public services for which their family is eligible (food assistance, SSI, housing subsidies, etc.). (NCI PA Adult Family Survey)
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages. (IM4Q)
5. Percent of relatives who said they were aware of the PA Family Network. (IM4Q)
6. Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors. (IM4Q)
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process. (IM4Q)
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools. (IM4Q)
9. Percent of relatives, overall and by race, who reported the Supports Coordinator asks about their vision for an everyday life for their family member. (IM4Q)



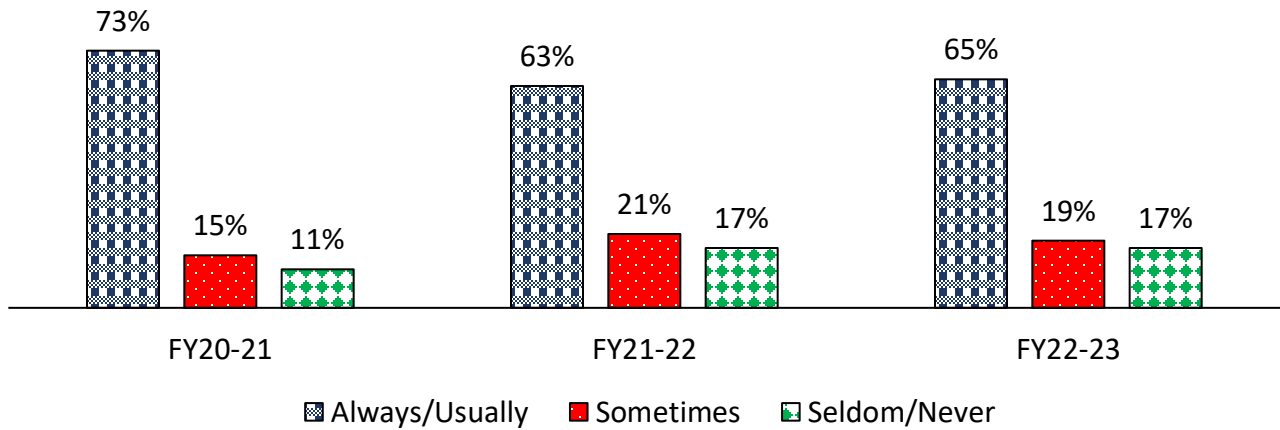
Source: National Core Indicators (NCI) PA Adult Family Survey

**Percent of Family Members Who Report Information About Services is Easy to Understand (PM 2)**



Source: NCI PA Adult Family Survey

**Percent of Family Members Who Report SCs Tell Them about Other Public Services (PM 3)**

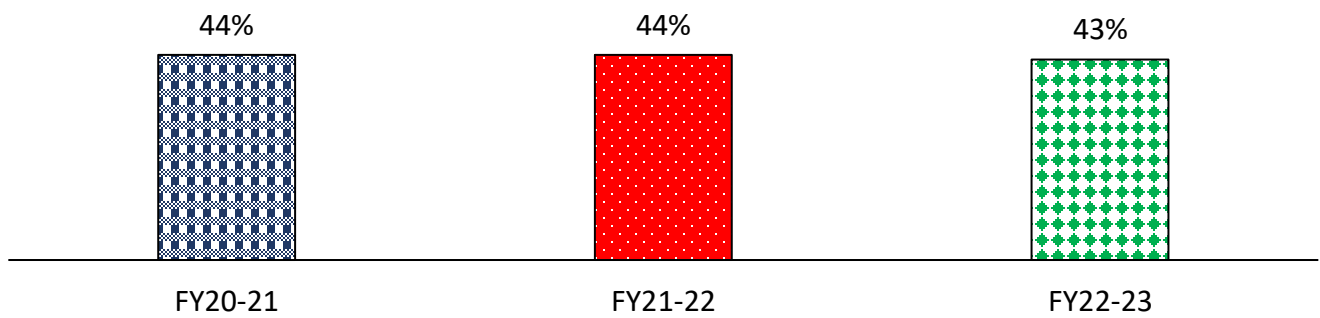


Source: NCI PA Adult Family Survey

<b>Percent of Family Members Who Report SCs Tell Them about Other Public Services, by Race (PM 3)</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>
Black or African American	75%	71%	64%
White	67%	79%	73%
Other	75%	70%	68%

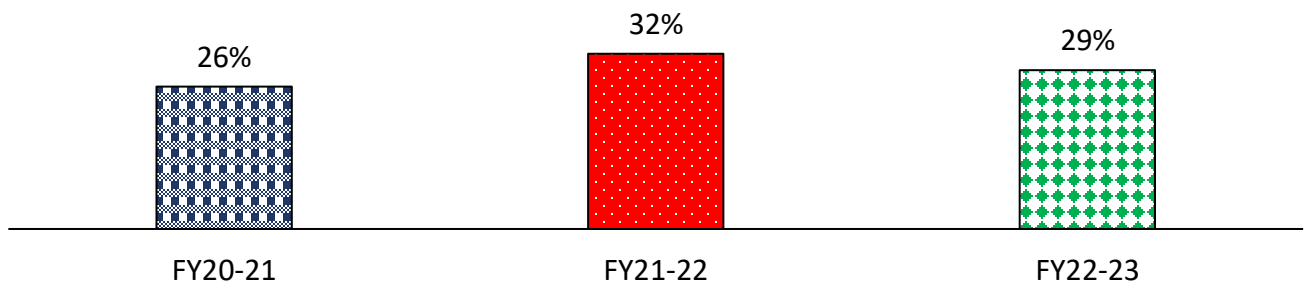
Source: NCI PA Adult Family Survey

**Percent of Relatives Who Reported They have an Opportunity to Connect and Network with Other Families with Relatives at Similar Life Stages (PM 4)**



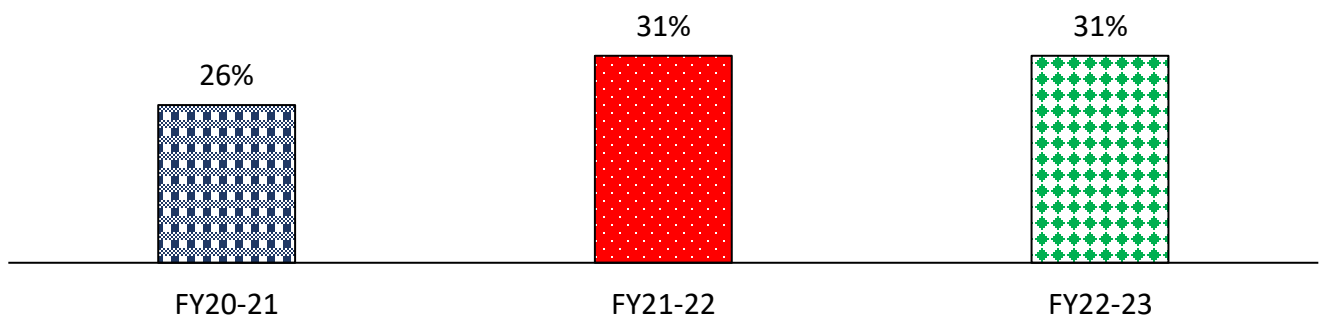
Source: IM4Q

**Percent of Relatives Who Said They were Aware of the PA Family Network (PM 5)**



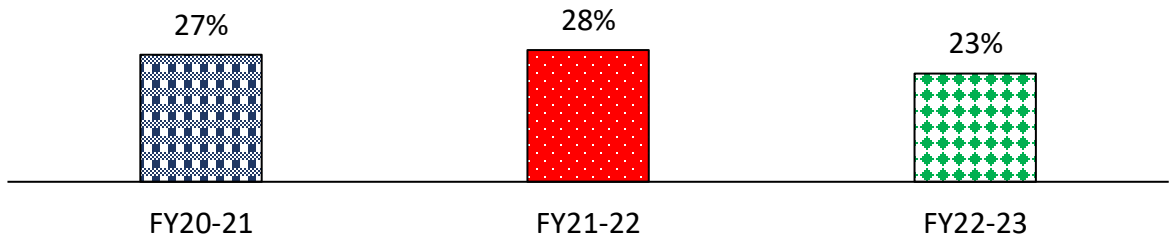
Source: IM4Q

**Of Those Relatives Who Said They were Aware of the PA Family Network, the Percent Who Reported They had Attended a Workshop Led by the Network of Family Advisors (PM 6)**



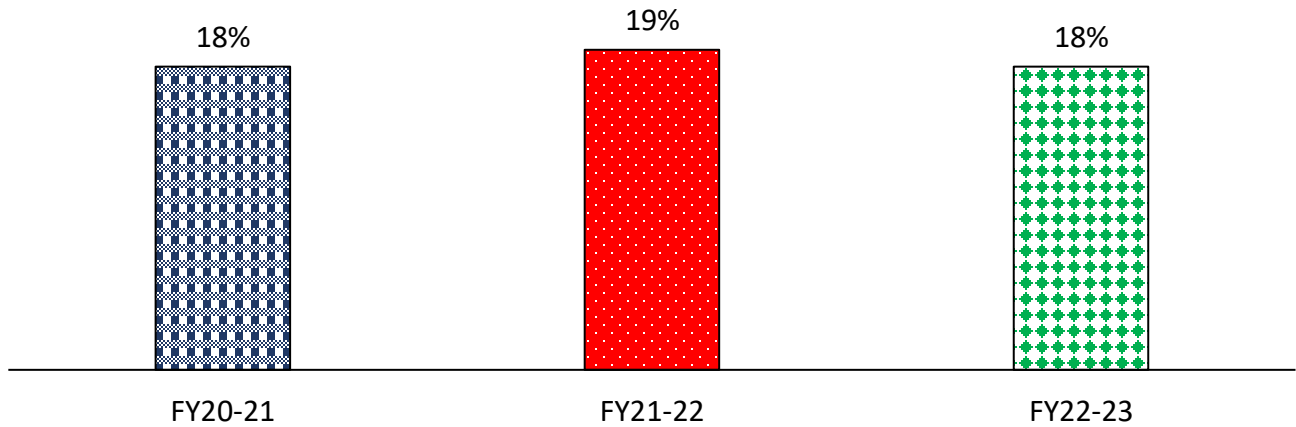
Source: IM4Q

**Percent of Respondents whose Family Member Transitioned from School to Adult Services in the Past Year were Happy with the Process (PM 7)**



Source: IM4Q

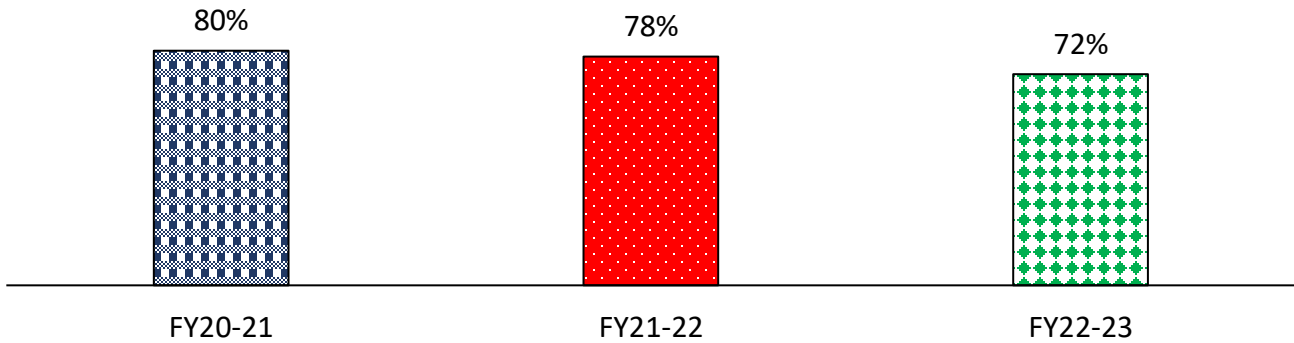
**Percent of Respondents who Reported They Learned about the Life Course Framework and Tools (PM 8)**



Source: IM4Q

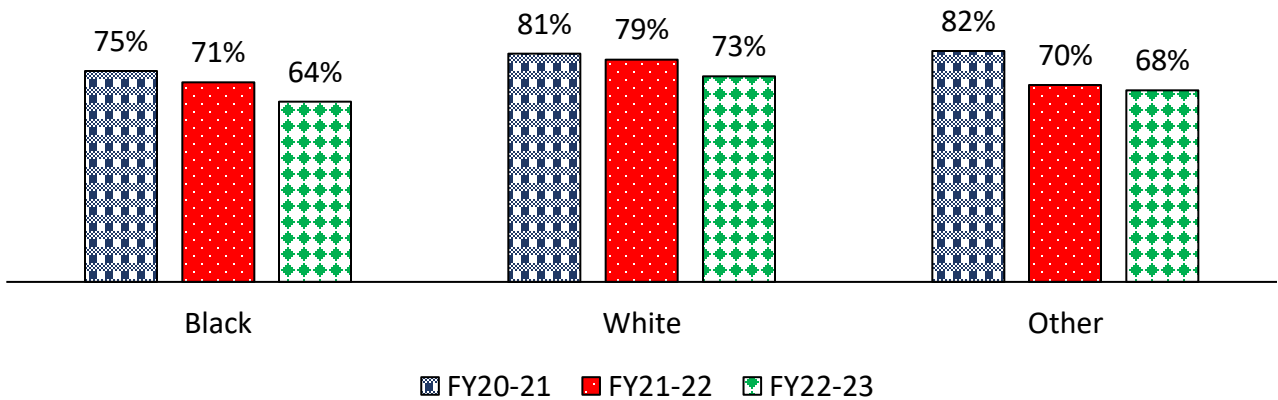


**Percent of Relatives Who Report That the SC Asks about Their Vision for an Everyday Life for Their Family Member (PM 9)**



Source: IM4Q

**Percent of Relatives who Report the SC Asks about their Vision for an Everyday Life for their Family Member, by Race (PM 9)**



Source: IM4Q



## Recommendation 5: Promote Health, Wellness, and Safety

Promote physical and mental health, wellness, and personal safety for every individual and his or her family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Tools that help every individual adopt a healthy lifestyle — including good nutrition, healthy diets, physical activity, and strategies to reduce and manage stress and protect oneself from all types of abuse and exploitation — must be provided.

### ACCOMPLISHMENT HIGHLIGHTS *for #5*

- ✓ Initiated a new waiver service, *Specialty Telehealth and Assessment Team (STAT)*, with a qualified provider in March 2024 resulting in 94% of service calls with treatment-in-place outcomes thus avoiding approximately 2,000 emergency room visits.
- ✓ Began implementation of *Move Your Way*, a statewide initiative to promote physical activity among ODP’s stakeholders
- ✓ Continued outreach regarding the *Skin Integrity Project* to promote awareness of pressure injuries

### ACCOMPLISHMENTS IN DETAIL *for #5*

#### Specialty Telehealth and Assessment Team (STAT) –

- ❖ Initiated availability of this new waiver service in March 2024. There is one qualified provider currently and over 2,500 enrolled service recipients as of November 2024. This service allows for the provision of right-on-time health assessments to determine the best clinical course of action when the participant’s primary care physician is unavailable or unable to determine best course of action.
  - ✓ The goal of this service is to avoid unnecessary emergency room visits.
  - ✓ Providers can communicate with the emergency department directly, ensuring advance preparation for a visit and decreasing the chances of hospital admission.
  - ✓ This service is consultative and provides disability-specific advice on when best to seek additional or in-person medical treatment for the participant.
  - ✓ From March through December 2024, there were 2,141 calls placed to the service provider. Of those, 2,021 (94%) resulted in treatment-in-place and 120 resulted in a recommendation for a higher level of care.

#### Health Risk Screening Tool (HRST) –

- ❖ HRST continues to be useful in identifying health risks, including risks associated with Fatal Five health conditions.

- ❖ Implemented in 2019, nearly 14,000 individuals receiving residential services have been screened as of October 2024.

#### **Skin Integrity Project –**

- ❖ Continued to promote awareness of pressure injuries—also referred to as pressure ulcers, pressure wounds, bed sores or decubiti—as part of ongoing efforts to ensure participant health and safety.
- ❖ This initiative is an ongoing project informed by claims data and direct outreach by the Health Care Quality Units (HCQUs).
- ❖ November 21, 2024, was recognized by Governor Josh Shapiro as Pressure Injury Awareness Day.

#### **Infection Prevention Specialist Support –**

- ❖ Concluded the initiative to provide infection prevention specialist support via funding obtained to “prevent, prepare for, and respond to coronavirus” through PA’s Department of Health (DOH), from a Centers for Disease Control and Prevention (CDC) grant. This initiative helped to build upon existing infrastructure and grow capacity with HCQUs.
- ❖ Provided information related to infectious disease concerns, including COVID-19, via town hall meetings and information distribution on best practices and policy review for providers.

#### **Children with Medically Complex Conditions –**

- ❖ ODP continued collaboration with Office of Medical Assistance Programs and the HCQUs to launch the Pediatric Complex Care Resource Centers (PCCRCs) to increase capacity to support children with complex medical conditions and to support caregivers in the non-medical aspects of supporting a child with complex medical conditions receiving in-home nursing services. The purpose of the services of the PCCRCs are to meet the needs for information and support through focused services to build family and caregiver capacity and efficacy. As of July 1, 2024, contracts are in place for 6 PCCRCs covering all 67 counties.

#### **Outreach for Healthy Living –**

- ❖ Continued to develop outreach to promote health and wellness through multiple training sessions via the HCQUs.

#### **Move Your Way, an Initiative to Promote Physical Activity –**

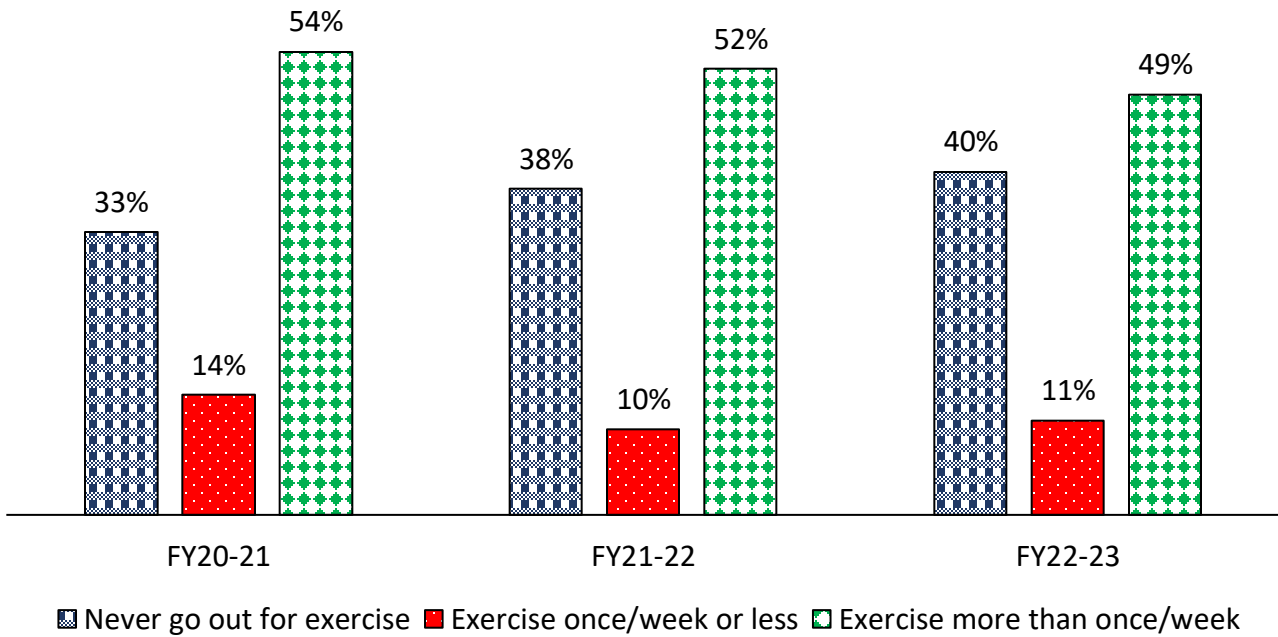
- ❖ ODP launched Move Your Way, an initiative to promote physical activity among stakeholders, in recognition that improved health status increases resilience and improves quality of life.
- ❖ ODP worked in cooperation with the Office of Disease Prevention and Health Promotion (ODPHP), US Department of Health and Human Services (HHS), which originally developed the Move Your Way Campaign. ODP intends to better adapt the campaign to create materials more representative and more targeted for an IDD population.

- ❖ Special Olympics Pennsylvania and the HCQUs have been partners in promoting Move Your Way events.

## PERFORMANCE MEASURES *for #5*

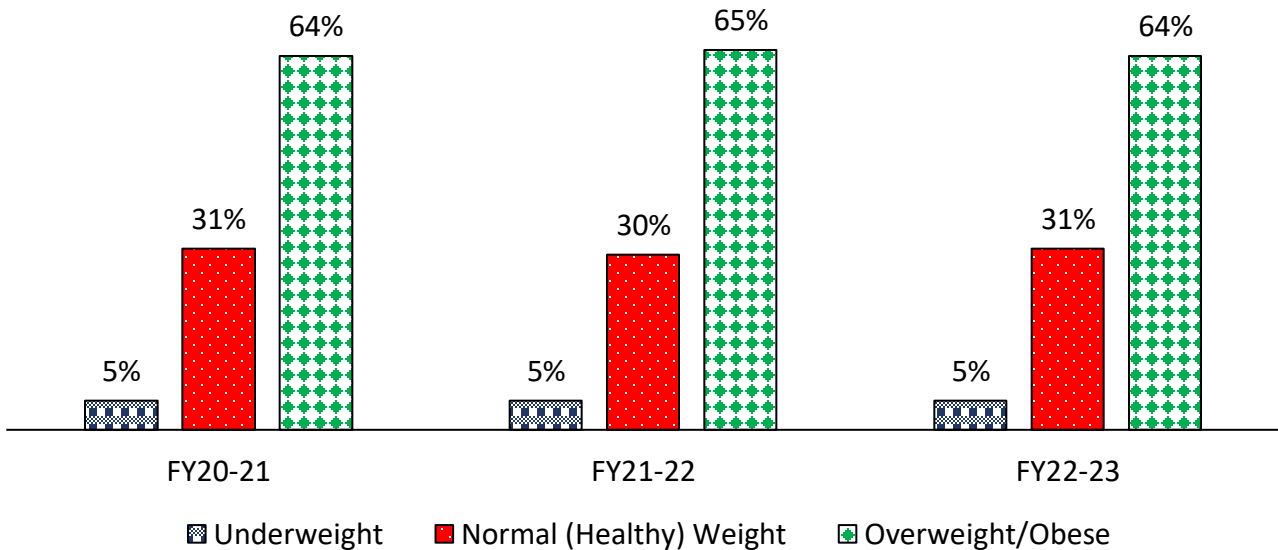
1. Regarding monthly exercise, percent of individuals who report they:
  - Never go out for exercise.
  - Exercise less than weekly.
  - Exercise once a week.
  - Exercise more than once a week. *(IM4Q)*
2. Percent of individuals, overall and by race, who are underweight, normal weight, overweight, and obese. *(NCI PA In-Person Survey)*
3. Percent of individuals, overall and by race, with medical, dental, and eye exams in the past year. *(NCI PA In-Person Survey)*
4. Percent of individuals who report that communication in their doctor's office is effective, including:
  - Percent who report if they needed help communicating at the doctor's office, it was available
  - Percent who reported they have the opportunity to discuss health with their primary care provider
  - Percent who reported their doctor speaks directly to them during appointments
  - Percent who feel they understood their doctors' instructions
  - Percent who reported they feel their doctor understands them. *(IM4Q)*
5. When asked how hard it is to get dental services in their community, percent of individuals, overall and by race, who reported it was very easy or easy, in-between, or very hard or hard. *(IM4Q)*
6. Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities. *(IM4Q)*
7. Percent of individuals in residential services with diabetes, hypertension and/or obesity. *(HRST)*
8. Number of individuals identified to have a pressure injury, overall and by race. *(Medicaid Claims Data)*
9. Percent of individuals who reported they do not have a psychiatrist but want one. *(IM4Q)*
10. Percent of individuals who reported they are able to provide consent for medical treatment. *(IM4Q)*
11. Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent. *(IM4Q)*

### Percent of Individuals Who Exercise (PM 1)



Source: IM4Q

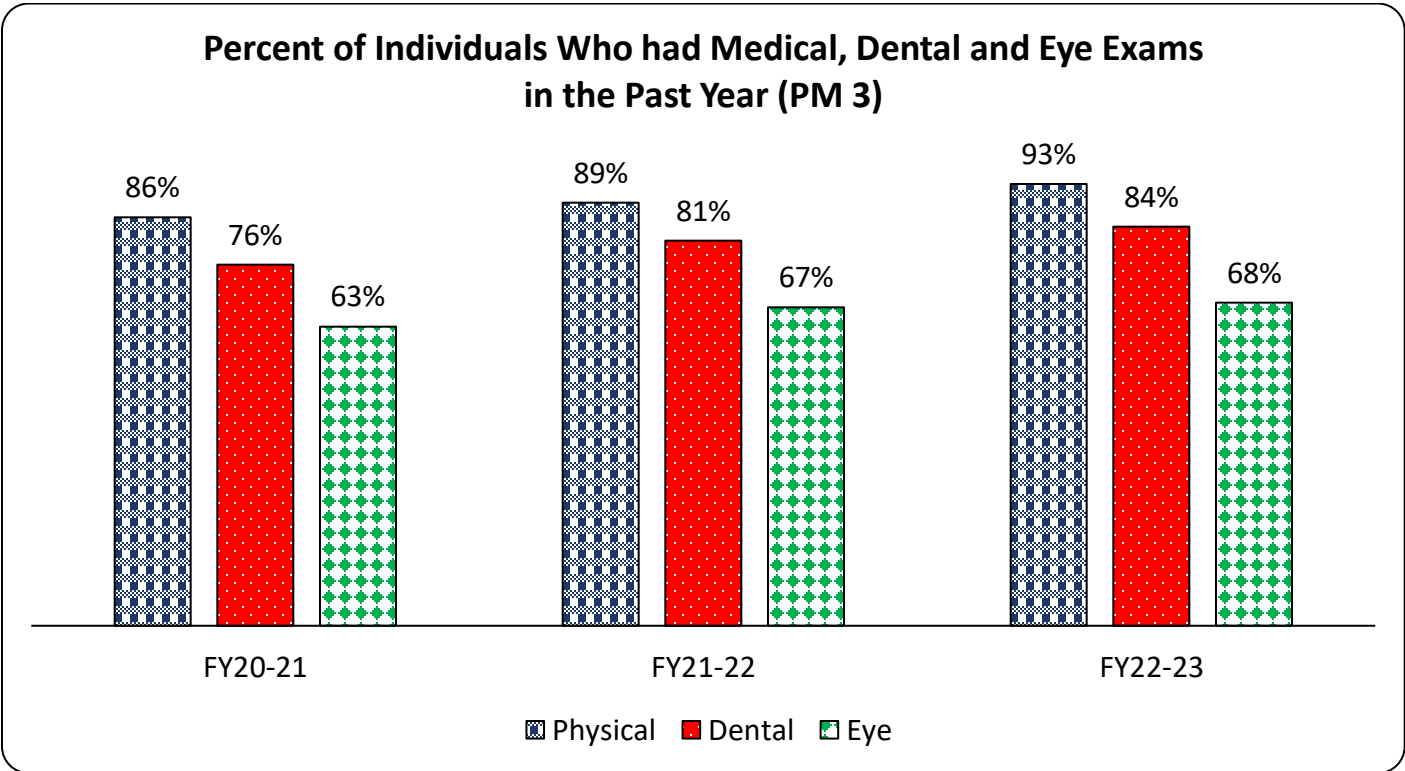
### Percent of Individuals who are Underweight, Normal Weight, Overweight, or Obese (PM 2)



Source: NCI PA In-Person Survey

Percent of Individuals Who are Underweight, Normal Weight, Overweight, or Obese, by Race (PM 2)									
	FY 20-21			FY 21-22			FY 22-23		
	Black	White	Other	Black	White	Other	Black	White	Other
<b>Underweight</b>	5%	4%	20%	2%	4%	13%	3%	5%	50%
<b>Normal</b>	35%	30%	40%	26%	31%	38%	33%	32%	0%
<b>Overweight</b>	23%	27%	20%	33%	33%	13%	27%	29%	50%
<b>Obese</b>	37%	39%	20%	38%	33%	38%	37%	34%	0%

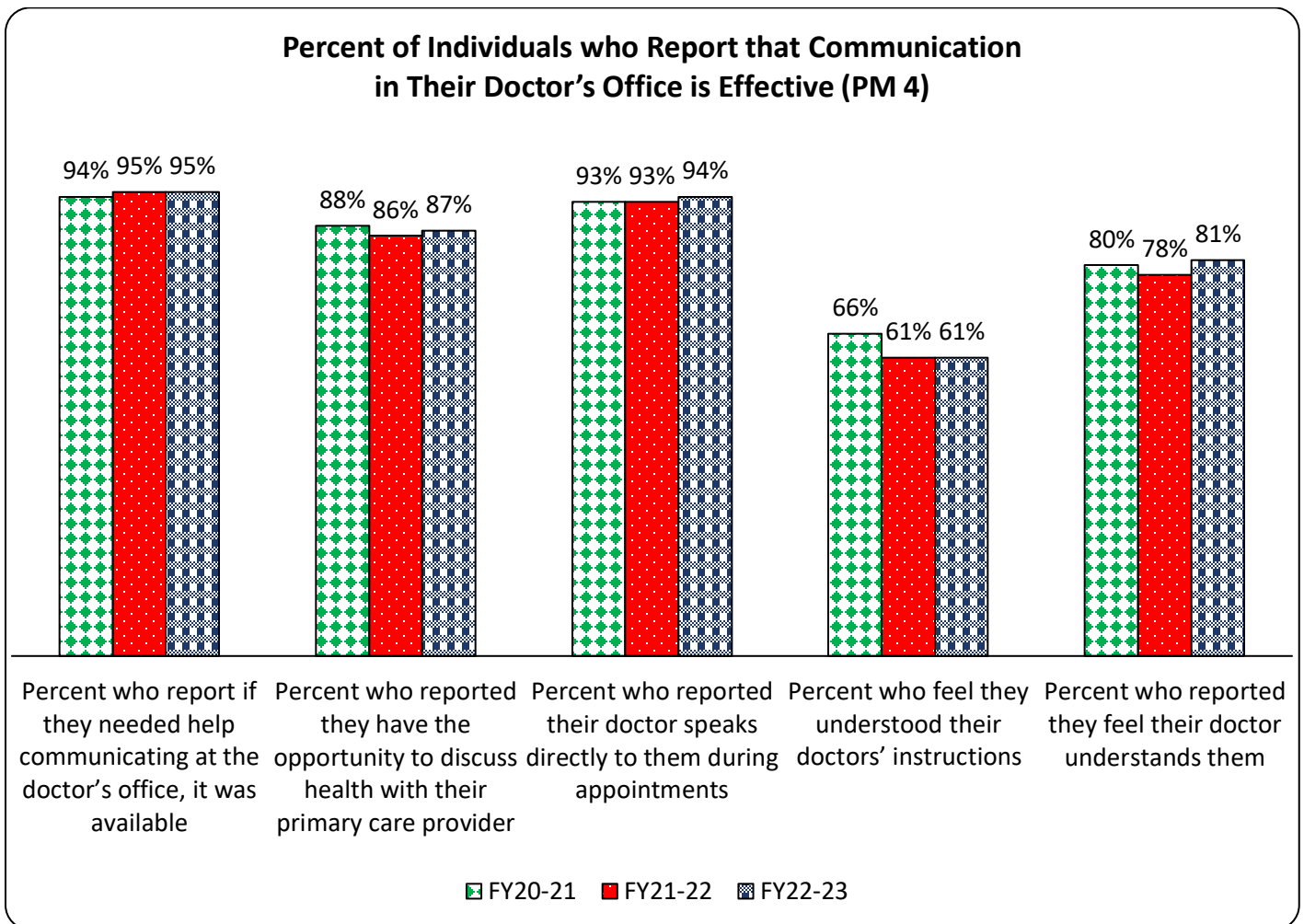
Source: NCI PA In-Person Survey



Source: NCI PA In-Person Survey

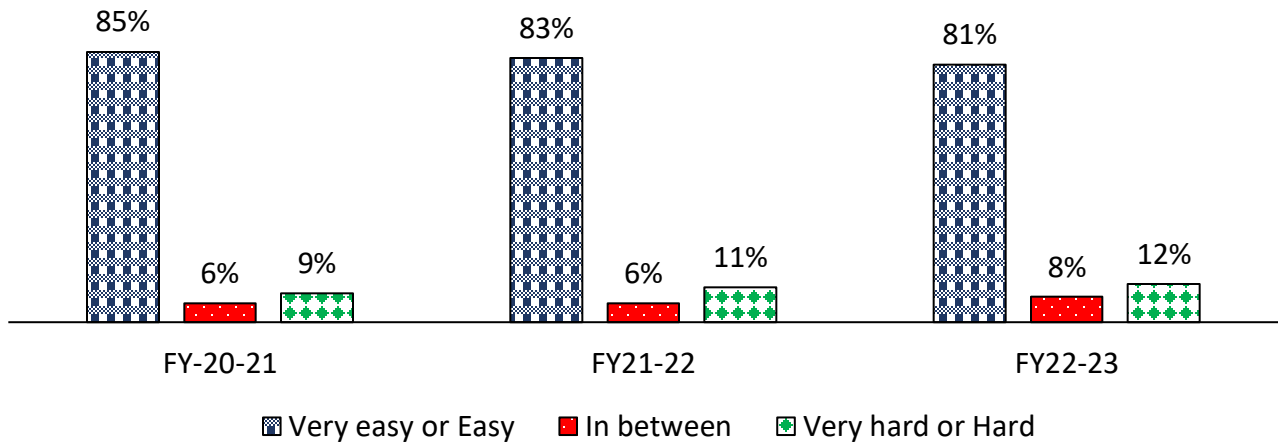
Percent of Individuals Who had Medical, Dental and Eye Exams in the Past Year, by Race (PM 3)									
	FY 20-21			FY 21-22			FY 22-23		
	Black	White	Other	Black	White	Other	Black	White	Other
<b>Physical Exam</b>	74%	84%	62%	90%	89%	76%	91%	94%	83%
<b>Dental Exam</b>	68%	70%	43%	76%	83%	64%	79%	85%	84%
<b>Eye Exam</b>	55%	50%	40%	64%	68%	61%	60%	68%	68%

Source: NCI PA In-Person Survey



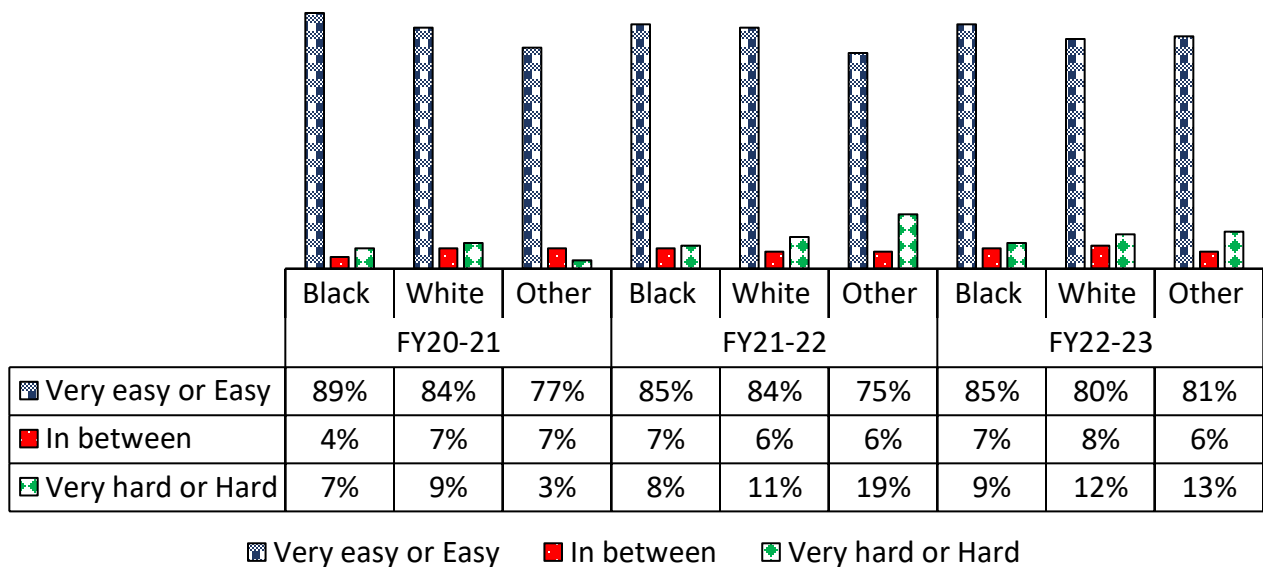
Source: IM4Q

**Percent of Individuals Who Reported it was Very Easy or Pretty Easy, In-between, or Hard or Very Hard to Access Dental Services (PM 5)**



Source: IM4Q

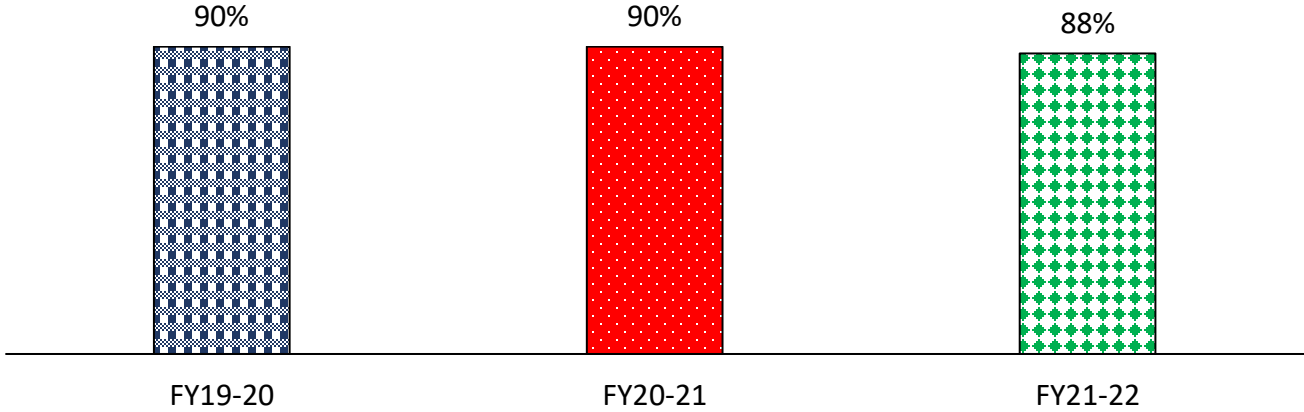
**Percent of Individuals Who Reported it was Very Easy or Pretty Easy, In-between, or Hard or Very Hard to Access Dental Services, by Race (PM 5)**



Source: IM4Q

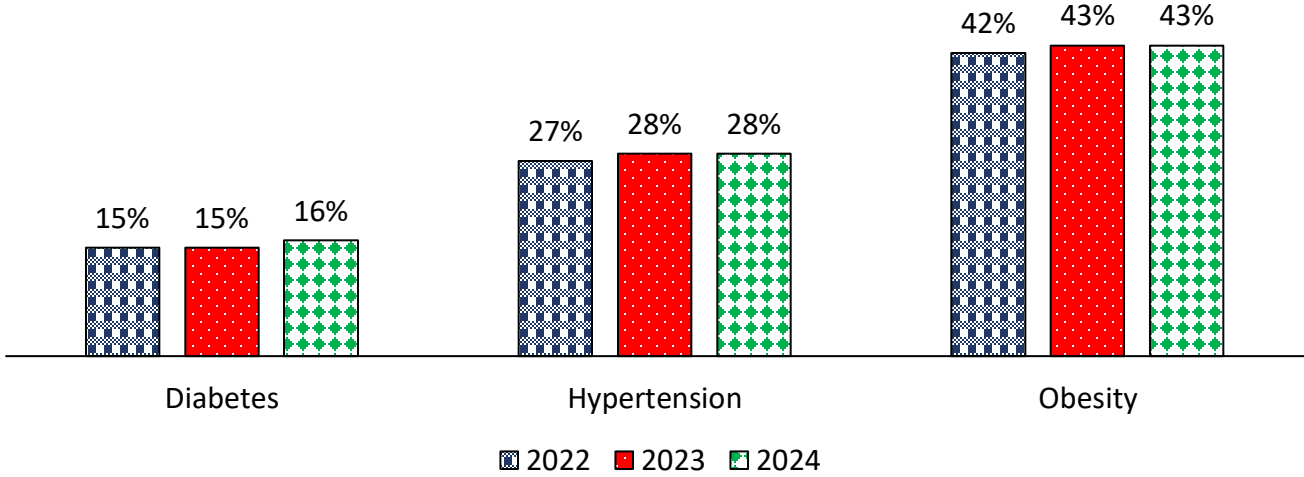


**Percent of Individuals Who Reported They Have Not Been Prevented from Receiving Medical and Dental Services because of their Disabilities (PM 6)**



Source: IM4Q

**Percent of Individuals in Residential Services with Diabetes, Hypertension and/or Obesity (PM 7)**



Source: HRST as of 10/18/2024

### Number of Individuals Identified to have a Pressure Injury, Overall and by Race (PM 8)

	FY21-22			FY22-23			FY23-24		
	Number of Individuals with Pressure Injuries	Number of Individuals Enrolled by Race	Rate *	Individuals with Pressure Ulcers	Number of Individuals Enrolled by Race	Rate*	Number of Individuals with Pressure Injuries	Number of Individuals Enrolled by Race	Rate *
Black or African American	17	8,670	2.0	78	8,853	8.8	79	9,036	8.7
White	251	39,463	6.4	429	39,979	10.7	432	40,680	10.6
Other**	13	4,648	2.8	<11	4,890	1.0	32	5,195	6.2
<b>Total</b>	<b>281</b>	<b>52,781</b>	<b>5.3</b>	<b>--</b>	<b>53,722</b>	<b>9.5</b>	<b>543</b>	<b>54,911</b>	<b>9.9</b>

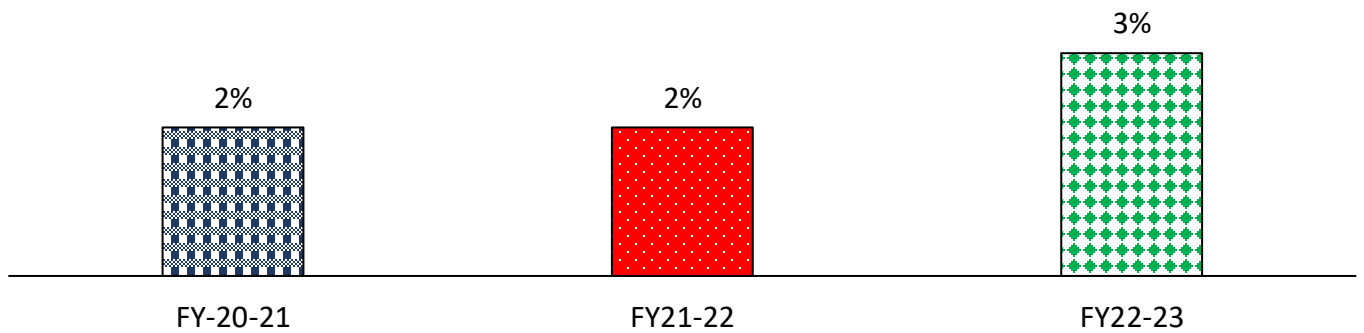
\* Rate = number of individuals with a pressure injury divided by the number of enrolled individuals then multiplied by 1,000

\*\*Race category of "Other" includes the following HCSIS categories: American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other, Multi-Race, Unknown, and No to All Options.

Sources: HCSIS and Medicaid claims as of 10/17/2024

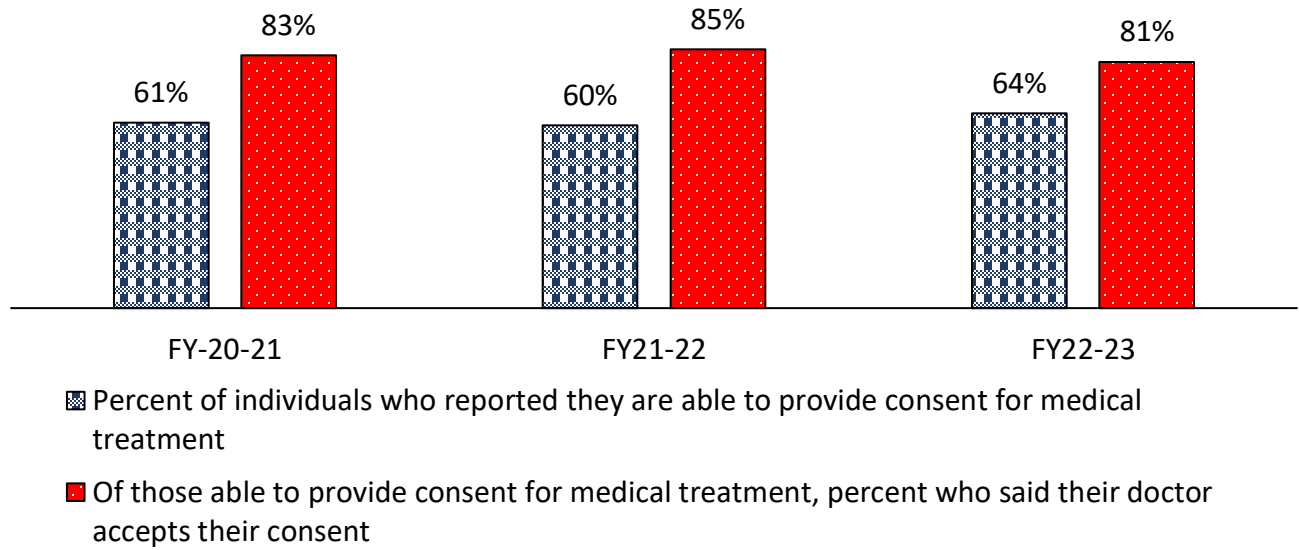
**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes.

### Percent of Individuals Who Reported They Do Not Have a Psychiatrist but Want One (PM 9)



Source: IM4Q

**Percent of Individuals Who Reported They are Able to Provide Consent for Medical Treatment and Who Said Their Doctor Accepts Their Consent (PM 10 & 11)**



Source: IM4Q



## Recommendation 6: Support People with Complex Needs

People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespan. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.

### ACCOMPLISHMENT HIGHLIGHTS *for #6*

- ✓ **Trauma Recovery for Autistic, Intellectually Disabled, and Neurodiverse Individuals (TRAIN) project - 73 licensed clinicians participated, and 68 therapists have been trained**
- ✓ **Systemic, Therapeutic, Assessment, Resources and Treatment (START) Model pilot programs are underway**
- ✓ **Dual Diagnosis Conference 2024 had over 1,000 people registered to attend from Pennsylvania, other US States, and foreign countries**
- ✓ **Pediatric Capacity Building Institute, developed to focus on the support of children with complex needs and multi-system involvement, completed its first year and is actively recruiting its next cohort for January 2025**

### ACCOMPLISHMENTS IN DETAIL *for #6*

#### TRAIN Project –

- ❖ This project was launched in 2021 to increase capacity of licensed therapists in PA to offer support through both the trauma and neurodiversity lenses.
  - ✓ Developed by psychologists with diverse backgrounds in both trauma and ID/A populations, and under the leadership of Central Region ASERT director, Andrea Layton, the program is comprised of live webinars and self-paced learning activities which take place over a span of 12 weeks.
  - ✓ The lectures portion is then followed by 12 weeks of clinical supervision through group discussion of active work with individuals.
  - ✓ To provide a fully robust learning experience, TRAIN offers access to discussion boards and live supervision for additional communication with and between learners.

- ✓ TRAIN began the 7th cohort of licensed professionals in September 2024. Through the 6th cohort, 73 licensed clinicians have participated in TRAIN, and 68 therapists have completed the training, representing at least 36 PA counties. The 7<sup>th</sup> cohort will complete their case consultation phase in 2025.

### **Dual Diagnosis Conference –**

- ❖ The 2024 Dual Diagnosis Conference, “Full Diagnosis: Impact of Trauma, Physical Health and Metabolic Health,” was held in May.
  - ✓ As in 2023, over 1,000 individuals registered to attend this conference, which was conducted as a collaboration between ODP and the Office of Mental Health and Substance Abuse Services (OMHSAS) and offered diverse voices in the support of individuals with ID/A and mental health needs.
  - ✓ In addition to stakeholders from across PA, registrants were from Arizona, California, Delaware, Georgia, Illinois, Indiana, Kentucky, Maryland, North Carolina, New Jersey, Ohio, as well as Great Britain and the Netherlands.

### **Capacity Building Institute (CBI) –**

- ❖ CBI continued to focus on promoting best and promising practices for increased capacity to support individuals with complex needs in the community setting.
  - ✓ 8<sup>th</sup> annual class began in September 2024.
  - ✓ CBI is conducted as a hybrid model using a combination of in-person sessions in State College, PA, and an online platform for sessions during the colder months.
- ❖ CBI has been adapted for use on a national level by the National Association of State Directors of Developmental Disabilities Services (NASDDDS).
- ❖ A separate institute, the Pediatric Capacity Building Institute, began in PA in January 2024. The focus is on supporting children with complex needs and multi-system involvement and is a collaborative effort supported by ODP. The first class was completed in 2024 and ODP is actively recruiting for the next cohort for January 2025.

### **Project Reassure –**

- ❖ Continued this project that provides trauma education and resiliency-building resources aimed at neurodiverse communities.
  - ✓ A key aspect is that all stakeholder groups, including community members, have access to the same information and skill building materials that are formatted to best meet stakeholders’ learning styles/preferences, based on feedback received from stakeholder collaborators.
  - ✓ Formats include video animations, narrated slide decks, infographics, social stories, 1-page summaries, and printable job aids.

- ✓ All course modules are self-paced, meaning the individual can go as quickly or slowly as they like.
- ✓ Courses are now available for self-advocates and also for DSPs.

### **Expanding Community Health Options (ECHO) -**

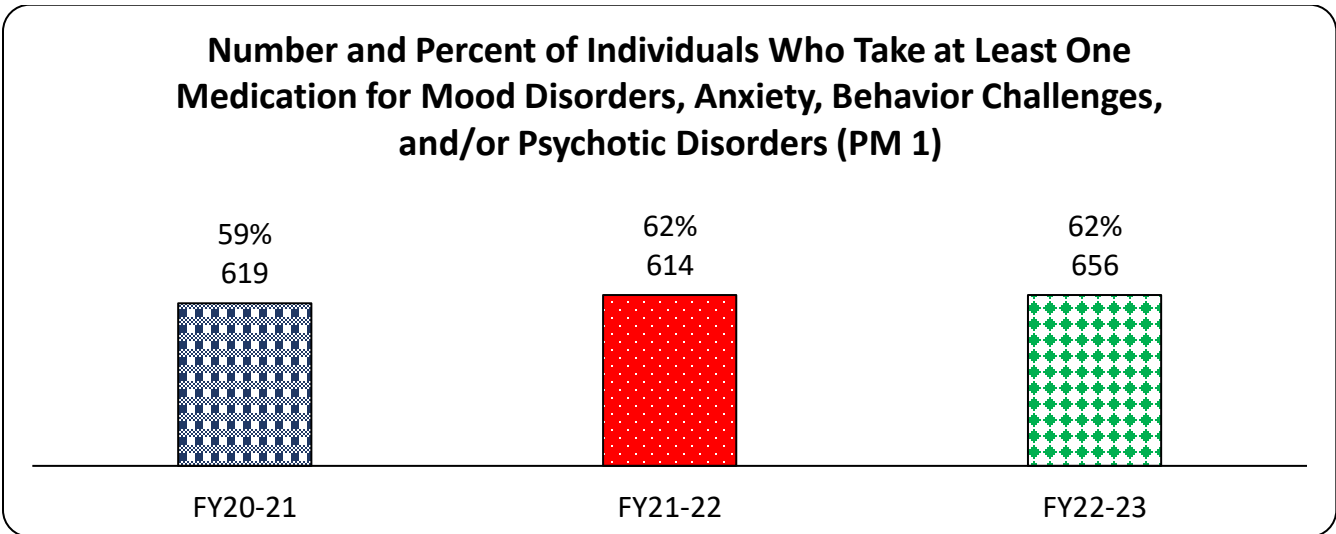
- ❖ Continued Project ECHO, an evidence-based, nationally used model of capacity building that uses a video conferencing platform. ECHO uses an “all teach, all learn” spoke and hub model where the “spokes” are community members, and the “hub” is comprised of a team of content experts.
  - ✓ Focus is “Fostering Resilience for Neurodiverse Communities.”
  - ✓ 7-week intervention covers topics such as trauma and trauma expressions, anxiety and intolerance of uncertainty, resilience skills, crisis risk reduction and safety considerations, adapting skills for those with brain differences, and fostering community re-engagement.
  - ✓ Thus far, 6 cohorts have completed the model, representing over 130 active participants in the process. Outcomes data of respondents to the final evaluation showed:
    - 97% with overall satisfaction with Project ECHO
    - 97% would recommend Project ECHO to a colleague
    - 95% felt Project ECHO is a valuable tool

### **START Model Pilots –**

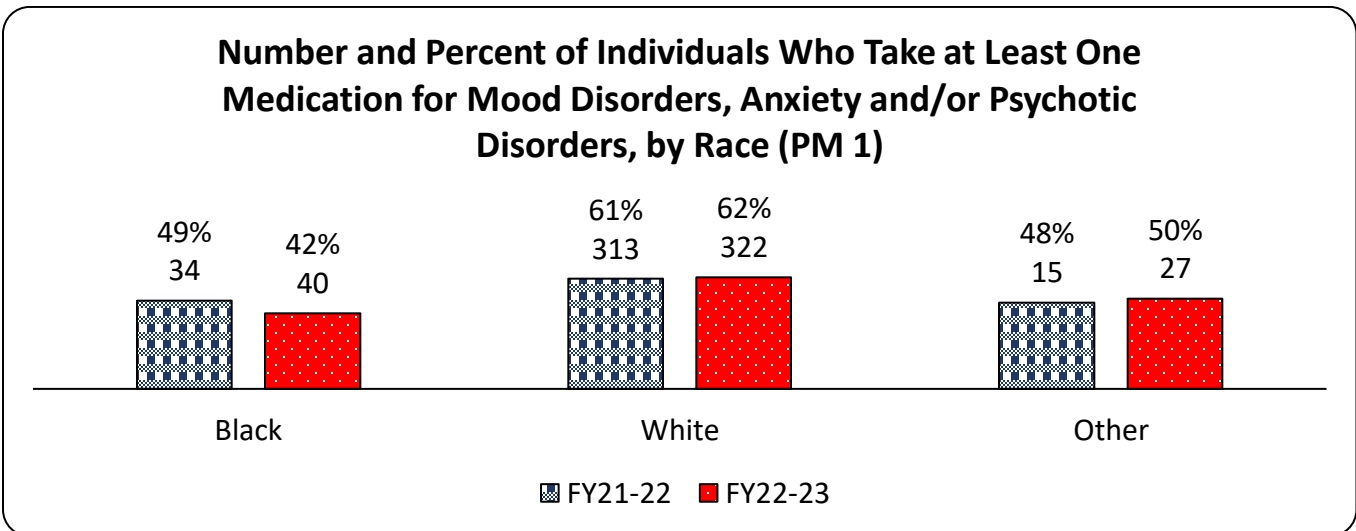
- ❖ Continued with START, a comprehensive, evidence-informed model of service supports that optimizes independence, treatment, and community living and utilizes a national database. By design, it builds upon existing resources and services.
  - ✓ Developed in 1988, START provides community-based crisis intervention for individuals, ages 6 and older, with IDD and behavioral health needs and was cited as a model program in the 2002 U.S. Surgeon General’s Report on mental health disparities for persons with IDD.
  - ✓ A model pilot program was implemented in 2021 in Allegheny County which began taking referrals in July 2023. On November 1, 2024, there were 39 active enrollees in the Allegheny County START with a regular influx of referrals and an active referral list.
  - ✓ A second START pilot is under active development in Philadelphia County.

**PERFORMANCE MEASURES for #6**

1. Number and percent of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders, overall and by race. *(NCI PA In-Person Survey)*
2. Number of individuals in residential service who require treatments which are considered inherently \*high risk. *(HRST, Item Q)*
3. Number of children with medical complexities registered with ODP. *(HCSIS & PROMISE)*
4. Percentage of ODP registered children with medical complexities living in family settings. *(HCSIS)*
5. Number of providers qualified to provide behavior support services. *(HCSIS & PROMISE)*
6. If the individual has complex needs, the percent for whom the SC ensures there are strategies for supports in place to address those needs. *(QA&I)*

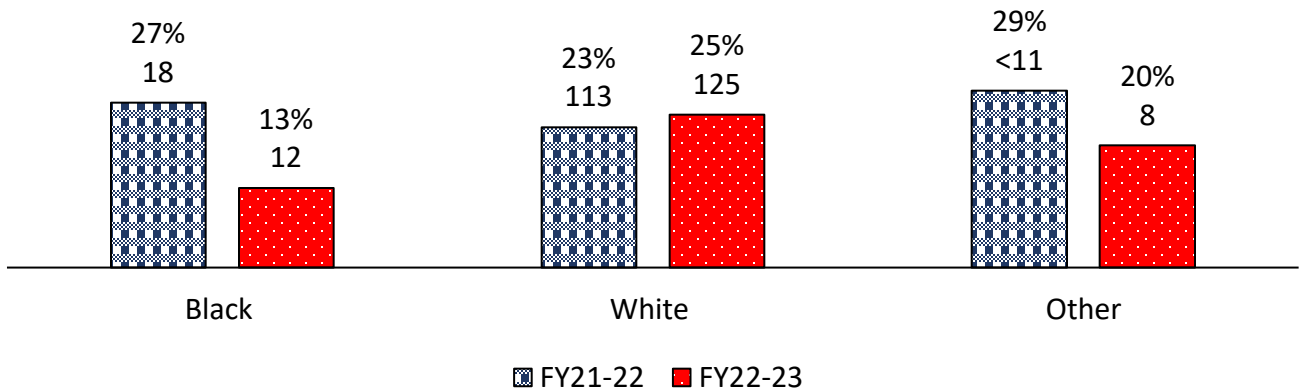


Source: NCI PA In-Person Survey



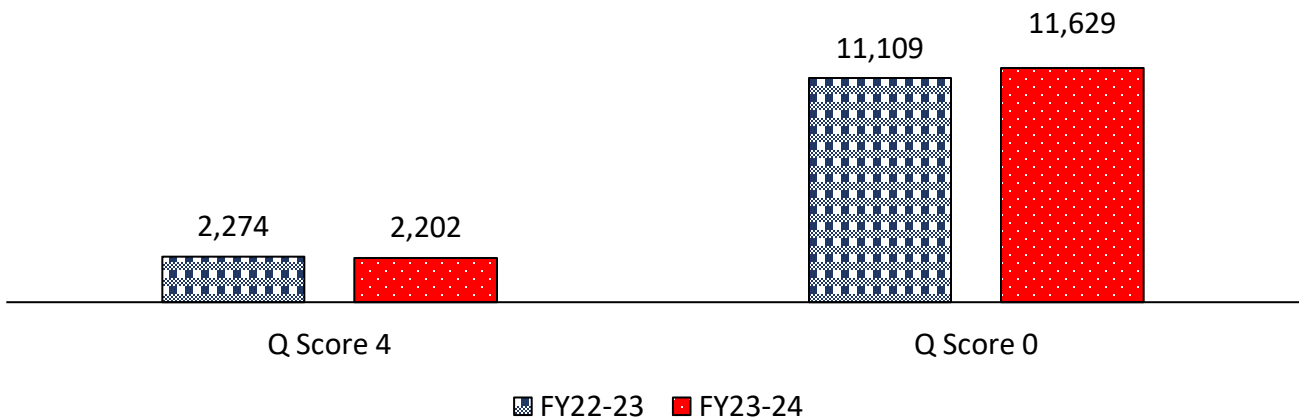
Source: NCI PA In-Person Survey FY22-23

### Number and Percent of Individuals Who Take at Least One Medication for Behavior Challenges, by Race (PM 1)



Source: NCI PA In-Person Survey FY22-23

### Number of Individuals in Residential Service Who Require Treatments Considered Inherently High Risk (PM 2)



Source: HRST as of 12/5/2023 for FY22-23 and 10/16/2024 for FY23-24

**Note:** High risk treatments (Q score of 4) are defined through HRST as including: 1) Tracheotomy that requires suction; 2) Ventilator dependent; 3) Nebulizer treatments one or more times daily; 4) Deep suction; 5) Requires complex medication calculations for insulin given via insulin pump or injection; 6) Has an unstable condition that requires ongoing (usually daily or more frequent) assessment and treatment by a licensed health care professional; 7) 1:1 staffing for behavioral issues: Requires 1:1 staffing 16 or more hours EACH day due to behavioral issues.



Number of Children with Medical Complexities (CMC) Registered with ODP (PM 3)		
Snapshot Date	Children < Age 21	CMC < Age 21*
6/30/21	9,712	18
6/30/22	9,350	31
6/30/23	9,517	93
6/30/24	9,729	175

Source: EDW HCSIS Consumer Demographics Fact. Extraction Data: 10/28/2024

**Note:** \*Represents children that meet **new** level eligibility criteria for CMC or those enrolled under CMC reserved capacity. Not representative of all children who meet CMC criteria and receive services.

**Percentage of ODP Registered Children with Medical Complexities (CMC)\*  
Living in Family Settings (PM 4)**

*Note: \*The data below represents only children that meet new level eligibility criteria for CMC or those enrolled under CMC reserved capacity. It is not representative of all children who meet CMC criteria and receive services. As ODP works with facilities that serve CMC, more children living in facilities are enrolled for services so are likely over-represented in the table below.*

<b>LIVING ARRANGEMENT</b>	<b>% of Total as of 06/30/22</b>	<b>% of Total as of 06/30/23</b>	<b>% of Total as of 06/30/24</b>
<b>Family Settings:</b>			
Children's Residence Foster Care	0%	2.2%	1.1%
Family Living (ID) Unlicensed	0%	2.2%	1.1%
Friend's Home	0%	1.1%	0%
Own Residence	0%	1.1%	0%
Relative's Home	90.3%	68.8%	78.3%
<b>Family Settings Total</b>	<b>90.3%</b>	<b>75.4%</b>	<b>80.6%</b>
<b>Congregate and Non-Family Settings:</b>			
Children's Residence	3.2%	4.3%	2.3%
Community Home (MR)	0%	1.1%	0%
Community Home (MR 2 to 4 persons)	3.2%	2.2%	1%
Nursing Home/Nursing Facility	0%	3.2%	1.7%
Private ICF/ID(16 or more persons)	0%	3.2%	4%
Private ICF/ID (5 to 8 persons)	0%	2.2%	1%
<b>Congregate and Non-Family Settings Total</b>	<b>6.4%</b>	<b>16.2%</b>	<b>8.5%</b>
<b>Other/Not Found:</b>			
Other	3.2%	6.5%	6.3%
Not Found	0%	2.2%	1%
<b>Other/Not Found Total</b>	<b>3.2%</b>	<b>8.7%</b>	<b>6.9%</b>

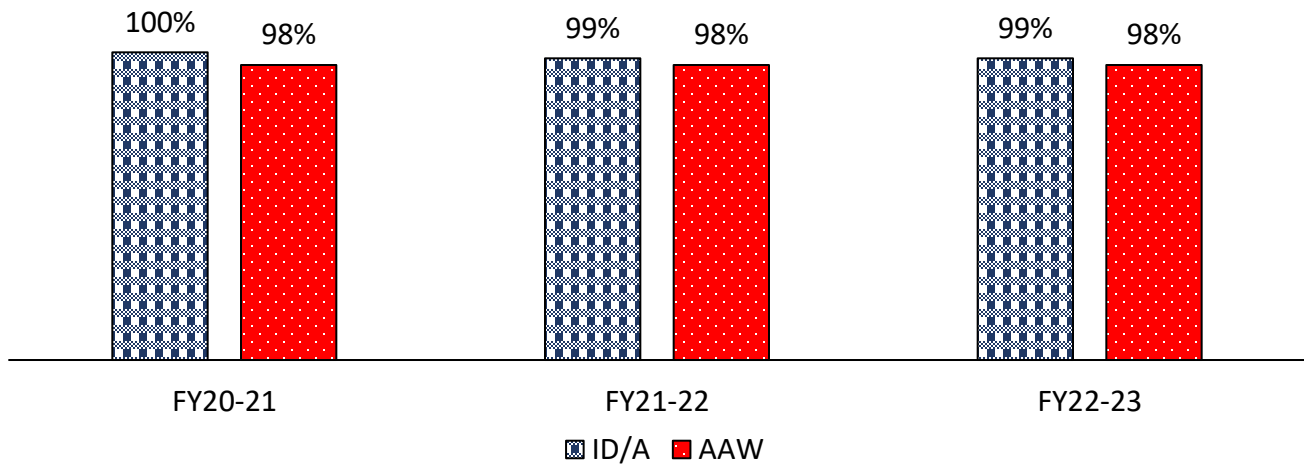
Source: EDW HCSIS Consumer Demographics Facts. Data Extraction Date: 10/28/2024

**Number of Providers Qualified to Provide Behavior Support Services (BSS) (PM 5)**

	<b>FY21-22</b>	<b>FY22-23</b>	<b>FY23-24</b>
Total providers enrolled for ID/A waivers only	260	295	278
Total providers enrolled for AAW only	19	13	20
Total shared providers enrolled for AAW and ID/A waivers	72	72	68
<b>Total enrolled BSS providers across all ODP waivers</b>	<b>351</b>	<b>380</b>	<b>366</b>

Source: HCSIS as of 11/22/2024

**Percent of Individuals with Complex Needs for Whom SC Ensures There are Strategies for Supports in Place to Address Those Needs (PM 6)**



Source: QA&I

**Note:** This PM is informed by data gathered via individual record review to answer SCO tool question 46, which is “If the individual has complex needs, the SC ensured there are strategies for supports in place to address those needs.” Complex needs are defined as multiple (2 or more) needs across personal, physical, mental, social, and financial well-being that require significant attention or resources. Data results are only reflective of a subset of the QA&I sample who were determined to meet the definition of complex needs.



## Recommendation 7: Develop and Support Qualified Staff

People with disabilities receiving services benefit when staff who support them are well trained. Values, ethics, and person-centered decision-making can be learned and used in daily practice through mentorship and training. Providing professional training that strengthens relationships and partnerships between individuals, families, and Direct Support Professionals (DSPs) will improve the quality of support.

### ACCOMPLISHMENT HIGHLIGHTS *for #7*

- ✓ College of Direct Support (CDS) had a total of 48,440 active learners
- ✓ ODP established DSP and Frontline Supervisor (FLS) credentialing performance measures through Performance-Based Contracting (PBC)
- ✓ 150 PA providers are now enrolled in the National Alliance for Direct Support Professionals (NADSP) tiered credentialing program for their DSPs and FLSs
- ✓ 1,826 certificates awarded to DSPs and FLSs in the NADSP tiered credentialing program

### ACCOMPLISHMENTS IN DETAIL *for #7*

#### CDS Courses –

- ❖ As of October 2024 there were 48,440 unique active users enrolled in CDS. While this number is an overall decrease from 2023, it reflects DSPs who no longer work for the enrolled provider organizations.
- ❖ Elsevier and Temple continue to offer training and technical support to providers, SCOs, and individuals and families who are interested in using their accredited courses.
- ❖ Assigned topics vary by month and providers are using a variety of the course materials that are offered.

#### NADSP Credentialing –

- ❖ ODP established the following performance measures in Performance-Based Contracting for residential providers:
  - Submit a timeline for implementing a NADSP credentialing program for DSPs and FLSs.
  - Report the number of DSPs and FLSs enrolled in the NADSP credentialing program, for select and clinically enhanced requiring 5% of DSPs be credentialed by 12/31/2025 or 10% by 12/31/2025 if they already achieved the 5% at the time of the application.
- ❖ There is a total of 150 PA providers enrolled with NADSP to credential their DSPs and FLSs; total DSP enrollment is 2,491 and total FLS enrollment is 778.

- ❖ During 2024, the percentage of ODP providers enrolled in the NADSP certification program (**PM 7**) increased from 3% to 10%.
- ❖ Of the 1,826 total certificates awarded as of October 2024, 50% of DSPs achieved the DSP-I credential, 23% achieved DSP-II, and 13% achieved DSP-III; the remaining 14% continue to work toward their first credential.
- ❖ Of 778 FSLs enrolled, 233 (30%) have been awarded certifications.

#### **MyODP Updates –**

- ❖ MyODP continued to be updated throughout 2024 with special attention to enhancing resources and reorganizing information, including MyODP News.
  - ✓ The total registered users for MyODP reached 210,000 as of June 2024, with 725 training and resource offerings.

#### **MyODP Training –**

- ❖ Once a training is completed on MyODP, a certificate of completion is awarded to the trainee. During FY 23-24, a total of 293,029 unique certificates were issued; note that a user may obtain multiple certifications. Of those certificates, DSPs obtained 179,399, AEs obtained 5,979, and SCs obtained 15,903, the remaining certificates (91,748) were obtained by a combination of Executive Provider Staff, Life Sharing Providers, Supports Brokers, and other roles.
- ❖ The Columbus Organization, an ODP training partner, delivered 17 webcasts, 24 webinars, and 173 live trainings during FY 23-24; additionally, they facilitated 34 virtual and in-person meetings.
- ❖ ODP issued the largest number of certificates for Community Participation Support; Person Centered Practices; Individual Rights; Addressing Day to Day Risks with the Team; and Abuse: Detection, Reporting and Prevention of Abuse, Suspected Abuse, and Alleged Abuse.
- ❖ Additional learners utilizing the MyODP learning management system include Supports Brokers, SC supervisors, provider fiscal staff, Adult Community Autism Program (ACAP) staff, and behavior specialist license applicants.

#### **ODP Training Webinars –**

- ❖ Throughout FY 23-24, ODP utilized the GoToWebinar and Zoom virtual platforms to deliver 82 training and outreach webinars to staff who support individuals in the ODP service system; 41 sessions were conducted by ODP via GoToWebinar, and 41 sessions were conducted by Columbus via Zoom.

#### **Everyday Lives (EDL) Conference –**

- ❖ The EDL conference returned to an in-person event for 2024, hosting 1,118 attendees (96 self-advocates, 68 family members, and 730 professionals).
- ❖ There were 35 presentation sessions with 56 presenters, 46 exhibitors, and 21 Health and Wellness Poster Session participants.
- ❖ 7 well-attended Move Your Way activities were offered, including:

- Pedometer challenge
- Walk with Deputy Secretary Kristin Ahrens
- Move Your Way dance party
- Yoga with Gretchen
- Jogging with Zander
- Chair Yoga
- Zumba

**Pennsylvania Autism Training Conference (PATC) –**

- ❖ The 17th annual PATC took place over 3 days in November 2024.
  - ✓ Approximately 650 professionals and 100 individuals and family members registered, with an average daily attendance of approximately 400 participants.
  - ✓ The theme was “This is Autism.” The goal was to bring awareness to the wide presentation of autism across ages, settings and life experiences, while illustrating how each person has unique challenges and needs and therefore requires supports specific to them.
  - ✓ 3 sessions were offered each day with topics including “Exploring the Complexities of Autism,” “Experiences and Perspectives of DSPs,” “The Universal Protocol: Increasing Safety, Dignity, and Joy Across the Day,” “Supporting Effective Communication in the Workplace,” “Unlocking the Power of ASERT: A Comprehensive Guide to Resources and Support,” and “Meaningful Community Engagement.”

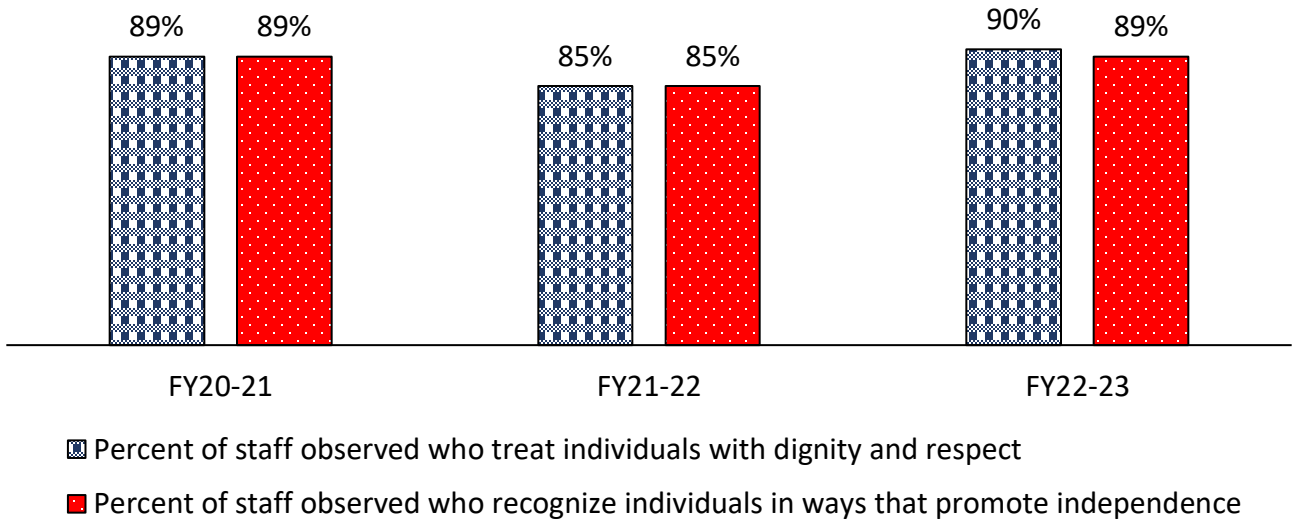
**American Rescue Plan Act (ARPA) Initiative –**

- ❖ SAU1 completed My Life My Way videos that will be hosted and available on MyODP.

**PERFORMANCE MEASURES *for #7***

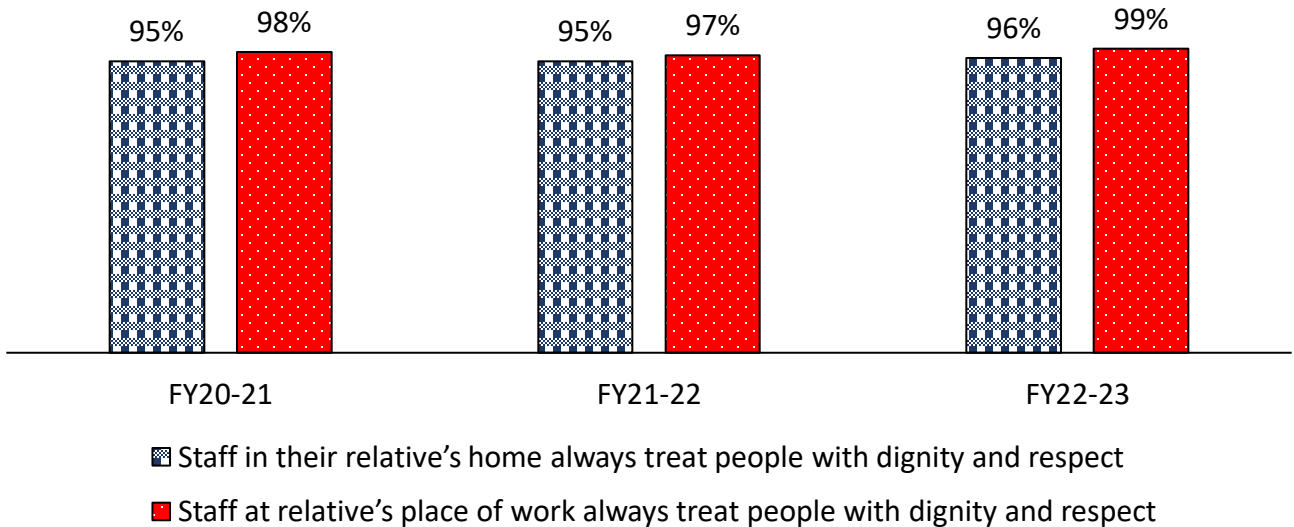
1. Percent of staff observed who treat individuals with dignity and respect. *(IM4Q)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(IM4Q)*
3. Percent of respondents who said staff in their relative’s home and place of work always treat people with dignity and respect. *(IM4Q)*
4. Percent of staff observed supporting individuals at home and/or work who appeared to have the skills they needed to support the person. *(IM4Q)*
5. Percent of respondents who said staff appear to have the skills they need to support their relative at home and at their place of work. *(IM4Q)*
6. Percentage of staff that are trained in the individual’s communication profile or formal communication system. *(QA&I)*
7. Percentage of agencies that are using tiered DSP credentialing/training. *(NADSP) – see accomplishments above.*

**Percent of Support Staff Who Treat Individuals with Dignity and Respect and Promote Independence (PMs 1 & 2)**



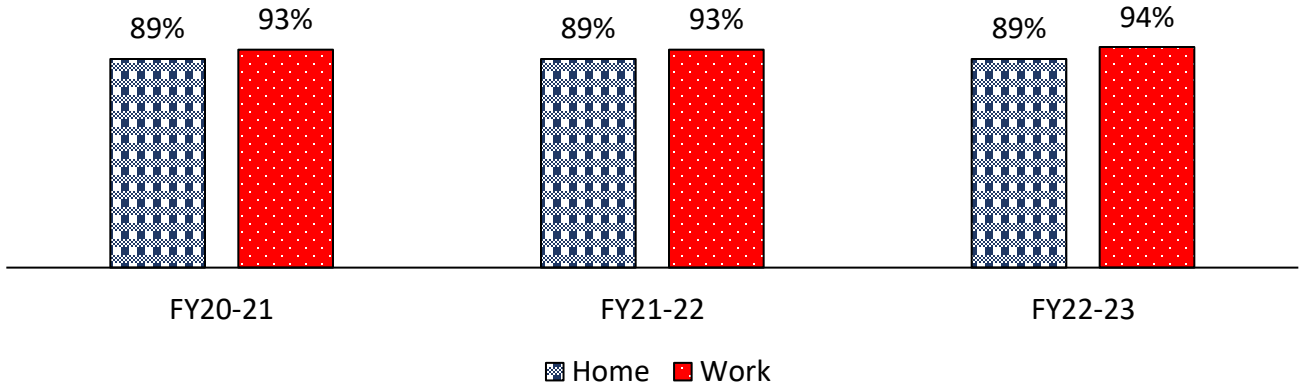
Source: IM4Q

**Percent of Respondents Who Said Staff in Their Relative's Home and Place of Work Always Treat People with Dignity and Respect (PM 3)**



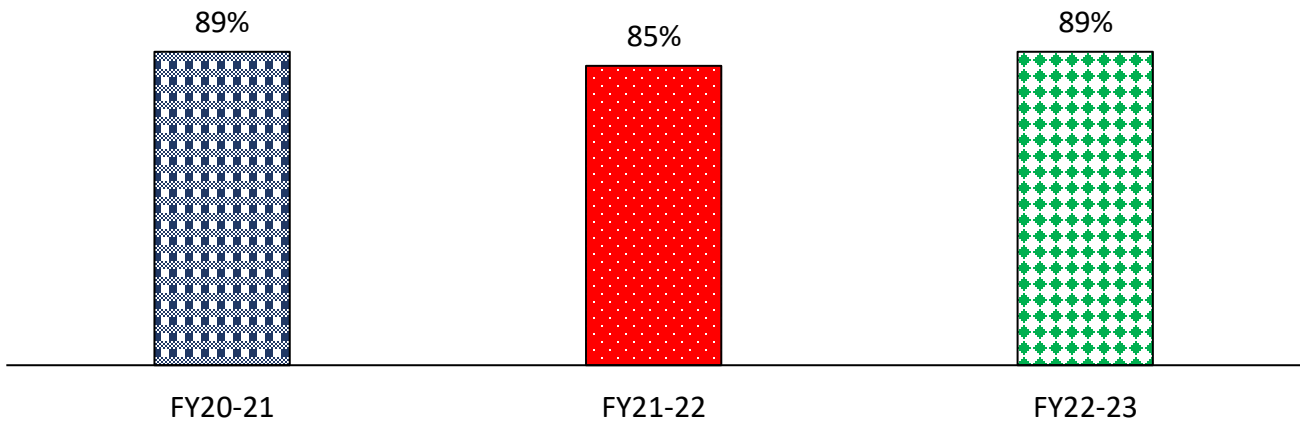
Source: IM4Q

**Percent of Staff Observed Supporting Individuals at Home and/or Work Who Appeared to Have the Skills They Needed to Support the Person (PM 4)**



Source: IM4Q

**Percent of Respondents Who Said Staff Appear to have the Skills They Need to Support Their Relative at Home and/or Work (PM 5)**



Source: IM4Q

**Percentage of Staff Trained in Individual's Communication Profile or Formal Communication System (PM 6)**

FY22-23	FY23-24
86%	82%

Source: QA&I





## Recommendation 8: Simplify the System

The system of supports and funding of those supports must be as straightforward and uncomplicated as possible. This will allow for greater understanding and use of the system by everyone — most importantly the individual needing and receiving supports.

### ACCOMPLISHMENT HIGHLIGHTS *for #8*

- ✓ Moved to design phase for Enterprise Case Management (ECM)
- ✓ Developed the framework and content for the new ECM Individual Support Plan (ISP)
- ✓ Held 2 Participant Portal sessions with volunteer participants and family members
- ✓ Began work on Performance-Based Contracting (PBC) for Supports Coordination

### ACCOMPLISHMENTS IN DETAIL *for #8*

#### HCSIS Replacement Activities –

- ❖ PA's Department of Human Services (DHS) procured a new ECM system to replace HCSIS, ODP's secure web-based information system that supports the functions of supports coordination and program oversight.
  - ✓ Continued business requirement activities, to be extended to Summer 2025.
  - ✓ Identified additional detailed data sharing scenarios with DHS's legal department.
  - ✓ Developed the framework and content for the new ECM Individual Support Plan (ISP).
  - ✓ Discussions are continuing related to streamlining ISP design and improving accessibility.
- (PM 1)**
  - ✓ Developed the framework and content for several sections of the ISP in ECM. **(PM 1)**
  - ✓ Discussed expectations and needs for the Participant Portal, which will be available to individuals and authorized natural supports team members.
  - ✓ Held 2 Participant Portal Sessions with volunteer participants and family members, in partnership with Self Advocates United as 1 (SAU1) and Vision for Equality.
  - ✓ Reviewed and discussed suggestions for improving draft Participant Portal mock screens for Charting the LifeCourse (CtLC) Tools.
  - ✓ Reviewed and discussed suggestions for improving draft Participant Portal mock screens for the ISP Individual Preferences section.

#### Supports Coordination (SC) –

- ❖ Piloted a workshop for new SCs that focuses on exploring their values. Will continue to survey workshop attendees to evaluate its effectiveness and to determine whether it should be replicated.
- ❖ Began work on Performance-Based Contracting (PBC) for Supports Coordination, to be implemented in 2026. PBC is focused on elevating the quality of SC services, creating administrative efficiencies, and ensuring all participants receive SC services that help them live their everyday lives.

### **PERFORMANCE MEASURES *for #8***

1. Evaluate the redesign of ISP process and format for: reduction in time that SC spends on administrative tasks, reduction in the number of pages in the ISP, and increase time spent with individuals, self-advocates, and families in person-centered planning.
2. Percent of respondents who report their supports coordinator asks them what they want. (*NCI PA In-Person Survey*) - *Note that NCI removed this question from the survey instrument in its 2022 tool revisions, so data was not collected in FY 22-23 surveys and will not be going forward. The results for this performance measure over the last 3 years were FY 21-22 = 90%, FY 20-21 = 89%, and FY 19-20 = 92%.*



## Recommendation 9: Improve Quality

Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

### ACCOMPLISHMENT HIGHLIGHTS *for #9*

- ✓ 15 ODP Quality Management (QM) Certification classes held in 2024
- ✓ As of December 2024, 419 newly QM certified people - the largest single year increase, and 23% of the total number certified since the program began (1,793)
- ✓ Published updated ISAC Strategies
- ✓ Key achievements in ODP Risk Management (RM) Framework including development of a road map for implementation
- ✓ QA&I Cycle 2 Year 2 completed, and the Annual Report distributed in November 2024

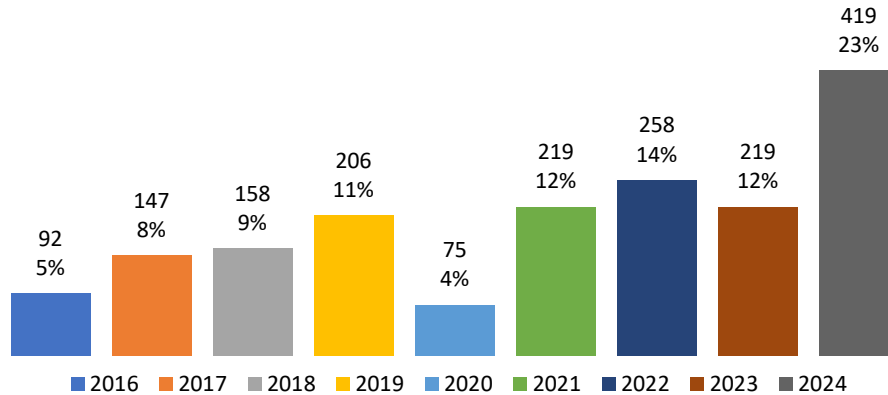
### ACCOMPLISHMENTS IN DETAIL *for #9*

#### Quality Management (QM) Certification –

- ❖ In preparation for launching Performance-Based Contracting (PBC) for residential providers and SCOs, ODP added an additional 7 classes in the last half of the year, to the already scheduled 8 classes in 2024. This resulted in 419 new certifications by the end of December 2024, which represents 23% of the total number certified since the program began in 2016 (1,793)!

The bar chart below shows the total number of people certified since the program began, broken out into yearly bars across the 9 years that the class has been offered. The percentages displayed represent the portion of the total number certified through December 2024.

### Number and Percentage of ODP QM Certified (PM1)



Source: ODP QM Certified Tracking Spreadsheet as of 12/23/2024

The breakdown of the total number of people ODP QM Certified, by where the people work(ed) at the time of certification is as follows:

Number of People ODP QM Certified, by Entity Type (PM 1)				
AE	SCO	Provider	ODP/HCQU	Total
220	164	1,267	142	1,793

Source: ODP QM Certified Tracking Spreadsheet as of 12/23/2024

#### Develop, Implement, and Maintain Quality Assessment and Improvement (QA&I) process –

- ❖ QA&I Cycle 2 Year 2 (C2Y2) began in July 2023 and wrapped up in Spring 2024. C2Y2 individual interviews were conducted in-person or virtually with video capability, based on individual preference, from August through November 2023, by the Independent Monitoring for Quality (IM4Q) local programs, on behalf of ODP. Of the 431 individuals offered interviews, 333 (77%) chose to participate and 98 declined. The [C2Y2 Annual Statewide Report](#) was published in November 2024 (**PM 2**). The report continues to be organized to call attention to specific areas that AEs, SCOs and providers need to focus quality improvement (QI) activities on. QA&I Cycle 2, Year 3 (C2Y3) began July 1, 2024.

#### ODP Risk Management (RM) Framework –

- ❖ In 2024, ISAC added a new strategy (#6) to this recommendation that includes development and refinement of an ODP RM Framework. The framework is intended to establish a common language and shared understanding of RM across the ODP system. It's also intended to unify ODP's existing RM activities to achieve the following goals:
  - ✓ Create a more structured and intentional approach to RM that includes individual and population-level risks.

- ✓ Facilitate effective and efficient implementation of risk controls at all levels of the system.
- ✓ Advance ODP's vision for a Culture of Quality & Safety that can lead to better outcomes and freedom from harm for people receiving services.

The following are 2024 achievements towards development of this framework:

- ✓ Established ODP's vision, scope, objectives, and guiding principles for a RM Framework.
- ✓ Determined a strategy to build out various parts and the structure of the framework.
- ✓ Aligned parts of the framework to ODP's unique risk environment, specific tools, and strategies.
- ✓ Developed a roadmap to implement the framework into the overall management of programs.

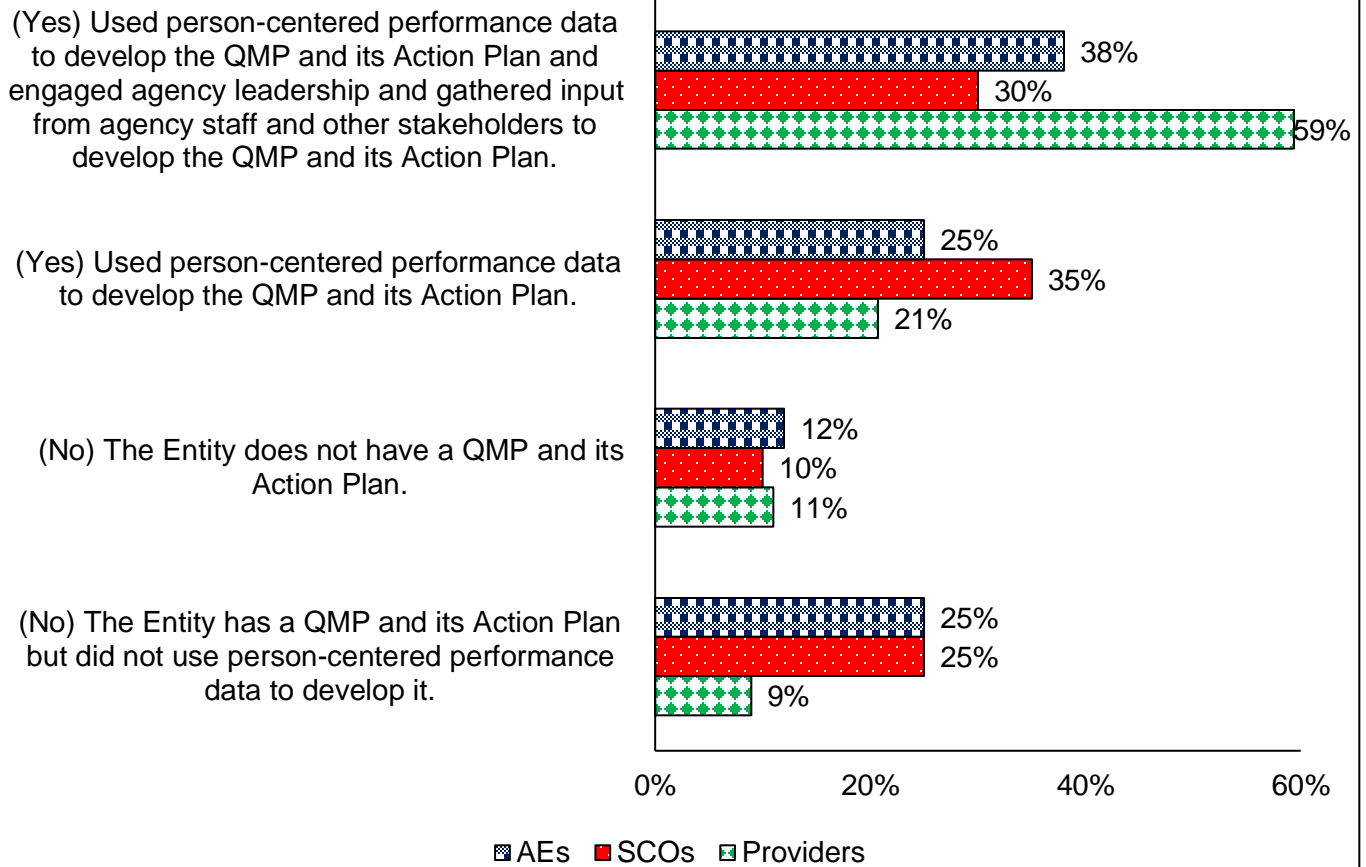
#### **Additional QM Activities in 2024 –**

- ❖ Continued holding bimonthly (every other month) virtual ISAC meetings throughout 2024 and held 2 in-person meetings in April and October.
- ❖ Continued to participate in Independent Monitoring for Quality (IM4Q) and National Core Indicators (NCI) surveys as valuable tools for collecting satisfaction data about how individuals and their families feel about services received from the ODP system. The results are used in 56% of ISAC performance measures included in this report.
- ❖ Distributed the following reports for use in quality improvement (QI) activities **(PM 2)**:
  - ✓ [ISAC Annual Report 2023](#) (last published in February 2024)
  - ✓ [ODP Annual Data Report FY22-23](#) (last published in March 2024)
  - ✓ [IM4Q Statewide Report 2022-2023](#) (last published in February 2024)
- ❖ ISAC Strategies Improvement Project **(PM 3)**- In late summer 2023, ODP began work on an ISAC Strategies Revision project. Working with statewide ISAC recommendation leads, ODP leadership and ISAC members, ISAC strategies were reviewed, revised, retired, or added at in-person meetings held in August and October 2023. All strategy revisions were recorded on a Record of Change document that was finalized and approved by ISAC at an in-person meeting in April 2024. The approved [ISAC 2024 Strategies](#) were published in June 2024.
- ❖ Continued to update the [QM Landing page](#) on MyODP with new resources and tools. The QM Landing page is a one-stop shop for all ODP stakeholder QM needs.
- ❖ Continued to release quarterly QM Spotlights, which are 1-page publications, available to all stakeholders, intended to provide timely guidance and helpful hints for applying QM principles and best practices. By the end of 2024, 11 QM Spotlights had been published since June 2022.

## PERFORMANCE MEASURES *for #9*

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. – *See accomplishments above*
2. ODP develops and distributes annual reports, including the ISAC Annual Report, ODP's Annual Data Report, the Annual QA&I Aggregate Report of Self-Assessment and the Annual QA&I Statewide Report. – *See accomplishments above*
3. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance. – *See accomplishments above*
4. Number and percent of AEs, SCOs and Providers that use person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan. (QA&I)
5. Number and percent of AEs, SCOS, and Providers who use data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives. (QA&I)

### The Entity Uses Person-Centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)



Source: QA&I FY23-24

**Note:** The top (Yes) option on the graph above indicates the best practice standard that we strive to have all AEs, SCOs, and providers meet. The "Yes" option below that shows those who only meet basic requirements and the "No" options display those who did not have a required QM plan with Action Plan, or they had one, but it was not developed using person-centered performance data aimed at improving the everyday lives of people served.

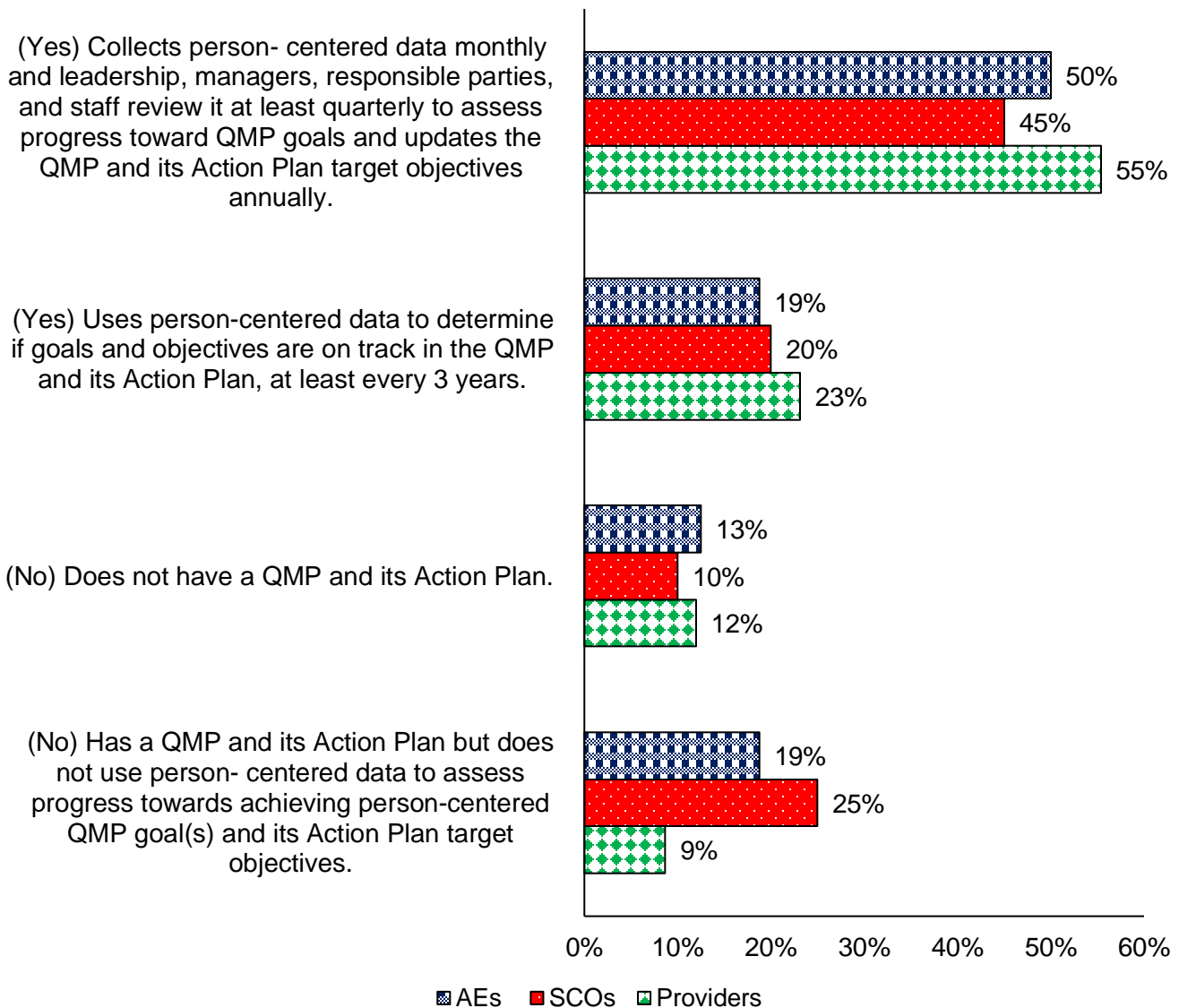
The table below provides the numbers behind the graph of percentage rates above. It shows the number of compliant QM plans over the total number of QM plans reviewed.

Use of Person-Centered Data in QM Plan Development Counts (PM4)	AAW-Only Providers	AAW-Only SCOs	ID/A Providers	ID/A SCOs	AEs
(Yes) The Entity used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	0	0	146/246	6/20	6/16
(Yes) The Entity used person-centered performance data to develop the QMP and its Action Plan.	1/3	1/1	51/246	7/20	4/16
(No) The Entity does not have a QMP and its Action Plan.	0	0	27/246	2/20	2/16
(No) The Entity has a QMP and its Action Plan but did not use person-centered performance data to develop it.	2/3	0	22/246	5/20	4/16

Source: QA&I FY23-24



### The Entity Uses Data to Assess Progress Towards Achieving Identified Person-Centered QMP Goals and its Action Plan Target Objectives (PM5)



Source: QA&I FY23-24

**Note:** Like the previous graph, the top “Yes” option on this graph above indicates the best practice standard that we strive to have all AEs, SCOs, and providers meet. The “Yes” option below that shows those who only meet basic requirements. The “No” options display those who did not have a required QM plan and its Action plan, OR they did but its progress was not assessed using person-centered performance data aimed at improving the everyday lives of people served, AND/OR the plan had not been updated in more than 3 years (per 6100 regulations).

The table below provides the numbers behind the graph of percentage rates above. It shows the number of compliant QM plans over the total number of QM plans reviewed.

Use of Data to Assess Progress (PM5)	AAW-Only Providers	AAW-Only SCOs	ID/A Providers	ID/A SCOs	AEs
<b>(Yes)</b> The Entity collects person-centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	0	0	134/242	9/20	8/16
<b>(Yes)</b> The Entity uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	1/3	1/1	56/242	4/20	3/16
<b>(No)</b> The Entity does not have a QMP and its Action Plan.	0	0	29/242	2/20	2/16
<b>(No)</b> The Entity has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	2/3	0	21/242	5/20	3/16
<b>(No)</b> The Entity has not updated the QMP in more than 3 years.	0	0	1/242	0	0
<b>(No)</b> The Entity has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives and has not updated the QMP in more than 3 years.	0	1/1	1/242	0	0

Source: QA&I FY23-24



## **Recommendation 10: Expand Options for Community Living**

Expand the range of housing options in the community so all people can live where and with whom they want to live. Listening to people with disabilities and their families, providers, and Support Coordinators will help people locate affordable and accessible housing, find house mates, and identify housing resources/supports and other government benefits that, when blended with natural supports, will promote an everyday life.

### **ACCOMPLISHMENT HIGHLIGHTS *for #10***

- ✓ **Housing Transition and Tenancy Sustaining Services increased by 34%, to 326 individuals served in FY 23-24**
- ✓ **Lifesharing services by relative increased by 32%, to 161 individuals in FY 23-24**
- ✓ **Supported Living services increased by 9%, to 175 individuals in FY 23/24**
- ✓ **Medically Complex Condition (MCC) Lifesharing services were utilized by 16 individuals in FY 23/24**
- ✓ **The ID/A Supportive Housing Pilot launched in March 2024**

### **ACCOMPLISHMENTS IN DETAIL *for #10***

#### **Housing Transition and Tenancy Sustaining Services –**

- ❖ The number of individuals receiving Housing Transition and Tenancy Sustaining Services has increased from 213 in FY 21-22, to 243 in FY 22-23, to 326 in FY 23-24.
- ❖ The number of qualified Housing Transition and Tenancy Sustaining Providers (HTTP) increased from 17 in FY 21-22, to 18 in FY 22-23, to 25 in FY 23-24.

#### **Lifesharing Services –**

- ❖ The number of individuals receiving Lifesharing supports provided by a relative increased from 108 individuals in FY 21-22, to 122 individuals in FY 22-23, to 161 in FY 23-24.
- ❖ Through the Transition to Independent Living Initiative, ODP has had individuals moving from residential habilitation to Lifesharing or Supportive Living since 2022. As of November 2024, 90% of these individuals had already passed the 6-month milestone and 10% were anticipated to do so in early December 2024.

### **Supported Living Services –**

- ❖ The number of individuals receiving Supported Living services increased from 142 in FY 21-22, to 161 in FY 22-23, to 175 in FY 23-24.

### **Medically Complex Condition (MCC) Lifesharing –**

- ❖ On July 1, 2022, eligibility in ODP waivers was expanded to include children and individuals, under the age of 22, with a developmental disability due to a medically complex condition. ODP also added customized services available to children with medically complex conditions in the community. Medically Complex Condition Lifesharing services were utilized by 16 individuals in FY 23-24.
- ❖ Throughout FY 23-24, ODP provided training and resources to the field to spread awareness, promote MCC Lifesharing, and answer questions from the field in order to increase utilization of MCC Lifesharing.

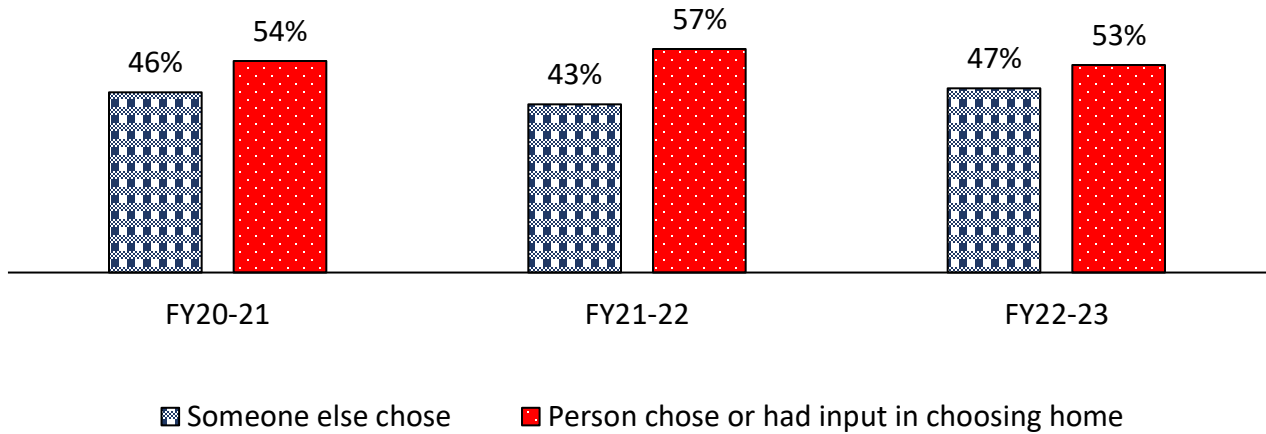
### **ID/A Supportive Housing Pilot –**

- ❖ The ID/A Supportive Housing Pilot launched in March 2024. Ten (10) counties were selected for participation. The Pilot provides financial support to individuals enrolled for services with the participating counties who are in need of financial assistance to secure and maintain accessible and affordable housing. As of December 1, 2024, there were 65 individuals enrolled in the Pilot and 146 on the waiting list.

## **PERFORMANCE MEASURES *for* #10**

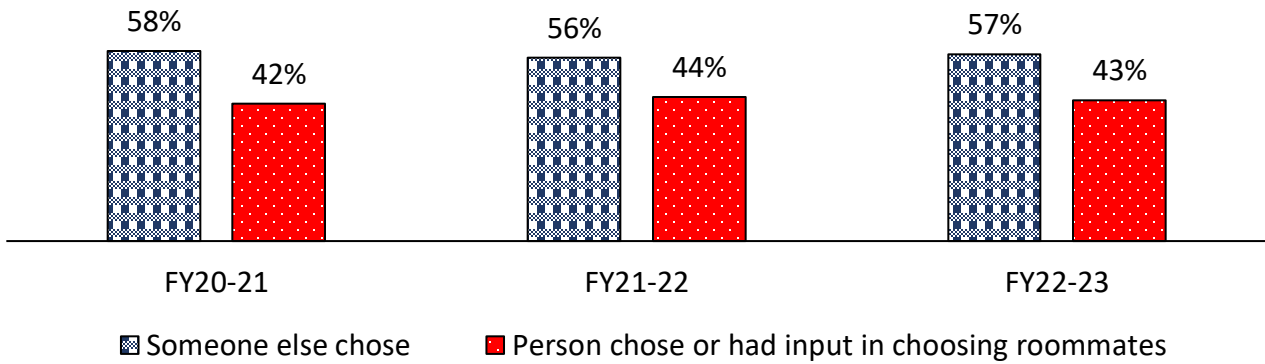
1. Percent of people who choose their home. (*NCI PA In-Person Survey*)
2. Percent of people who choose their roommate. (*NCI PA In-Person Survey*)
3. Percent of people who rent or own their homes. (*NCI PA In-Person Survey*)
4. If people do not get needed services, the percent whose unmet need is in the area of finding/changing housing. (*NCI PA In-Person Survey*)
5. Percent of people who like where they live, overall and by race. (*IM4Q*)
6. Number of people who transition from residential habilitation to life-sharing or supported living. (*PROMISE*)

### Percent of People Who Choose Their Home (PM 1)



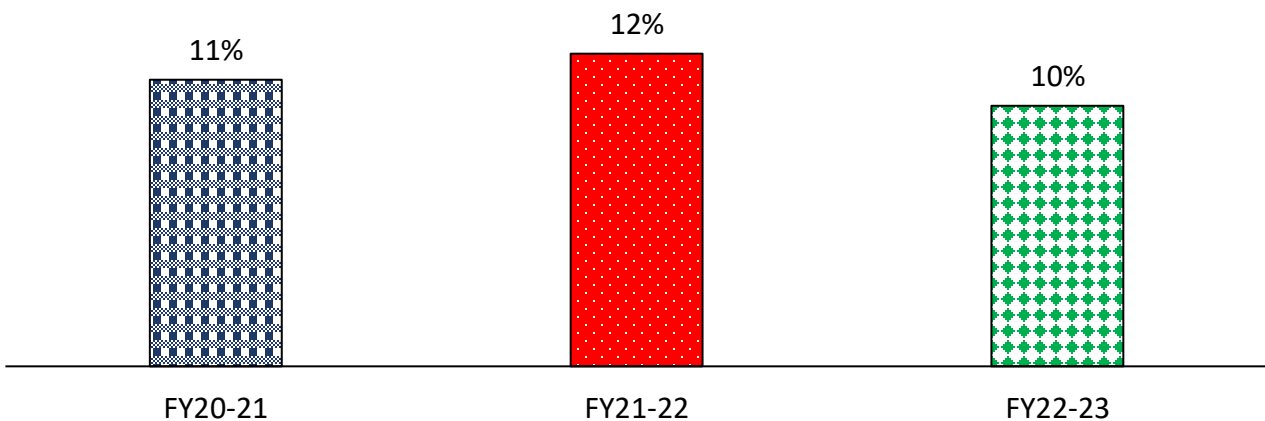
Source: NCI PA In-Person Survey

### Percent of People Who Choose Their Roommate (PM 2)



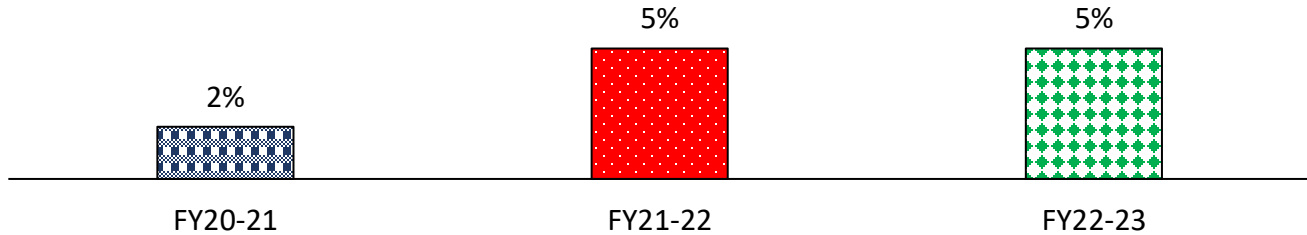
Source: NCI PA In-Person Survey

### Percent of People Who Rent or Own Their Home (PM 3)



Source: NCI PA In-Person Survey

**Percent of Individuals Whose Unmet Need is in the Area of Finding/Changing Housing (PM 4)**



Source: NCI PA In-Person Survey

**Percent of People Who Like Where They Live, Overall and by Race (PM 5)**

	FY 20-21	FY 21-22	FY22-23
White	90%	90%	88%
Black or African American	84%	82%	85%
Other	92%	93%	91%
<b>Overall</b>	<b>89%</b>	<b>89%</b>	<b>88%</b>

Source: IM4Q

**Number of People Who Transitioned from Residential Habilitation to Lifesharing or Supported Living (PM 6)**

	FY 21-22	FY 22-23	FY 23-24
Lifesharing	11	19	14
Supported Living	14	<11	16

Source: EDW HCSIS Services and Support Fact; Data extraction date: 10/28/2024

**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes.



## **Recommendation 11: Increase Community Participation**

Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An interdependent life, where people with and without disabilities are connected, enriches all of our lives.

### **ACCOMPLISHMENT HIGHLIGHTS *for #11***

- ✓ **Conducted Community Participation Support (CPS) webinars for Supports Coordinators (SCs) to provide basic information on CPS and updated guidance on waiver changes**
- ✓ **Published an updated question and answer (Q&A) document for CPS for provider reference**
- ✓ **Developed and published a quality management (QM) data collection tool and accompanying tutorial for CPS and Day Habilitation providers**
- ✓ **Under standardized CPS curriculum, in the last 12 months an additional 9,957 users have received a certificate for required training**

### **ACCOMPLISHMENTS IN DETAIL *for #11***

#### **CPS Webinars –**

- ❖ Developed a webinar for SCs to provide a foundational understanding of the basics of CPS, including its purpose and core service components.
- ❖ Through feedback received after these webinars, ODP began development of a “SC Quick Guide to CPS” to assist SCs with discussing the service with individuals and families.

#### **Version 4 of the CPS Q&A Document –**

- ❖ ODP published an updated version of the Q&A document for CPS, with a table of contents as well as new and revised questions and answers.
- ❖ The updated version of this resource document incorporates new guidance about recent waiver changes as well as revisions which highlight ODP guidance related to topics such as the Home and Community Based Services (HCBS) Settings Rule.

#### **QM Data Collection Tool for CPS and Day Habilitation –**

- ❖ Using the QM Data Monitoring and Analysis template developed by ODP, a modified version was released for use by CPS and Day Habilitation providers.

- ❖ This new tool is specifically for tracking the CPS service definition requirement for a provider to develop a QM plan, for a service location where more than 10% of individuals are receiving less than 25% of their CPS in a community setting. The tool is available here: [QM Data Collection Tool for CPS and Day Habilitation](#).
- ❖ The tool was accompanied by a tutorial video, which was made available to all providers here: [MyODP CPS Resource Page](#).

### Standardized CPS Curriculum –

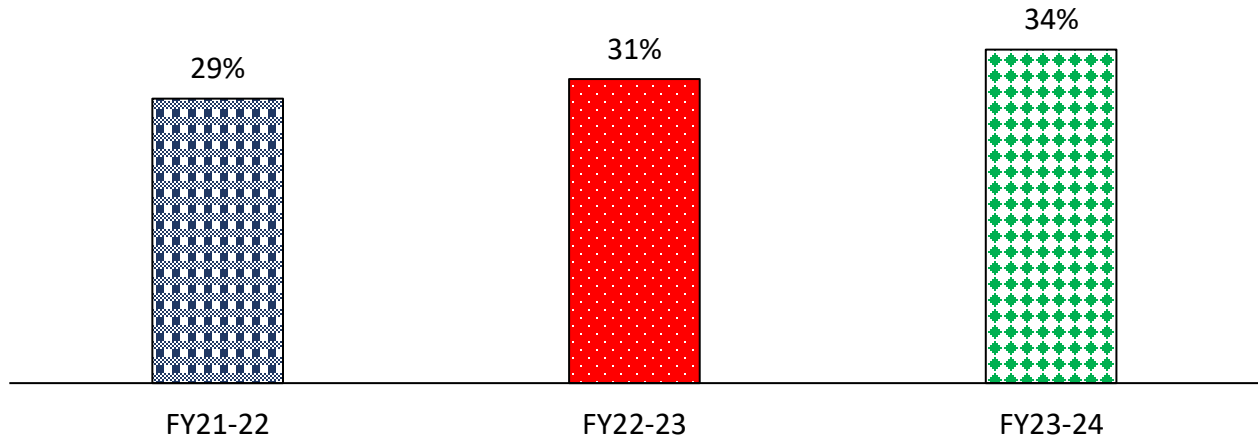
- ❖ ODP previously implemented a standardized curriculum for CPS, which includes topics such as community mapping, inclusion/integration, and building relationships in the community. As of November 2024:
  - ✓ A total of 74,359 users have received a certificate for the required training.
  - ✓ A total of 7,765 users have received a certificate for professional development, representing an increase of 1,235 users over the previous 12 months.

<b>PERFORMANCE MEASURES <i>for</i> #11</b>
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1. Percent of Community Participation Support (CPS) service units used by recipients in a community setting, overall and by race. (*PROMISE*)
2. Percent of individuals who received Community Participation Support (CPS) in community settings, overall and by race. (*PROMISE*)
3. Percent of authorized CPS service locations that delivered CPS in community settings. (*PROMISE*)
4. Percent of individuals, overall and by race, who receive at least a quarter of their community participation support service in community settings. (*HCSIS & PROMISE*)
5. Percent of individuals who report that when they choose what they do during the day, they are given a choice to go where people without disabilities go. (*IM4Q*)
6. Percent of people who report that they were given options of where to go during the day. (*IM4Q*)
7. Percent of individuals who report that they visit with friends, relatives, or neighbors at least weekly. (*IM4Q*)
8. Percent of individuals who report that they have friends who are not staff and family. (*IM4Q*)
9. Percent of respondents who say their relative has enough opportunities to participate in activities outside of where they live. (*IM4Q*)
10. Percent of respondents who say their relative has the opportunity to learn new things. (*IM4Q*)



**Percent of CPS Service Units Used by Recipients  
in a Community Setting (PM 1)**



Source: HCSIS and PROMIS as of 2/10/2025

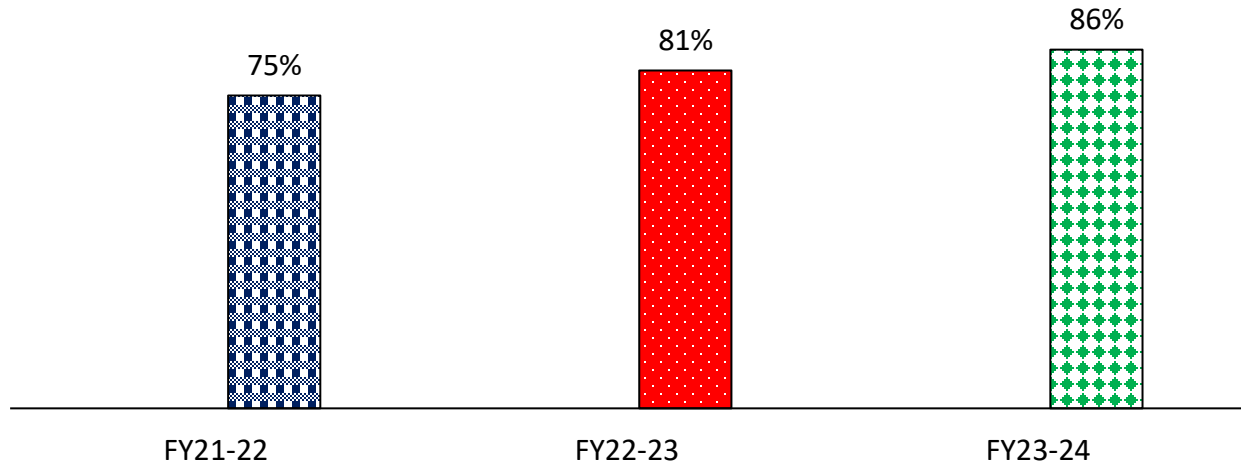
Note: "CPS service units used by recipients in a community setting" includes units provided remotely.

**Percent of CPS Service Units Used by Recipients (within the Race Category)  
in a Community Setting, by Race (PM 1)**

RACE	FY 21-22	FY 22-23	FY 23-24
American Indian or Alaskan Native	20%	31%	37%
Asian	28%	32%	35%
Black or African American	36%	40%	44%
Native Hawaiian or Other Pacific Islander Indicator	4%	50%	50%
White	27%	29%	32%
Other	32%	34%	36%
Unknown	57%	50%	49%

Source: HCSIS and PROMIS as of 2/10/2025

**Percent of Individuals Who Received CPS in Community Settings  
(PM 2)**



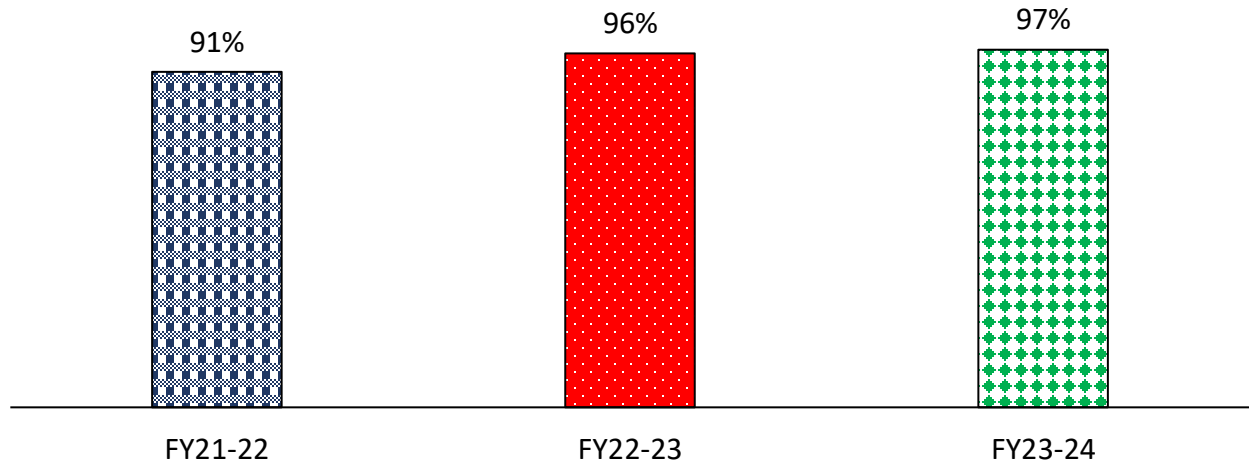
Source: HCSIS and PROMIS as of 2/10/2025

**Percent of Individuals Who Received CPS in Community Settings, by Race (PM 2)**

RACE	FY 21-22	FY 22-23	FY 23-24
American Indian or Alaskan Native	0.1%	0.13%	0.14%
Asian	1%	1%	1%
Black or African American	13%	14%	15%
Native Hawaiian or Other Pacific Islander Indicator	0.02%	0.02%	0.03%
White	80%	79%	78%
Other	5%	5%	6%
Unknown	0.1%	0.2%	0.2%

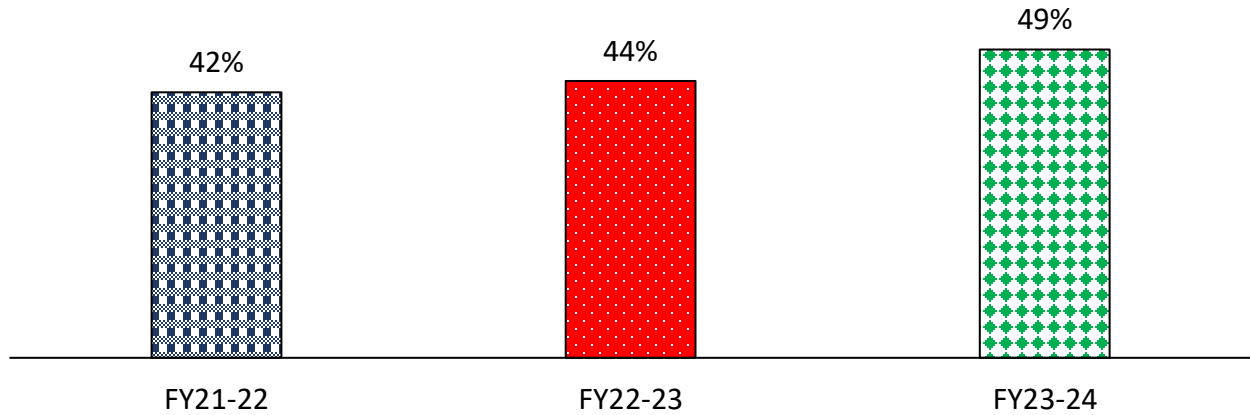
Source: HCSIS and PROMIS as of 2/10/2025

**Percent of Authorized CPS Service Locations that Delivered CPS in Community Settings (PM 3)**



*Source: HCSIS and PROMIS as of 2/10/2025*

**Percent of Individuals who Receive at Least a Quarter ( $\geq 25\%$ ) of Their CPS Service in Community Settings (PM 4)**

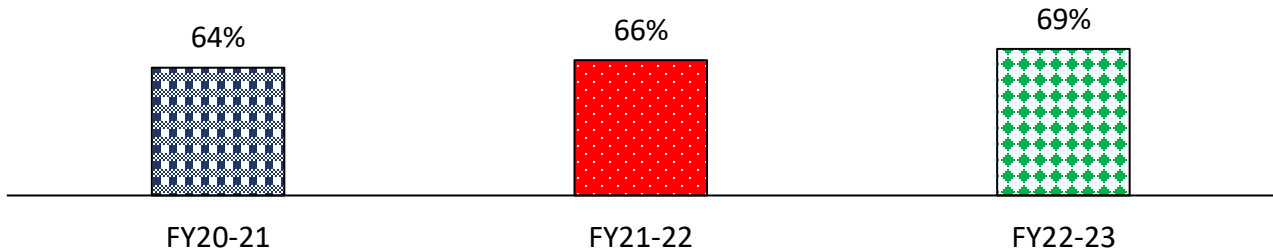


Source: HCSIS and PROMIS as of 2/10/2025

<b>Percent of Individuals who Receive at Least a Quarter (<math>\geq 25\%</math>) of Their CPS Service in Community Settings, by Race (PM 4)</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
American Indian or Alaskan Native	0.13%	0.14%
Asian	1.4%	1.5%
Black or African American	15%	16%
Native Hawaiian or Other Pacific Islander	0.04%	0.05%
Other	5%	6%
Unknown	0.2%	0.4%
White	77%	77%

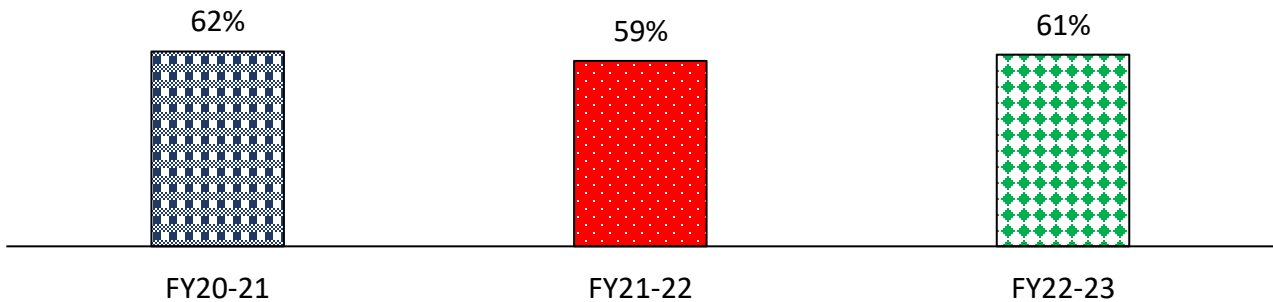
Source: HCSIS and PROMIS as of 2/10/2025

**Percent of Individuals Who Reported that When They Chose Their Work or Day Activity, They Had an Option to Go Where People without Disabilities Go (PM 5)**



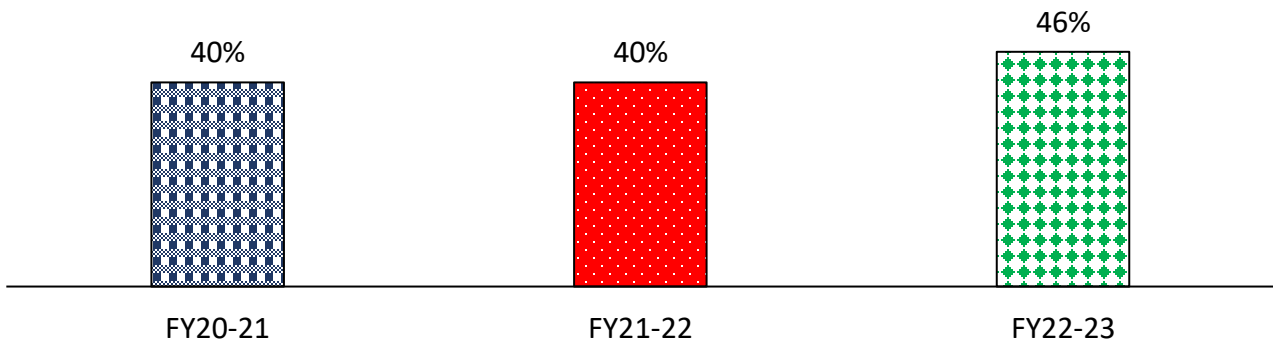
Source: IM4Q

**Percent of People who Report that they were Given Options of Where to go During the Day (PM 6)**



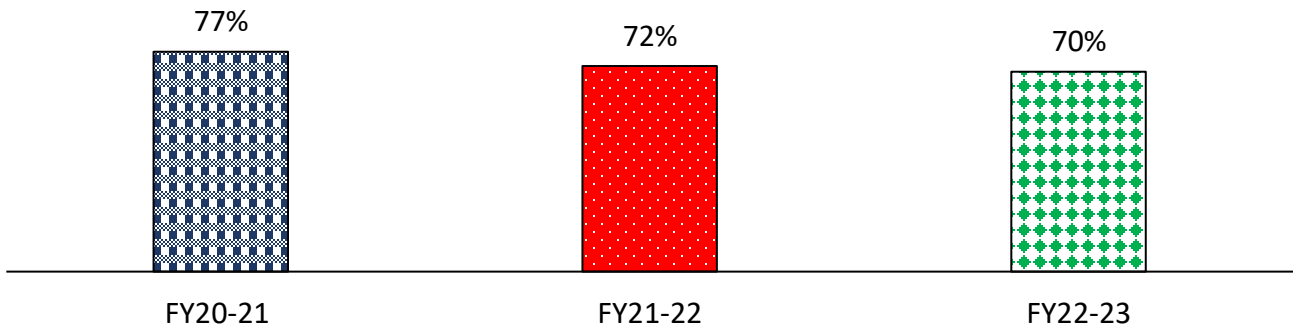
Source: IM4Q

**Percent of Individuals who Report that they Visit with Friends, Relatives, or Neighbors at Least Weekly (PM 7)**



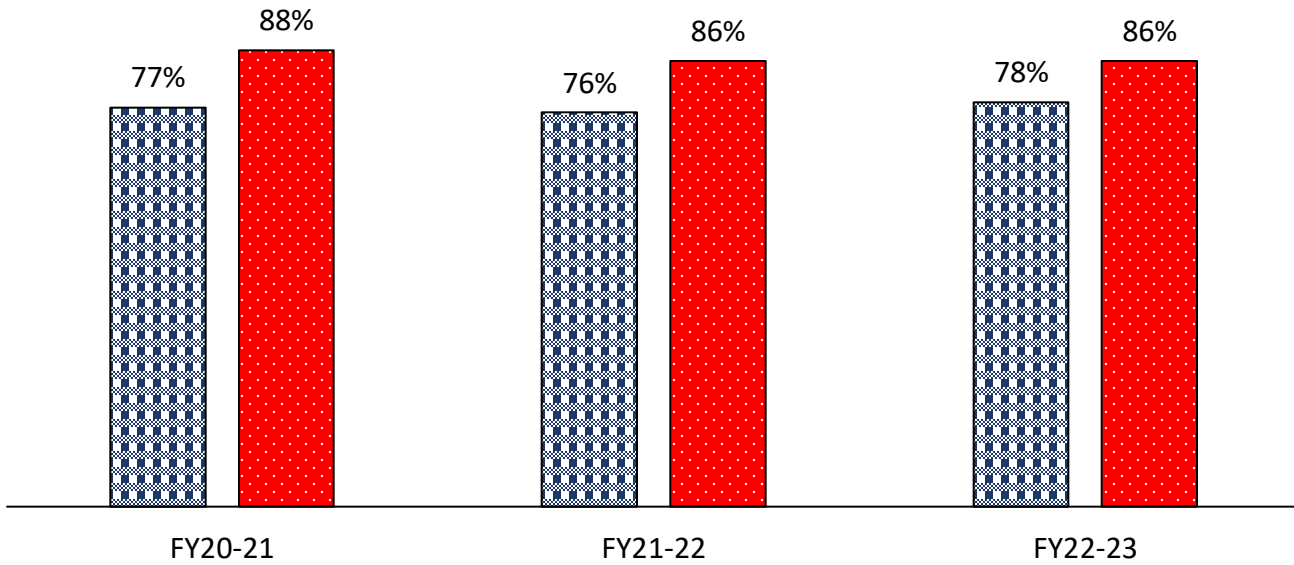
Source: IM4Q

### Percent of Individuals Who Have Friends Other Than Staff and Family (PM 8)



Source: IM4Q

### Percent of Relatives' Satisfaction with Opportunities for Individuals (PM 9 & 10)



- Percent of respondents who say their relative has enough opportunities to participate in activities outside of where they live.
- Percent of respondents who say their relative has the opportunity to learn new things.

Source: IM4Q



## Recommendation 12: Provide Community Services to Everyone

People with disabilities — whether living on their own, with families, or in institutions — are waiting for community services. The goal is to build a system having the capacity to provide services in a timely fashion for all people who need supports.

### ACCOMPLISHMENT HIGHLIGHTS *for #12*

- ✓ Shapiro Administration announced ODP’s Multi-Year Program Growth Strategy to end the emergency waiting list for adults, which resulted in an 8% increase in program capacity and a 19% decrease in the adult emergency waiting list
- ✓ Continued growth in number of families able to support their child with a complex medical condition through LifeSharing
- ✓ In partnership with the Office of Medical Assistance Programs, designed and launched Pediatric Complex Care Resource Centers (PCCRCs)

### ACCOMPLISHMENTS IN DETAIL *for #12*

#### Multi-Year Program Growth Strategy –

- ❖ For over 30 years, Pennsylvanians aged 21 and older with ID/A have been placed on a waiting list for needed services until capacity was available. In February 2024, ODP was approved to begin implementing its Multi-Year Program Growth Strategy to end the emergency waiting list for adults. This resulted in an 8% increase in total program capacity and as of January 30, 2025, the adult emergency waiting list has been reduced by 19%.
- ❖ Beginning January 1, 2025, AEs will be evaluated for readiness to begin using the program growth strategy to enroll more people in waivers.
- ❖ ODP has surpassed capacity for 41,555 individuals to be enrolled in the HCBS waivers.

#### Supporting Children with Complex Medical Conditions –

- ❖ In FY 23/24, 35 children with complex medical conditions were diverted from or transitioned out of medical facilities.

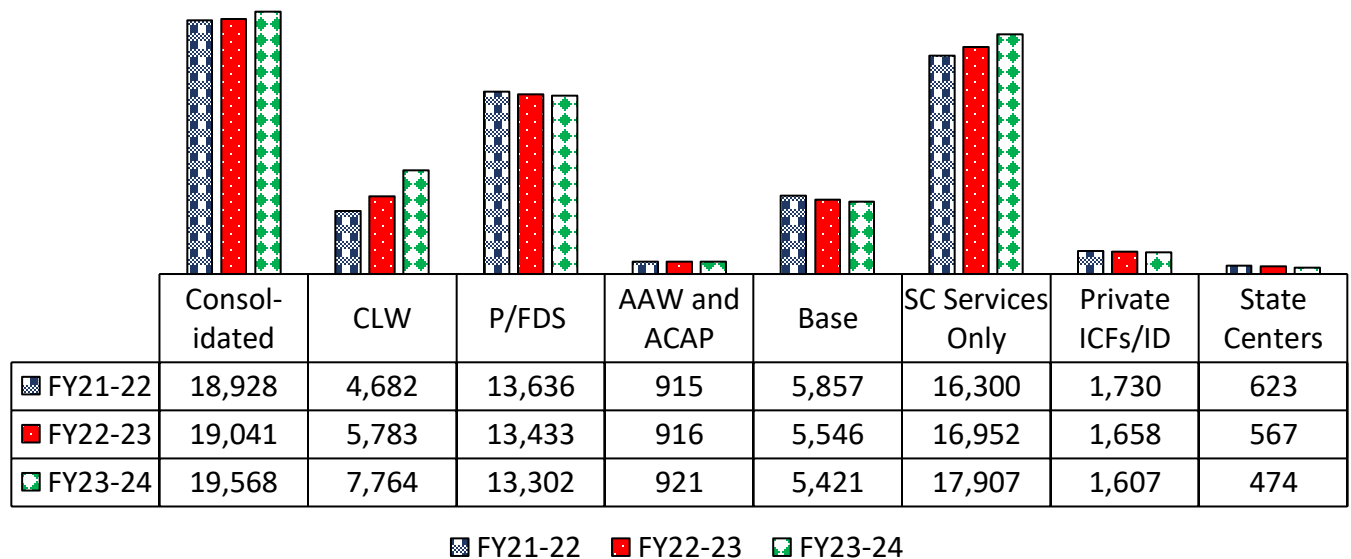
**Pediatric Complex Care Resource Centers (PCCRCs) –**

- ❖ In partnership with the Office of Medical Assistance Programs, ODP implemented PCCRCs, with a focus on supporting caregivers in the non-medical aspects of caring for a child with a complex medical condition.
- ❖ Support provided will be family-centered and offer resources, information and support to families and caregivers.
- ❖ PCCRCs will employ 16 Pediatric Coaches, 5 Family Facilitators, and 1 Family Facilitation Coordinator, as well as provide the infrastructure for regional family advisory workgroups. As of January 15, 2025, 1 Family Facilitation Coordinator, 2 Family Facilitators, and 10 Pediatric Coaches have been hired.

**PERFORMANCE MEASURES for #12**

1. Number of unduplicated people served, by program, by fiscal year (FY), during the year, overall and by race. (*HCSIS & PROMISE*)
2. Number of people newly enrolled in a HCBS waiver, overall and by race, from:
  - a. ID waiting list, by category, (Emergency, Critical, Planning), by age,
  - b. Interest list, by category, by age,
  - c. Institutional settings (ICF, RTF, and congregate settings for children with complex needs),
  - d. ID waiting list, by program enrolled (*HCSIS & PROMISE*)

**Number of Unduplicated People Served By Program  
(PM 1)**



Sources: *HCSIS & PROMISE* as of 01/09/2025



### Number of Unduplicated People Served by Program, by Race (PM 1)

*Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes and in some cases, a category of race is not included due to number of people being "0" for all years.*

Base Services	FY 21-22	FY 22-23	FY 23-24
American Indian or Alaskan Native	<11	<11	<11
Asian	55	52	59
Black or African American	595	586	572
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	4,820	4,535	4,411
Other	319	301	305
Unknown	27	29	28
Multi-Race	34	37	33
<b>Total</b>	5,858	5,548	5,421
Community Living Waiver	FY 21-22	FY 22-23	FY 23-24
American Indian or Alaskan Native	<11	<11	11
Asian	75	101	159
Black or African American	734	910	1,252
White	3,516	4,311	5,713
Other	317	412	573
Unknown	12	13	16
Multi-Race	23	27	36
No to all Options	<11	<11	<11
<b>Total</b>	4,682	5,781	---
Consolidated Waiver	FY 21-22	FY 22-23	FY 23-24
American Indian or Alaskan Native	16	15	20
Asian	167	177	191
Black or African American	3,107	3,187	3,327
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	14,727	14,707	15,000
Other	828	859	933
Unknown	14	17	15
Multi-Race	65	73	77
No to all Options	<11	<11	<11
<b>Total</b>	18,928	19,040	19,568

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<b>P/FDS Waiver</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
American Indian or Alaskan Native	22	26	24
Asian	227	231	239
Black or African American	2,134	2,062	1,988
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	10,232	10,088	10,015
Other	939	936	926
Unknown	28	34	46
Multi-Race	49	53	57
No to all Options	<11	<11	<11
<b>Total</b>	13,636	13,435	13,302
<b>SC Services Only</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
American Indian or Alaskan Native	37	37	45
Asian	446	478	521
Black or African American	3,055	3,236	3,284
Hawaiian or Other Pacific Islander Indicator	11	<11	11
White	11,168	11,478	12,212
Other	1,368	1,426	1,500
Unknown	126	164	202
Multi-Race	85	105	132
No to all Options	<11	<11	0
<b>Total</b>	--	16,934	17,907
<b>ACAP</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	16	17	16
White	155	157	158
Other	<11	<11	11
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
<b>Total</b>	186	189	--
<b>Adult Autism Waiver</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	63	67	68
White	615	611	617
Other	35	35	33
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
<b>Total</b>	729	728	732

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<b>Private ICF/ID</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
<i>American Indian or Alaskan Native</i>	<11	<11	<11
<i>Asian</i>	19	21	21
<i>Black or African American</i>	282	273	269
<i>Hawaiian or Other Pacific Islander Indicator</i>	<11	<11	<11
<i>White</i>	1,332	1,267	1,212
<i>Other</i>	91	95	96
<i>Unknown</i>	<11	<11	<11
<i>Multi-Race</i>	0	0	0
<b>Total</b>	1,730	1,662	1,604
<b>State Centers</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
<i>Asian</i>	<11	<11	<11
<i>Black or African American</i>	56	55	55
<i>White</i>	555	502	416
<i>Other</i>	<11	<11	<11
<b>Total</b>	623	568	480

*Sources: HCSIS and PROMISe as of 10/30/2024.*

**Note:** *Due to privacy reasons some totals may not have been included in these tables*

**Number of People Newly Enrolled in a HCBS Waiver, from ID Waiting List,  
by Urgency of Need Category and Age Group (PM 2a)**

*E = Emergency; C = Critical; P = Planning*

Age Group	FY 21-22			FY 22-23			FY 23-24		
	E	C	P	E	C	P	E	C	P
50 and up	226	19	<11	280	14	<11	411	31	<11
21-49	1,457	84	16	1,581	124	23	2,530	157	30
18-20	452	30	<11	485	33	<11	549	31	<11
Birth to 17	56	<11	<11	88	<11	<11	117	13	<11

Sources: EDW HCSIS Consumer Demographics Fact and PUNS. Extraction Date 10/30/2024.

**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes.

**Number of People Newly Enrolled in a HCBS Waiver from ID Waiting List,  
by Race - Emergency Category Only (PM 2a)**

Race	FY 22-23	FY 23-24
American Indian or Alaskan Native	<11	11
Asian	69	124
Black or African American	442	673
Native Hawaiian or Other Pacific Islander Indicator	<11	<11
White	1,986	3,324
Other	268	388
Unknown	<11	21
Multi-Race	14	22

Source: HCSIS

**Note:** Data for Critical and Planning categories was not included due to numbers generally being too small to publicly report counts due to privacy.

**Number of People Newly Enrolled in a HCBS Waiver from AAW Interest List,  
by Age (PM 2b)**

Age Group	FY 21-22	FY 22-23	FY 23-24
50 and up	<11	<11	<11
21-49	19	14	17

Source: HCSIS as of 10/30/2024

**Note:** Data greater than zero and less than 11 is not shown in the table for privacy purposes. Data for Urgency of Need categories was not included due to numbers generally being too small to publicly report counts due to privacy.

<b>Number of People Newly Enrolled in a HCBS Waiver from Institutional Settings (PM 2c)</b>		
	<b>FY 22-23</b>	<b>FY 23-24</b>
Nursing Homes	23	13
State Hospitals	<11	<11
State Centers	20	7
Private ICF-IDs	21	11
Private ICF-ORCs	0	<11
Residential Treatment Facility (RTF)	13	11
53: RTF (Mental Health) BH Medically Necessary <i>Placement into a mental health residential treatment facility. It provides 24-hour supervision to persons 18 years or older or persons under 21 who qualify for EPSDT extended services.</i>	<11	<11
56: CSC-BH Medically Necessary RTF (other) <i>Placement of a Child in Substitute Care (CSC) into a Mental Health residential treatment facility. This code is to be used for a child from a HealthChoices zone, a voluntary plan, or fee-for-service being placed in substitute care that does not meet the 55 criteria described above (includes zone to zone transfers).</i>	<11	<11

Source: HCSIS, PROMISE and Facility Fact; Data extraction date: 01/14/2025

**Note:** Data less than 11 is not shown in the table for privacy purposes.

<b>Number of People Newly Enrolled in a HCBS Waiver, from ID Waiting List, by Program Enrolled (PM 2d)</b>			
<b>Waiver Program</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
Community Living	699	922	1,939
Consolidated	655	681	1,100
P/FDS	1,028	1,093	1,529

Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 01/15/2025.

<b>Number of People Newly Enrolled in a HCBS Waiver, from ID Waiting List, by Program Enrolled, by Race—Emergency Only (PM 2d)</b>		
	<b>FY22-23</b>	<b>FY23-24</b>
<b>Community Living Waiver</b>		
<i>American Indian or Alaskan Native</i>	<11	<11
<i>Asian</i>	22	55
<i>Black or African American</i>	121	320
<i>Native Hawaiian Or Other Pacific Islander Indicator</i>	0	<11
<i>White</i>	598	1,373
<i>Other</i>	68	168
<i>Unknown</i>	<11	<11
<i>Multi-Race</i>	<11	<11
<i>No To All Options</i>	0	<11
<b>Total</b>	<b>815</b>	<b>1,939</b>
<b>Consolidated Waiver</b>		
<i>American Indian Or Alaskan Native</i>	<11	<11
<i>Asian</i>	<11	23
<i>Black or African American</i>	123	173
<i>White</i>	463	801
<i>Other</i>	49	93
<i>Unknown</i>	<11	<11
<i>Multi-Race</i>	<11	<11
<b>Total</b>	<b>651</b>	<b>1,100</b>
<b>P/FDS Waiver</b>		
<i>American Indian or Alaskan Native</i>	<11	<11
<i>Asian</i>	26	46
<i>Black or African American</i>	120	180
<i>Native Hawaiian or Other Pacific Islander Indicator</i>	<11	<11
<i>White</i>	765	1,150
<i>Other</i>	74	127
<i>Unknown</i>	<11	14
<i>Multi-Race</i>	11	<11
<b>Total</b>	<b>1,009</b>	<b>1,529</b>

Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 01/15/2025.



## Recommendation 13: Evaluate Future Innovations Based on Everyday Lives Principles

Future consideration of service models and reimbursement strategies must be based on the principles of person-centered planning, individual choice, control over who provides services and where, and access to/full engagement in community life. Innovative approaches should be evaluated based on the recommendations of *Everyday Lives*, including employment, recognizing and supporting the role of families, and meeting the diverse needs of all individuals. Stakeholders should be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness of innovative service models and service delivery systems.

- ❖ Adherence to the values and principles of *Everyday Lives*.
- ❖ Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing, and monitoring the outcomes.
- ❖ Recognition that payment models assume that individuals and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.
- ❖ Recognition that while individuals and self-advocates with intellectual disability or autism have medical, mental health, and dental needs that require medical services, the goal of home and community-based services is to enable people to live and engage in community life.
- ❖ Incorporation of the Federal Home and Community-Based Services rule, which requires person-centered planning, individual choice, and control over who provides services and where and supports access to the greater community and full engagement in community life.
- ❖ Adoption of a performance evaluation system founded in the principles of *Everyday Lives* and the Home and Community-Based Services Rule.
- ❖ Recognition that most individuals and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.

*\* A typical description of a medical home is a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.*

## ACCOMPLISHMENT HIGHLIGHTS *for #13*

- ✓ ODP received CMS approval to implement selective contracting, referred to as “performance-based contracting,” (PBC) for residential services
- ✓ On January 1, 2025, ODP began implementing residential PBC for Residential Habilitation, Lifesharing, and Supported Living services
- ✓ PBC performance measures for SCOs were drafted and reviewed with ISAC

## ACCOMPLISHMENTS IN DETAIL *for #13*

- ❖ In 2024, ODP received CMS approval of a 1915(b)(4) Performance-Based Contracting (PBC) waiver and 1915(c) waiver amendments for the Consolidated and Community Living waivers. These approvals allowed for ODP to begin implementing PBC for residential providers providing Residential Habilitation, Lifesharing, and Supported Living services. The first round of provider data was submitted in August by providers who chose to submit at that time. Scoring of those submissions was completed, tier assignment notifications were sent, and PBC for those providers becomes effective January 1, 2025. A second round of PBC data submissions for residential providers will occur in February-March 2025, and is required for providers who did not choose to submit their data in the first round.
- ❖ ODP worked with the Supports Coordination Strategic Thinking Group throughout 2024 to develop performance measures for PBC for Supports Coordination Organizations (SCOs). These drafted performance measures were reviewed with ISAC in November to gather and incorporate feedback.





## Recommendation 14: Promote Racial Equity

Communities are richer, more just, and stronger when we honor and respect the whole of racial diversity. Access to a quality, person-centered, culturally competent system of supports and funding must be equally available regardless of race. Services must include planning over a life span and address racial disparities, including disparate outcomes. The duty to ensure that racial diversity is promoted and supported, at all levels within the services system, must be embraced.

### ACCOMPLISHMENT HIGHLIGHTS for #14

- ✓ ODP continues to improve reporting on performance measures by race based on ISAC recommendations.
- ✓ Diversity, Equity, and Inclusion (DEI) performance measures have been included in PBC for residential providers

### ACCOMPLISHMENTS IN DETAIL for #14

- ❖ In February 2024, the ISAC racial equity performance measure data was published, for the second year, in the 2023 ISAC Annual Report. With the writing of this current report, ISAC Annual Report 2024, a third year of racial equity data has been reported, via 20 performance measures, across the following 9 recommendations:
  - ✓ #1 - Assure Effective Communication,
  - ✓ #2 - Promote Self-Direction, Choice and Control,
  - ✓ #3 - Increase Employment,
  - ✓ #4 - Support Families Throughout the Lifespan,
  - ✓ #5 - Promote Health, Wellness and Safety,
  - ✓ #6 - Support People with Complex Needs,
  - ✓ #10 - Expand Options for Community Living,
  - ✓ #11 - Increase Community Participation,
  - ✓ #12 - Provide Community Services to Everyone.
- ❖ DEI performance measures have been included in PBC for residential providers. They include:
  - ✓ All providers will submit a current policy that addresses DEI in the provider's workforce.
  - ✓ Select and Clinically Enhanced tiers for residential providers also have to:
    - Attest that the agency has a strategic plan that includes DEI.
    - Submit documentation that the agency has a committee of staff focused on DEI.

- Submit documentation that training for staff is relevant to the employee's own culture and language.
  - Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.
- ✓ The DEI policy measure(s) will also be added to PBC for SCOs, as applicable.

## Appendix A: Racial Breakdown of All ODP Programs

Racial Breakdown of All ODP Programs	FY 21-22		FY 22-23		FY 23-24	
	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals
American Indian Or Alaskan Native	91	0.2%	94	0.2%	112	0.2%
Asian	985	1.6%	1,053	1.7%	1,179	1.8%
Black Or African American	9,745	16.2%	10,112	16.4%	10,507	16.2%
Native Hawaiian Or Other Pacific Islander	18	0.03%	16	0.03%	27	0.04%
White	45,241	75.0%	45,904	74.4%	48,126	74.2%
Other	3,772	6.3%	3,936	6.4%	4,281	6.6%
Unknown	196	0.3%	242	0.4%	309	0.5%
Multi-Race	267	0.4%	309	0.5%	339	0.5%
No To All Options	<11	0.0%	<11	0.01%	<11	0.01%

*Sources: HCSIS & PROMISe as of 01/09/2025*

## Appendix B: Acronyms

AAW	Adult Autism Waiver
ACAP	Adult Community Autism Program
AE	Administrative Entity
ARPA	American Rescue Plan Act
ASD	Autism Spectrum Disorder
ASERT	Autism Services, Education, Resources & Training
AWC	Agency with Choice
BH	Behavioral Health
CBI	Capacity Building Institute
CDC	Centers for Disease Control & Prevention
CDS	College of Direct Support
CIE	Competitive Integrated Employment
CMS	Centers for Medicare & Medicaid Services
CoP	Community of Practice
COVID-19	Coronavirus Disease 2019
CPS	Community Participation Support
CSC	Child in Substitute Care
CtLC	Charting the LifeCourse
DHS	PA Department of Human Services
DOC	PA Department of Corrections
DOH	PA Department of Health
ECHO	Expanding Community Health Options
ECM	Enterprise Case Management
EDL	Everyday Lives
EDW	Enterprise Data Warehouse
EPSDT	Early & Periodic Screening, Diagnosis & Treatment
FY	Fiscal Year
HCBS	Home & Community Based Services
HCQU	Health Care Quality Unit
HCSIS	Home & Community Services Information System
HHS	US Department of Health & Human Services
HRST	Health Risk Screening Tool
HTTP	Housing Transition & Tenancy Providers
ICF	Intermediate Care Facility
ICF/ORC	Intermediate Care Facility for Other Related Conditions
ID/A	Intellectual Disability/Autism
IM4Q	Independent Monitoring for Quality
IU	Intermediate Unit
InVEST	Integrated Vocational Engagement & Supports Team
ISAC	Information Sharing & Advisory Committee
ISP	Individual Support Plan
MMIS	Medicaid Management Information System
NADSP	National Alliance for Direct Support Professionals
NASDDDS	National Association of State Directors of Developmental Disabilities Services

NCI	National Core Indicators
NCSS	National Center for START Services
ODP	Office of Developmental Programs
OMHSAS	Office of Mental Health & Substance Abuse Services
OVR	Office of Vocational Rehabilitation
PATC	Pennsylvania Autism Training Conference
PaTTAN	PA Training & Technical Assistance Network
PBS	Positive Behavior Support
PCCRC	Pediatric Complex Care Resource Center
PDE	PA Department of Education
PDS	Participant Directed Services
PECS	Picture Exchange Communication System
P/FDS	Person/Family Directed Supports
PM	Performance Measure
PROMISe	Provider Reimbursement & Operations Management Information System
QA&I	Quality Assessment and Improvement
QI	Quality Improvement
QM	Quality Management
QMP	Quality Management Plan
RFA	Request for Application
RTF	Residential Treatment Facility
SAPNA	Self-Advocacy Power Network for All
SC	Supports Coordinator
SCI	State Correctional Institution
SCO	Supports Coordination Organization
START	Systemic, Therapeutic, Assessment, Resources & Treatment Model
STAT	Specialty Telehealth and Assessment Team (new telehealth waiver service)
STG	Strategic Thinking Group
SWtCIE	Subminimum Wage to Competitive Integrated Employment
TechOWL	Technology for Our Whole Lives
TRAIN	Trauma Recovery for Autistic, Intellectually Disabled & Neurodiverse Individuals
UPMC	University of Pittsburgh Medical Center
VF/EA	Vendor Fiscal/Employer Agent

## Appendix C: Data Sources

[College of Direct Support \(CDS\)](#) – A national, web-based learning system that the Commonwealth has used since 2003, that’s designed for people who support individuals with intellectual/developmental disabilities.

**Enterprise Data Warehouse (EDW)** – A repository that stores and manages historical business data for ODP.

[Home and Community Services Information System \(HCSIS\)](#) – A web-based application that supports the Department of Human Services, including ODP, AEs, SCs, and providers, in the administration of federal and state-funded home and community-based programs.

**Health Risk Screening Tool (HRST)** – A web-based, HIPAA compliant rating instrument developed to detect health destabilization in at-risk populations.

[Independent Monitoring for Quality \(IM4Q\)](#) – People with disabilities, family members, and support professionals in PA are interviewed by the IM4Q project to learn about the overall quality of life for people who receive support through ODP.

[MyODP.org](#) – ODP’s online Training and Resource Center.

[National Core Indicators \(NCI\)](#) – Supports member agencies to gather a standard set of performance and outcome measures used to track their own performance over time, to compare results across states, and to establish national benchmarks. NCI includes an Adult In-Person Survey and Adult Family Survey.

[Provider Reimbursement and Operations Management Information System \(PROMISE™\)](#) – PA’s CMS-certified Medicaid Management Information System (MMIS) and HIPAA-compliant claims processing and financial management information system.

**Prioritization of Urgency of Need for Services (PUNS)** – This tool is used by ODP to assist in evaluating the waiting list to better target policies to address the needs of individuals with ID/A and their families.

[Quality Assessment and Improvement \(QA&I\)](#) – A statewide assessment with 100% participation from AEs, SCOs and providers (entities) over a three-year cycle. During a full QA&I review, in addition to completing an annual self-assessment, an entity undergoes desk and onsite reviews, receives a comprehensive report, may be required to complete corrective action and quality improvement activities, and receives technical assistance upon request.