

# **Everyday Lives: Values in Action**

**Information Sharing & Advisory  
Committee (ISAC)**

## **ANNUAL REPORT**



**2025**

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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 Plan-Do-Check-Act (PDCA) quality improvement framework to assess our progress and to plan for and make improvements in the system, while imbedding successful practices through continuous quality improvement. This publication offers us a glimpse of where we are at the end of 2025, and it will help us to continue to move forward and strive for a better tomorrow.

In January 2026, as part of this PDCA cycle, ISAC completed a comprehensive review of this draft report. During this review ISAC made suggestions for further ISAC review of the effectiveness of a few strategies and performance measures, across several ISAC recommendations.

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



## 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 communication across systems
- ✓ Continued to see Supports Coordinators (SCs) ensuring communication needs are met
- ✓ Published the Communication Bulletin
- ✓ Developed multi-language domestic violence resources
- ✓ Held 6 DeafBlind Immersion Experiences with Helen Keller National Center

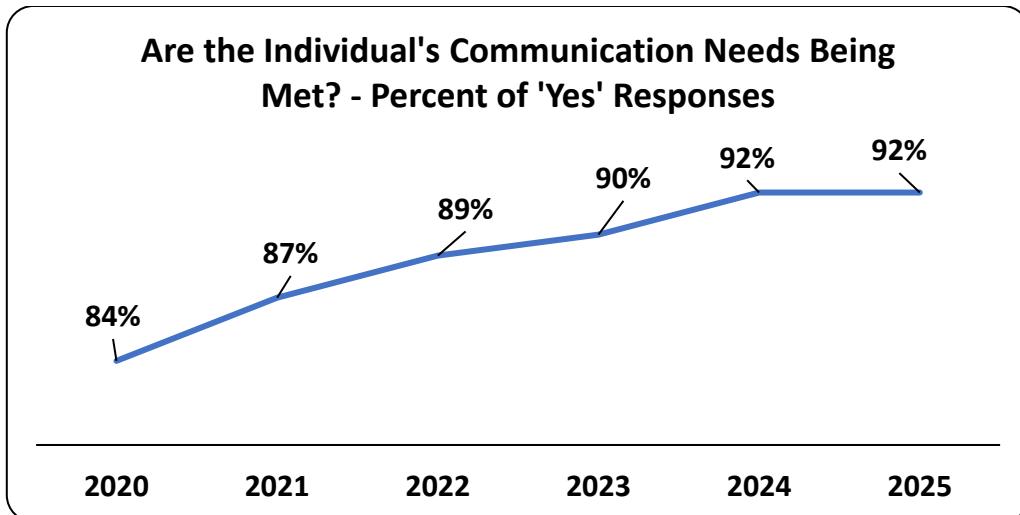
### Accomplishments in Detail for #1

#### Capacity Building in Communication Across Systems –

- ❖ Trainings were provided for, but not limited to:
  - ✓ Certified Investigators
  - ✓ Child Advocacy Centers and multidisciplinary teams
  - ✓ Behavioral healthcare providers
- ❖ Published the fifth annual update to the [Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals](#).
- ❖ Published the Bridging the Gap from Classroom to Community, Transition Resources related to Communication in English and Spanish

### **Supports Coordinators (SCs) Ensuring Communication Needs are Met –**

- ❖ During SC monitoring, the results for “Are the individual’s communication needs being met?” showed continued maintenance of the increase since 2020. In 2025, 92% of SCs said that the individual’s communication needs were being met.



### **Published the Communication Bulletin –**

- ❖ The purpose of the Communication Bulletin is to establish ODP’s policy on communication, which is to ensure all individuals have an effective way to communicate in order to express choice and ensure health and safety. The Communication Bulletin, 00-25-05, was published 12/1/25.

### **Developed multi-language resources with information about domestic abuse –**

- ❖ Philadelphia's Office of Domestic Violence Strategies, Office of Immigrant Affairs, and Office of People with Disabilities in collaboration with the Office of Developmental Programs (ODP), ASERT, and the Pennsylvania Coalition Against Domestic Violence created resources with information about domestic abuse. This resource was developed with community feedback to make sure it is easy to understand. A [brochure](#) is currently available in English, French, Spanish, Portuguese, Mandarin (simplified Chinese), and Haitian Creole. The brochure [links to videos](#) in the same languages and American Sign Language.

## **Six DeafBlind Immersion Experiences with Helen Keller National Center –**

- ❖ Deafblindness is a dual-sensory loss. The combination creates a disability that is different from either hearing or vision loss alone. In the education system, Pennsylvania has the 4th highest number of deafblind children in the nation and the number of children who are deafblind continues to grow.

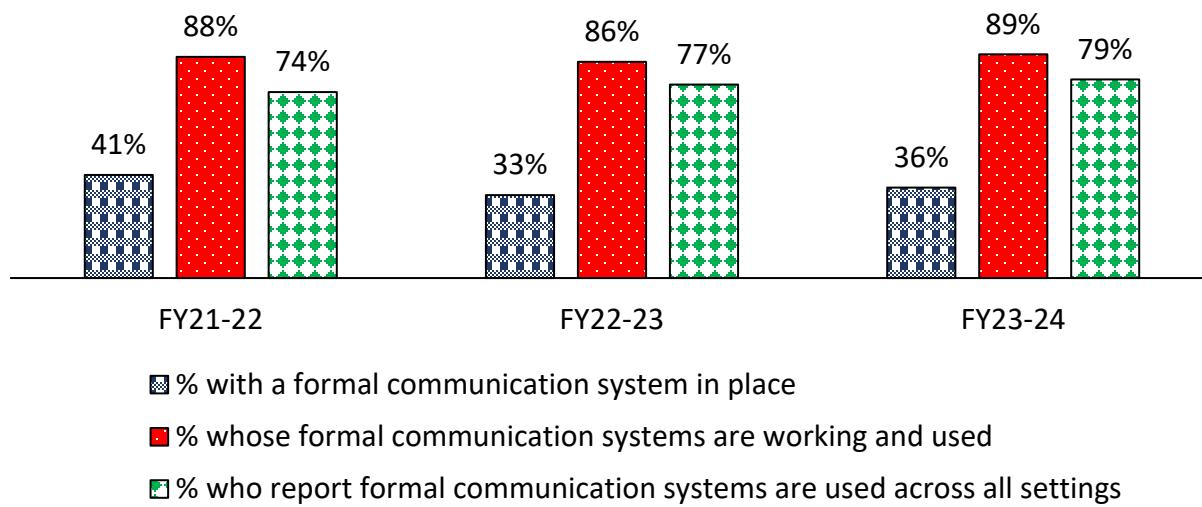
Helen Keller National Center (HKNC) is the nation's leading expert in deafblindness. HKNC started a program called the DeafBlind Immersion Experience for individuals who are deafblind with an intellectual disability and their support team. ODP identified 6 individuals, with their teams (94 staff and family members), to receive this experience. HKNC spent 4 days with each individual and their team in the individual's home and community. HKNC observed, identified teaching strategies, provided mentoring opportunities for the team to incorporate new strategies while supporting the individual, and helped to expand or implement communication system(s). The experience also included a full training day for the individual's team on deafblindness and a portal full of information for current and future staff.

**100% of attendees said they feel their knowledge has improved, they feel better prepared to support someone who is deafblind, and they would recommend the training to others.**

## Performance Measures for #1

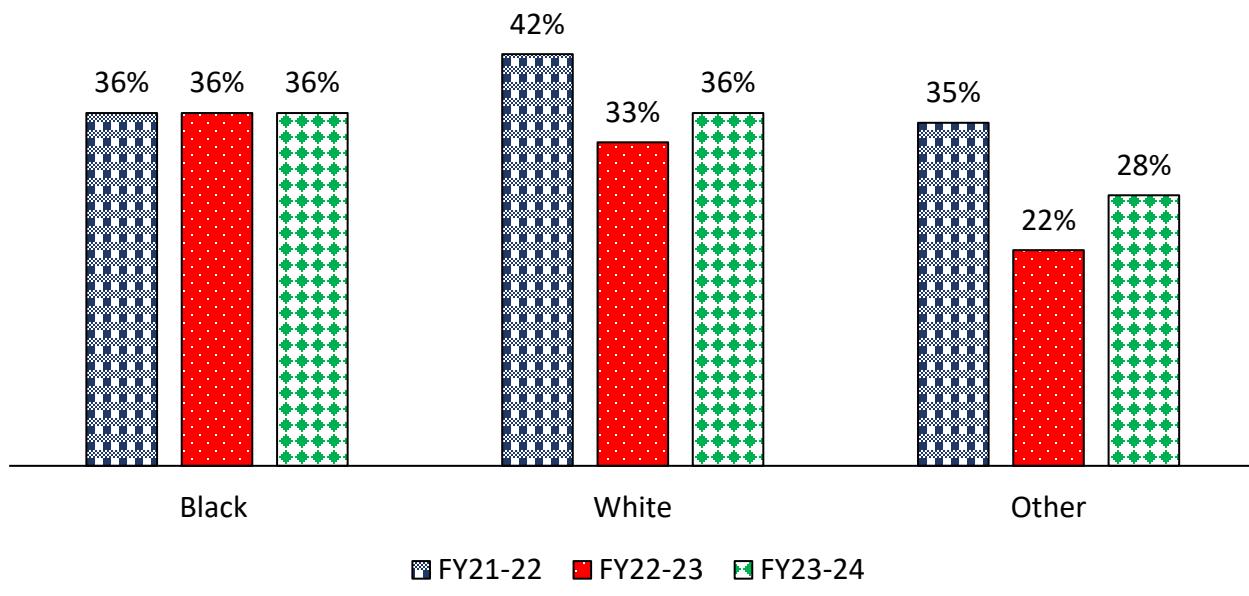
1. For people who do not communicate effectively using words, the percent of people with a communication system in place, overall and by race, age, and living situation i.e., a written plan in place that describes and documents a communication system, e.g., sign language, a picture board/system such 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*)

### Percent of People Who Do Not Communicate Effectively Using Words (PM 1, 2, & 3)



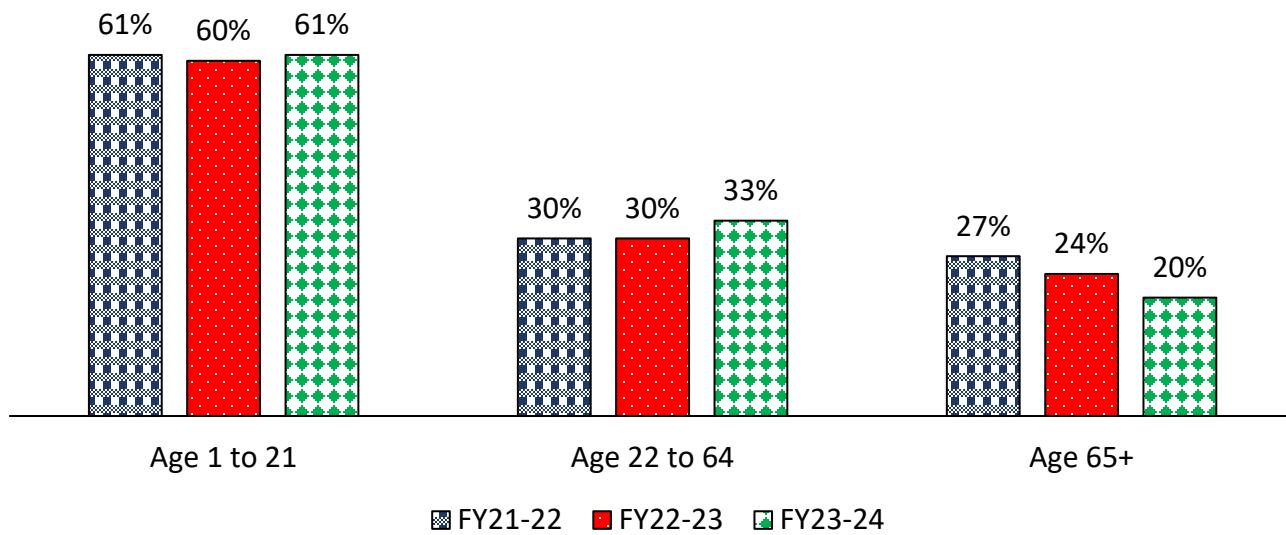
Source: IM4Q

### Percent of People Who Do Not Communicate Effectively Using Words and have a Communication System in Place, by Race (PM 1)



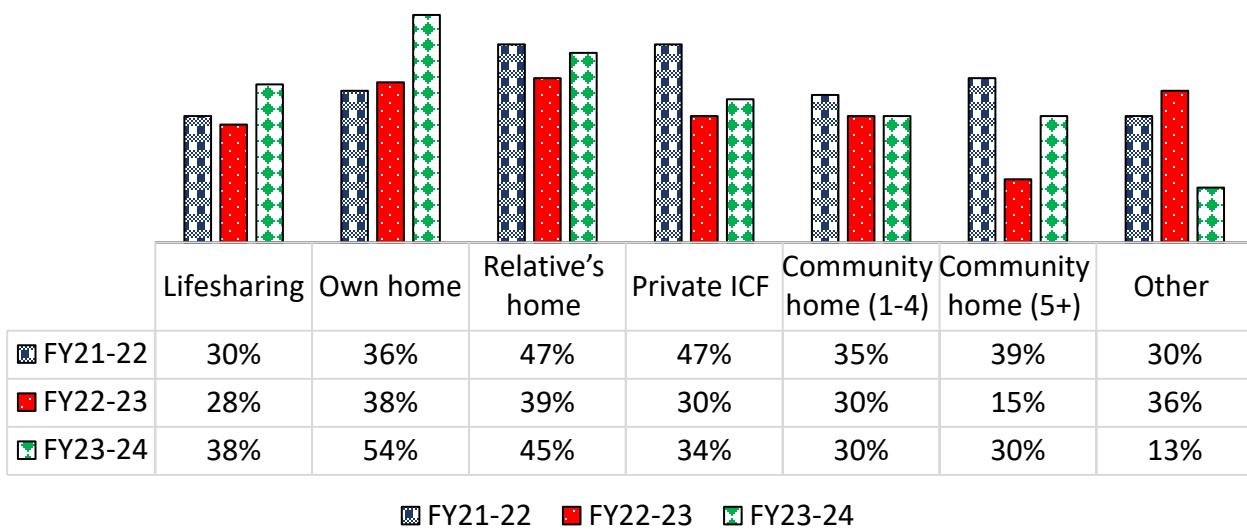
Source: IM4Q

### Percent of People Who Do Not Communicate Effectively Using Words and have a Communication System in Place, by Age (PM 1)



Source: IM4Q

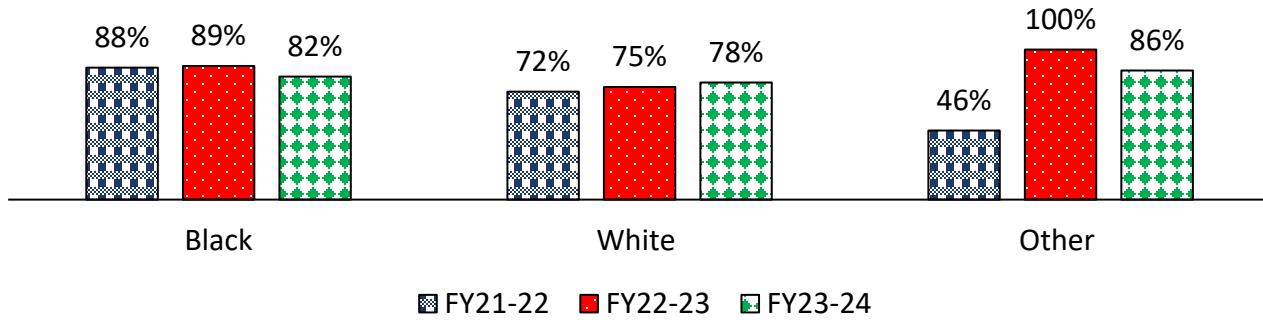
### Percent of People Who Do Not Communicate Effectively Using Words and Have a Communication System in Place, by Living Situation (PM 1)



Source: IM4Q

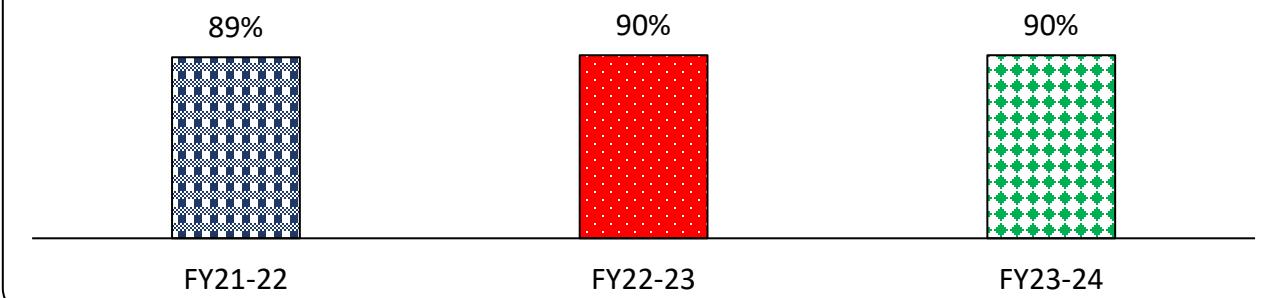
**Note:** Community home (1-4) = with 1-4 residents; Community home (5+) = with 5 or more residents.

**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)**



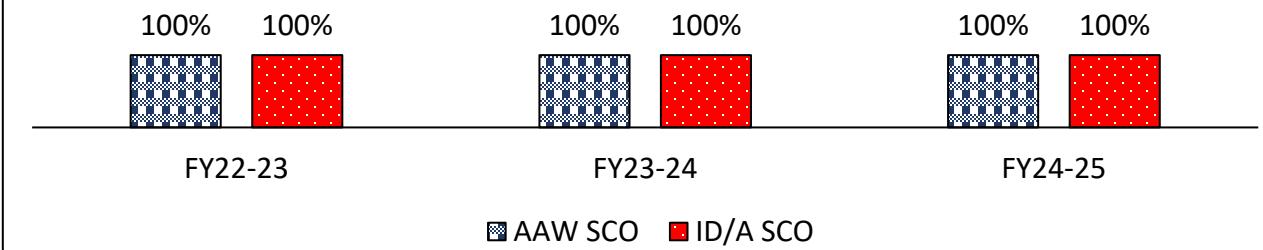
Source: IM4Q

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



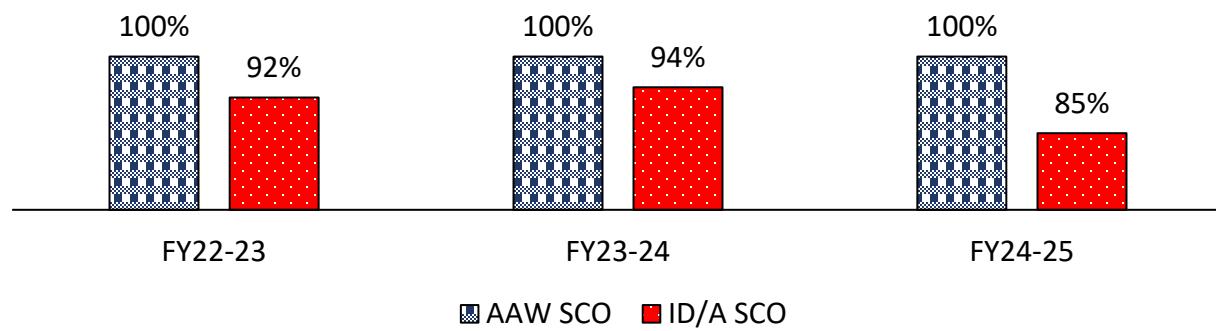
Source: IM4Q

**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

**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

- ✓ Maintained high compliance with choice and control requirements
- ✓ Initiated development of Individual's Bill of Rights
- ✓ Continued Growth in Supported 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 FY 24-25:
  - ✓ 81% of day programs were in full compliance with choice and control requirements at the time of the inspection.

- ✓ 92% of residential programs were in full compliance with choice and control requirements at the time of the inspection.
- ✓ In locations where choice and control violations were found, 97% of provider agencies fully corrected the violation and the remaining 3% were subjected to sanctions for failure to comply with requirements.

#### **Participant-Directed Services Use –**

- ❖ Self-direction of services through the Agency with Choice (AWC) model continued to grow in FY 24-25. The number of people authorized to use the service increased by 6.7%, and the number of people who utilized services increased by 7.5%.
- ❖ Self-direction of services through the Vendor Fiscal/Employer Agent (VF/EA) model also continued to grow in FY 24-25. The number of people authorized to use the service increased by 16%, and the number of people who utilized the services increased by 17%.

#### **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. The proposed bill of rights language was presented to and approved by ISAC in FY 24-25. As of this writing, Self-Advocates United as One is producing images to accompany the approved language. Once the images are produced, ODP plans to release the first version of the Individual's Bill of Rights.

Future goals include translating the Individual's Bill of Rights into the most commonly used languages other than English, as well as Braille, and producing a video presenting the Bill of Rights in sign language.

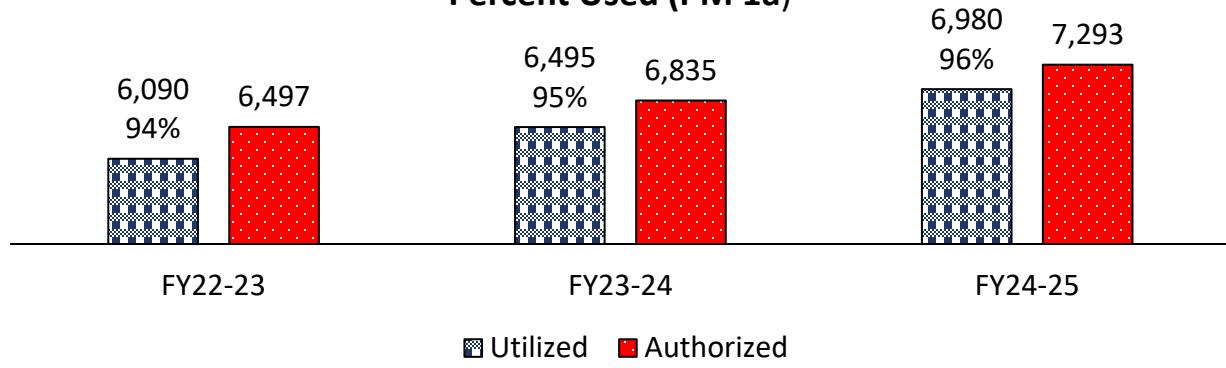
## **Growth in Supported Living –**

- ❖ The Supported Living service offers a high degree of individual choice and control. In FY 21-22, 134 individuals received the Supported 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. In FY 24-25, the number increased by 23% to 231 individuals.

### **Performance Measures for #2**

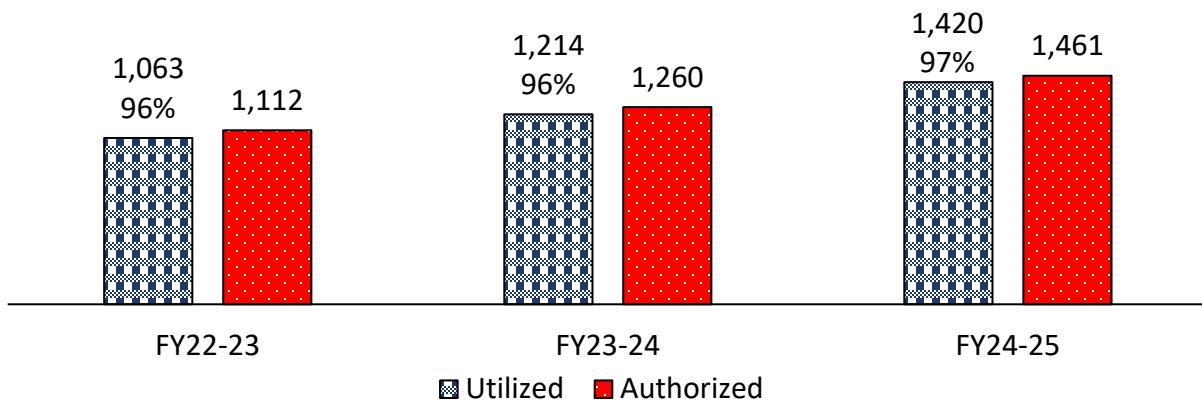
1. Number and percent of Individuals and Self-Advocates authorized for and who use Participant-Directed Services (PDS), by AWC (PM 1a) and VF/EA (PM 1b), overall and by race. (Home & Community Services Information System - HCSIS)
2. Number of Self-Directed services per individual/self-advocate; will 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)

**AWC - Number of Individuals and Self-Advocates with  
Participant-Directed Services Authorized vs Number and  
Percent Used (PM 1a)**



Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 11/14/2025

**VF/EA - Number of Individuals and Self-Advocates with Services  
Authorized vs Number and Percent Used (PM 1b)**



Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 11/14/2025

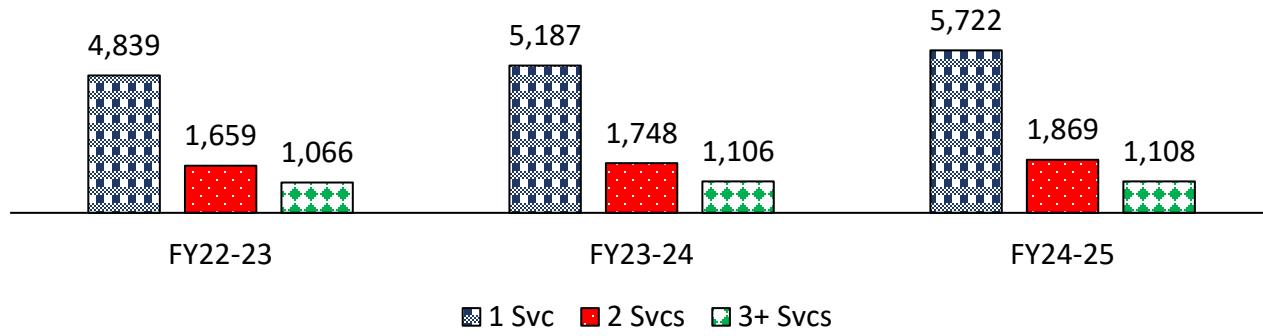
### Individual Utilization of AWC and VF/EA Services, by Race (PM 1)

Race	FY 22-23 <u>Number</u>	FY 22-23 <u>Percent</u>	FY 23-24 <u>Number</u>	FY 23-24 <u>Percent</u>	FY 24-25 <u>Number</u>	FY24-25 <u>Percent</u>
American Indian or Alaskan Native	15	0.21%	17	0.22%	19	0.23%
Asian	148	2%	162	2%	189	2%
Black or African American	610	9%	659	9%	730	10%
Native Hawaiian or Other Pacific Islander Indicator	<11	0.04%	<11	0.03%	<11	0.04%
White	5,781	81%	6,194	81%	6,709	97%
Other	507	7%	573	7%	630	8%
Unknown	14	0.20%	17	0.22%	28	0.34%
Multi-Race	33	0.5%	34	0.4%	39	0.50%

Source: EDW HCSIS Consumer Demographics Fact and Services and Support Fact as of 11/14/2025

**Note:** Data greater than 0 and less than 11 is not shown in the table for privacy purposes.

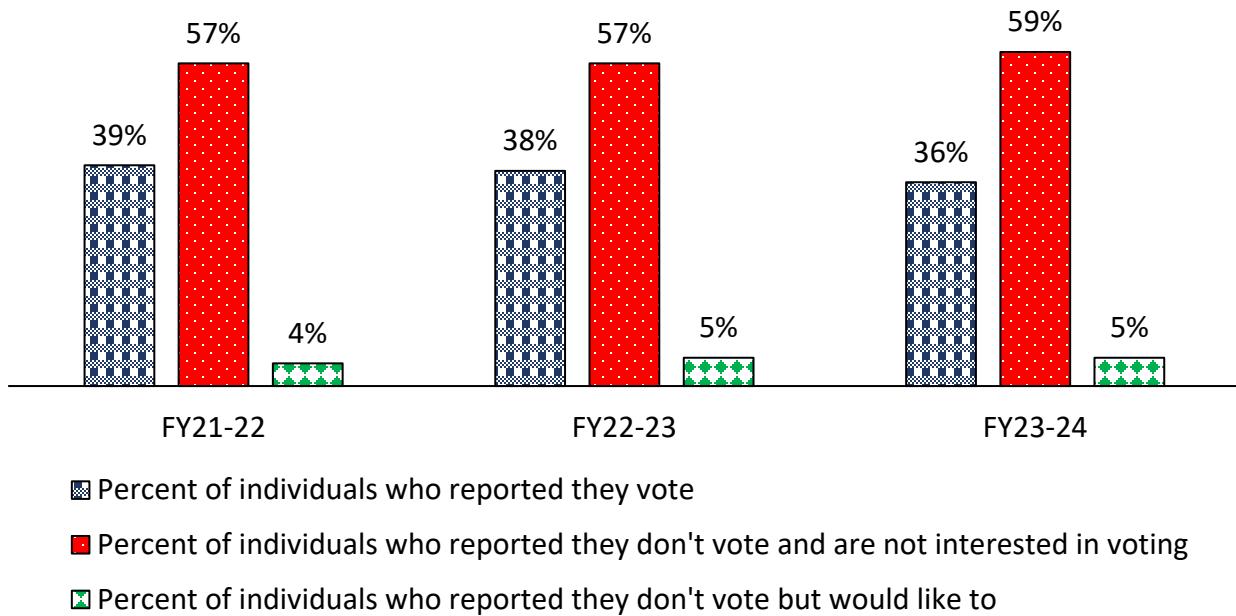
### Number of Self-Directed Services Utilized Per Individual/Self-Advocate (PM 2)



Source: HCSIS as of 11/14/2025

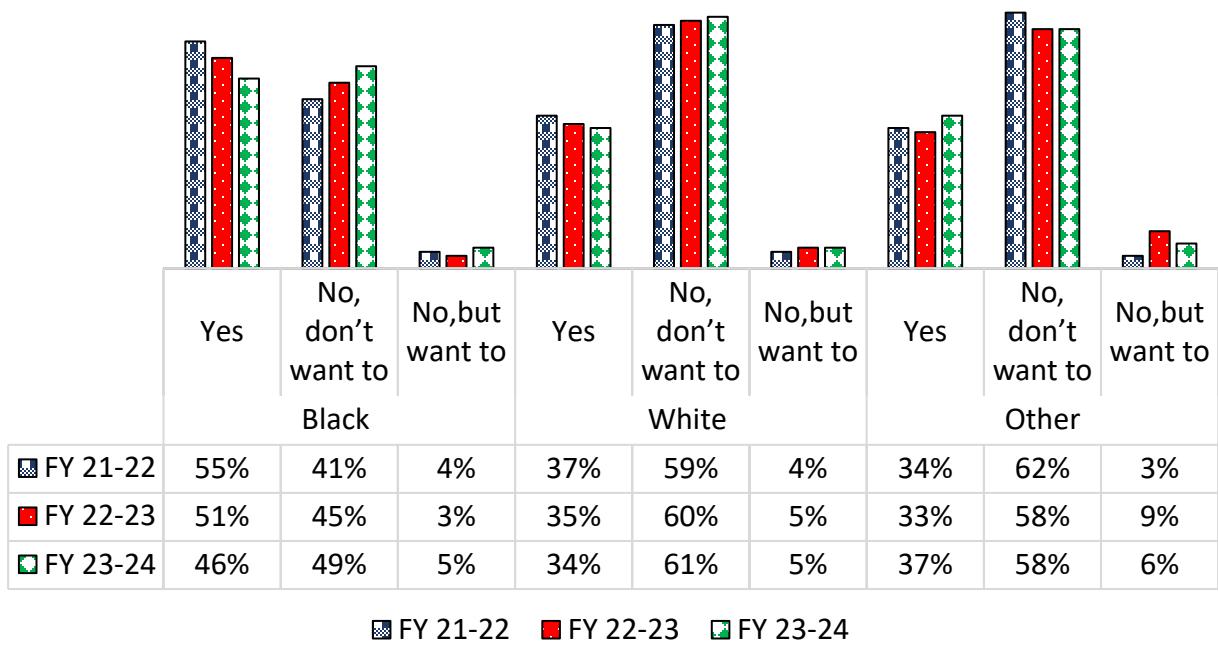
**Note:** Includes Supports Broker service

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



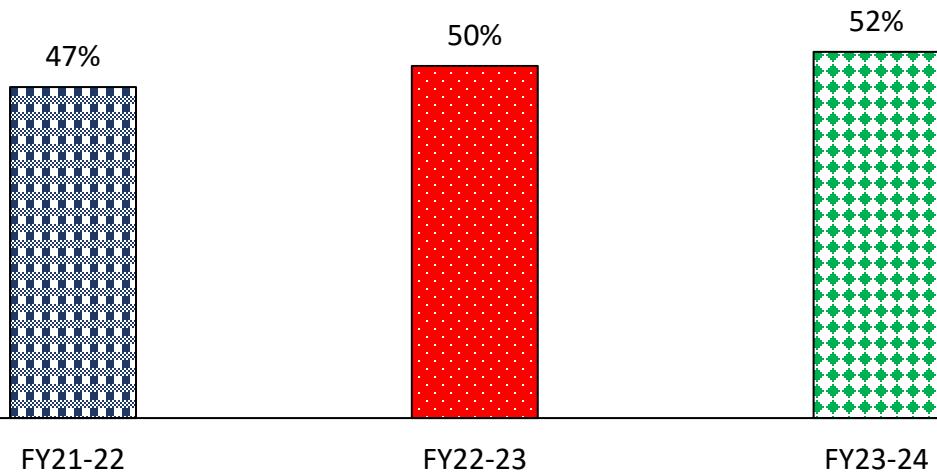
Source: IM4Q

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



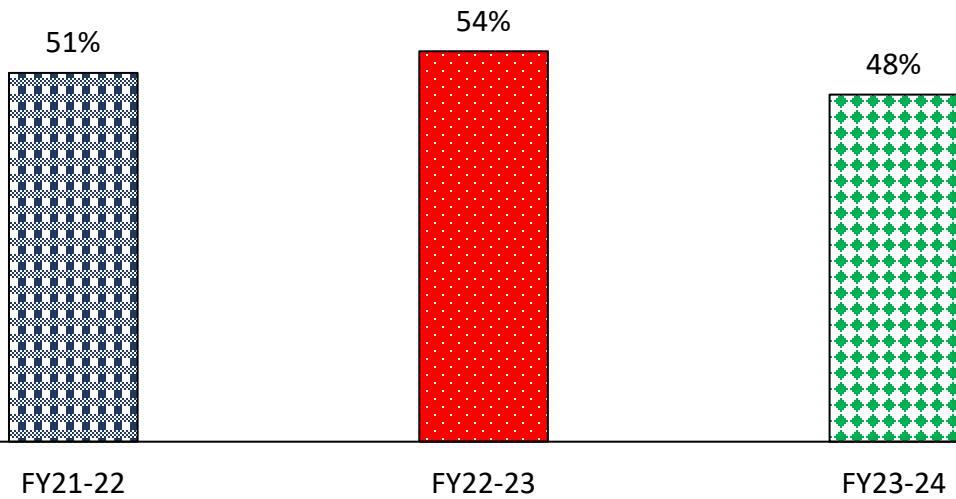
Source: IM4Q

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



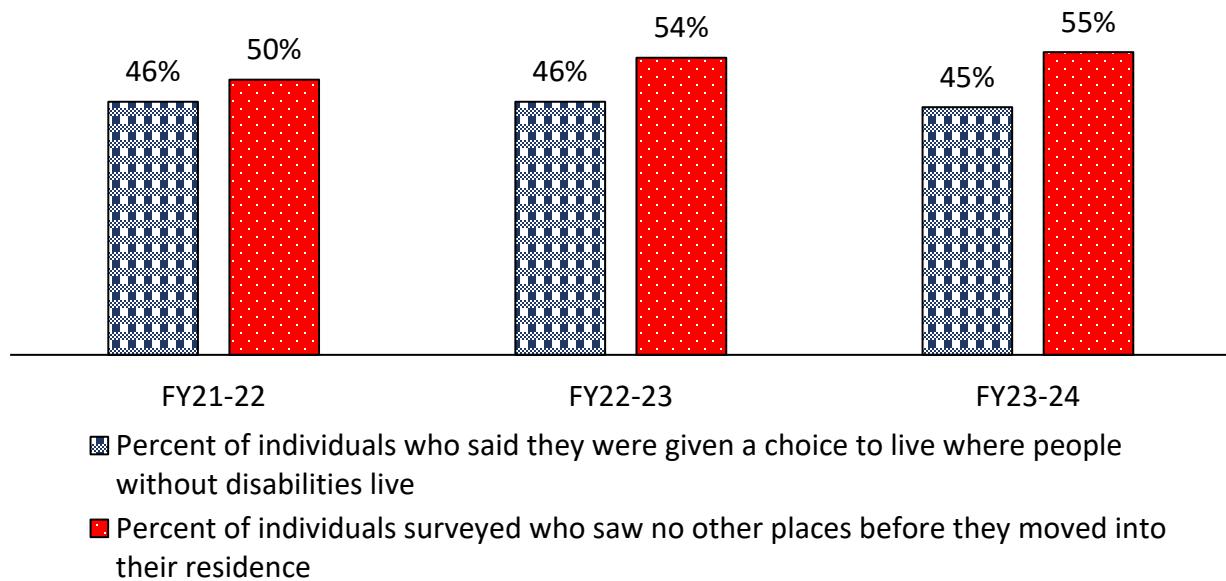
Source: IM4Q

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



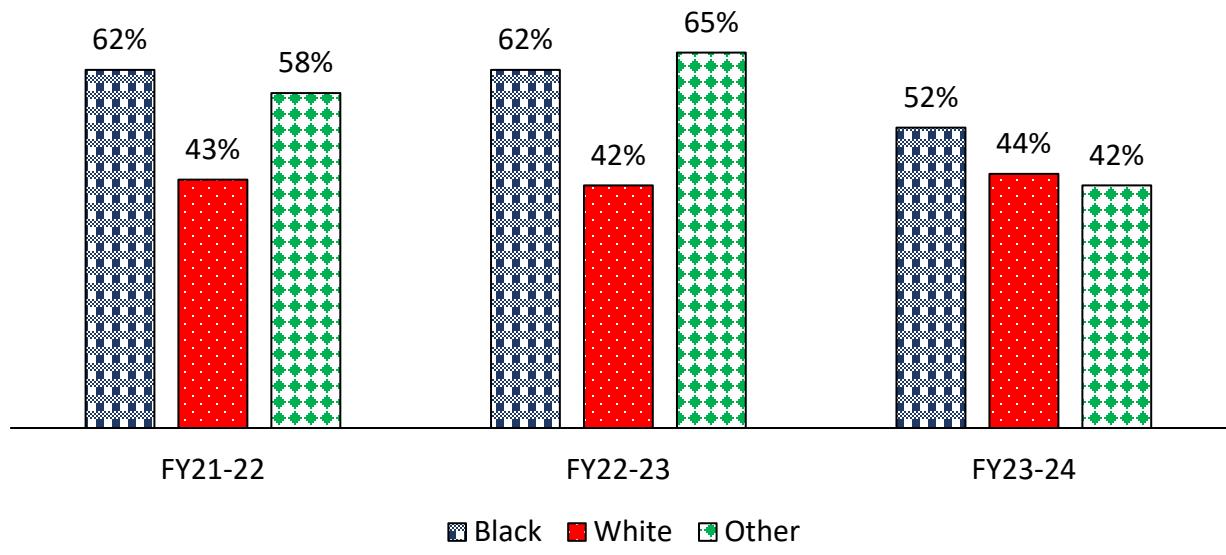
Source: IM4Q

### 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 partnerships with:
  - Office of Vocational Rehabilitation (OVR) on the Integrated Vocational Engagement and Supports Team (InVEST) project to support individuals to successfully transition from employment paying subminimum wage to competitive integrated employment (CIE) and to increase outreach to businesses and employers
  - PA Department of Education (PDE), OVR, Pennsylvania Training and Technical Assistance Network (PaTTAN), and other agencies on the Connecting for Employment initiative
  - PDE, OVR, PaTTAN, Local Education Agencies (LEAs), Intermediate Units (IUs), and Centers for Independent Living (CILs) on the Pathways to Partnership Demonstration Model Grant
- ✓ Provided a third year of employment data by race to each county/county joinder
- ✓ Implemented employment measures and Pay-for-Performance (P4P) milestones in Performance-Based Contracting (PBC)
- ✓ Increased technical assistance on employment supports and services to individuals, families, supports coordinators (SCs), and providers

## Accomplishments in Detail for #3

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

- ❖ There was an increase of 312 individuals, ages 18-64, who are competitively employed, from FY 23-24 (8,321) to FY 24-25 (8,633). Due to an increase in overall enrollment numbers, the percentage with CIE remained at 18%.

### **Strengthened Outreach to Business and Employers –**

- ❖ In March 2025, ODP partnered with the Office of Vocational Rehabilitation (OVR) to attend the Pennsylvania Chamber of Commerce Annual Human Resources Conference. ODP staff were able to connect with human resource professionals from across the state to raise awareness about the benefits of employing individuals with disabilities.
- ❖ ODP and OVR staff presented at a statewide meeting of Pennsylvania Chamber of Commerce Directors to promote ODP's Regional Employment Symposiums and answer questions about ODP's services.
- ❖ Outreach to local businesses and employers saw an increase in the number of business, employer, and trade associations that registered for ODP's Regional Employment Symposiums, including representatives from the Pittsburgh Pirates, FedEx, Pittsburgh Regional Transit, and UPMC.

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

- ❖ In 2025 ODP released a third 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. Additional data provided in this year's Race and Employment Reports included data from FYs 22-23, 23-24, and 24-25. Counties/county joiners were encouraged to begin utilizing this data to undertake a multi-year analysis to try and identify trends.

- ❖ ODP provided guidance to assist counties in the evaluation of their CIE data , 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. Counties/county joinders were also provided with resources for additional employment data, including the Center for Workforce Statistics (CWIA) County Profile(s), and information about the Pennsylvania Employment First Data Dashboard.

### **Connecting for Employment –**

- ❖ ODP continues to partner with PDE, PaTTAN, OVR, and other agencies on the PA Secondary Transition: Connecting for Employment initiative. The goal of this initiative is to ensure a seamless human services delivery system that can be effortlessly entered and navigated by individuals with disabilities and their families, should they choose to seek formal supports and maintain CIE.
- ❖ In 2025, Connecting for Employment held 2 regional meetings where regional representatives from ODP, OVR, and PDE's service systems met to collaborate and learn.
  - ✓ In July 2025, an in-person session was held as part of PDE's Bridging Know How to Knowledge Conference where regional teams met to assess the current landscape of agency functioning, identify barriers and successes, and develop action plans for the 2025-2026 school year. Included in this event was a resource mapping activity where regional teams worked together to identify and share local resources.
  - ✓ In October 2025, regional teams met virtually to review regional data shared by ODP, OVR, and PDE to help teams assess current practices and develop action plans specific to their local communities.

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

- ❖ ODP continues to partner with OVR, PDE, PaTTAN, LEAs, IUs and PA federally funded CILs on The Pennsylvania Transition Partners: Pathways to Partnership Demonstration Model. 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 2025, the continued partnership through the Pathways to Partnership grant trained 756 participants across Pennsylvania in Charting the LifeCourse (CtLC). The individuals trained included:
  - ✓ 614 individuals who completed the Intro to CtLC;
  - ✓ 72 individuals who completed CtLC Fundamentals; and
  - ✓ 74 individuals who completed the CtLC Ambassador training.

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

- ❖ ODP continues to partner with OVR to implement the Integrated Vocational Engagement and Supports Team (InVEST) project, a 5-year model demonstration grant for assisting individuals with disabilities, who are considering or currently engaged in employment for subminimum wage, to transition to CIE. The grant's primary components are family engagement, person-centered planning, and resource coordination, including wrap around supports and embedded supports with designated businesses. The following activities have been completed in the past year -
  - ✓ PAFN efforts are ongoing, with notable progress, including:
    - Onboarding 7 InVEST Family Advisors who cover all PA counties.
    - Initiation of outreach efforts by Family Advisors to 14(c) certificate holders to coordinate onsite visits and other opportunities.
    - Participation of PAFN and Family Advisors in community outreach events.
    - Initiation of Integrated Resource Teams (IRTs) for more than 50 participants. IRTs are the “vehicle for person-centered planning in using CtLC Portfolios as the “map” within the InVEST Project.
    - Designated Employers have been identified with all entering a “Letter of Understanding” with OVR and InVEST Project Partners in various stages of project implementation. They include:
      - WEST/Achieva
        - Sheetz- Blair/Bedford Counties
        - Giant Eagle Northwest PA- Erie, Crawford, Venango Counties
        - Grandpa Joe’s Candy Company – Allegheny County
        - Charley Family Shop n Save Grocery Stores – Westmoreland County.

- EAST/KenCrest
  - Cintas – Delaware, Lehigh, and Philadelphia Counties
  - School District of Philadelphia – Philadelphia County
  - VF Outdoors LLC – Lebanon County
- Enrollment/Placements include:
  - 74 individuals, excluding students and youth, have enrolled in the InVEST project.
  - 64 students/youths have enrolled in the InVEST project.
  - 10.7% of project participants were contemplating subminimum wage employment for the first time but were redirected to CIE.
  - 60% of project participants were at risk of subminimum wage employment but were able to sustain CIE.

### **Training and Technical Assistance –**

- ❖ In January 2025, ODP published ODPANN 25-001: Guidance for Benefits Counseling Services. This communication provided individuals, families, Support Coordinators, and service providers information about:
  - ✓ The purpose of benefits counseling and where individuals can obtain benefits counseling services;
  - ✓ Work Incentives Planning and Assistance (WIPA) programs, including when individuals enrolled with ODP should be referred to a WIPA program;
  - ✓ How to locate WIPA programs in Pennsylvania; and
  - ✓ When ODP funded Benefits Counseling services may be authorized.
- ❖ In October 2025, ODP held its first quarterly Employment Virtual Office Hour (VOH). These virtual events are designed to share information on topics related to ODP's employment supports and services and provide stakeholders the opportunity to ask employment related questions. The first Employment VOH, "Employment as Part of an Everyday Life," had over 100 participants.
- ❖ In 2025, ODP released a new training - Employment Overview for Supports Coordinators (SCs). This 5-part training series is required for all new SCs. The training stresses the SC's role in advocating with and for individuals to find employment in their community, as well

as reviewing employment services in ODP's waivers and other services that can support successful employment outcomes.

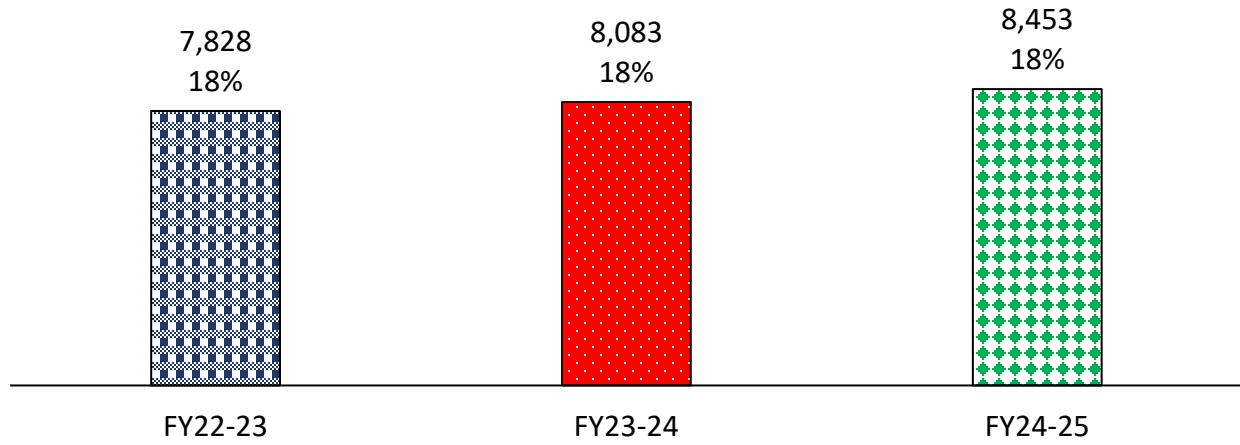
**CIE in Performance-Based Contracting (PBC) and Pay for Performance (P4P) –**

- ❖ PBC performance standards for SCOs require SCOs to demonstrate a commitment to helping individuals obtain and maintain CIE through submissions of a plan to improve CIE and tracking the number and percentage of individuals with CIE.
  - ✓ SCO P4P details were announced in October 2025 to inform SCOs of their eligibility to receive additional payments for meeting or exceeding Milestone 2, which is SCO demonstrates effective use of person-centered practices by achieving Target 1, which is to increase from the SCO's calendar year 2025 baseline, the combined percentage of working age individuals receiving Career Assessment or Job Finding services through ODP or OVR, and individuals competitively employed in integrated settings (working age only and adjusted for acuity).
- ❖ PBC performance standards for residential service providers continued to require providers to demonstrate a commitment to helping individuals obtain and maintain CIE through data collection and tracking the number and percentage of individuals with CIE.
  - ✓ In 2025, 166 residential service providers requested payment and 126 qualified for Employment Milestone 1: Submission of a plan to increase CIE for working age individuals in residential programs.
  - ✓ From January to August 2025, the statewide CIE percentage of individuals, ages 18–64, who are enrolled in either the Consolidated or Community Living waivers, and who receive residential services, increased from 10% to 11%.

## Performance Measures for #3

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: 11/14/2025

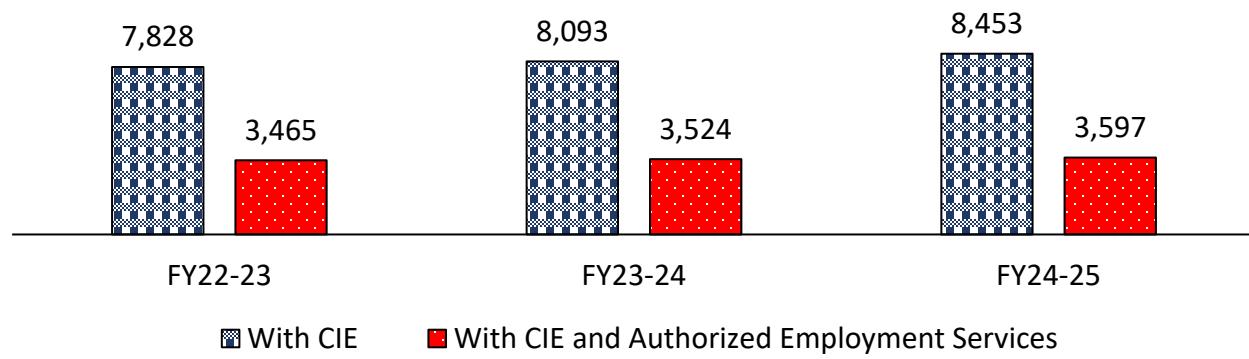
### Number and Percent of Individuals Ages 18-64 Working in CIE, by Race (PM 1)

Race	FY 22-23 Number	FY 22-23 Percent	FY 23-24 Number	FY 23-24 Percent	FY 24-25 Number	FY 24-25 Percent
American Indian or Alaskan Native	<11	0.1%	<11	0.1%	14	0.1%
Asian	95	1.2%	117	1.4%	133	1.6%
Black or African American	1,262	16.1%	1,276	15.8%	1,325	16%
Native Hawaiian or Other Pacific Islander Indicator	<11	0%	<11	0%	<11	0%
White	5,959	76.1%	6,155	76.1%	6,422	76%
Other	433	5.5%	464	5.7%	482	5.7%
Unknown	34	0.4%	30	0.4%	34	0.4%
Multi-Race	37	0.5%	38	0.5%	43	0.5%
No To All Options	<11	0%	0	0%	<11	0%
<b>Total</b>	<b>7,828</b>	<b>100%</b>	<b>8,093</b>	<b>100%</b>	<b>8,453</b>	<b>100%</b>

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

Data extraction date: 11/14/2025

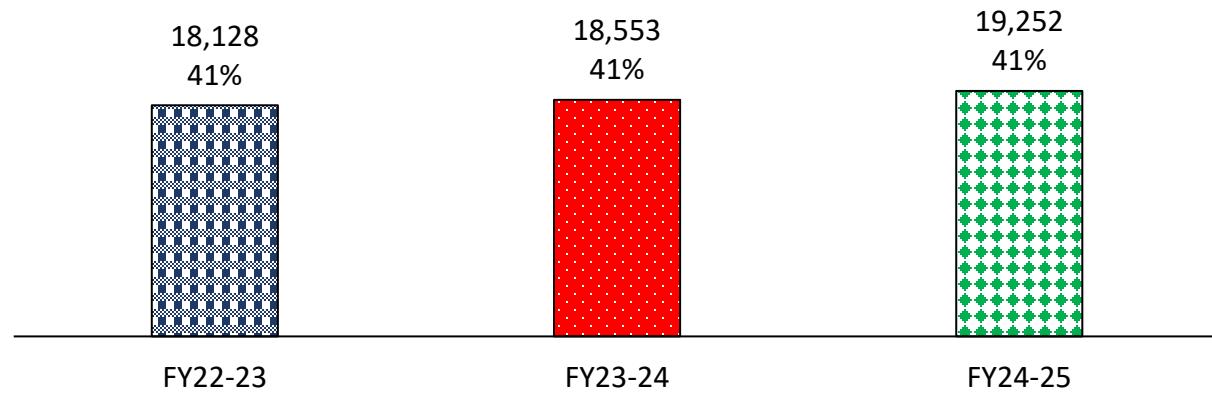
### Number of Individuals Employed in CIE vs Number of Individuals Employed in CIE and Authorized to Receive ODP Employment Services (PM 2)



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

Data extraction Date: 11/14/2025

### 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: 11/14/2025

### Number and Percent of Individuals with Authorized Employment Services and/or an ISP Employment Goal, by Race (PM 3)

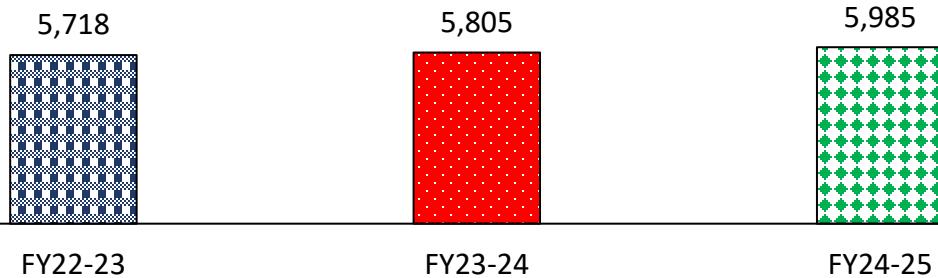
Race	FY 22-23	FY 22-23	FY 23-24	FY 23-24	FY 24-25	FY24-25
American Indian or Alaskan Native	31	0.1%	29	0.2%	32	0.2%
Asian	269	1.5%	288	1.6%	314	1.6%
Black Or African American	3,218	17.8%	3,266	17.6%	3,398	17.7%
Native Hawaiian or Other Pacific Islander Indicator	<11	0.03%	<11	0.0%	8	0.04%
White	13,414	74.0%	13,741	74.0%	14,210	74.0%
Other	1,072	5.9%	1,094	5.9%	1,140	5.9%
Unknown	50	0.3%	47	0.3%	61	0.3%
Multi-Race	68	0.4%	83	0.5%	89	0.5%

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

Data extraction date: 11/14/2025

**Note:** Data greater than 0 and less than 11 is not shown in the table for privacy purposes. Column totals are also not provided for privacy purposes.

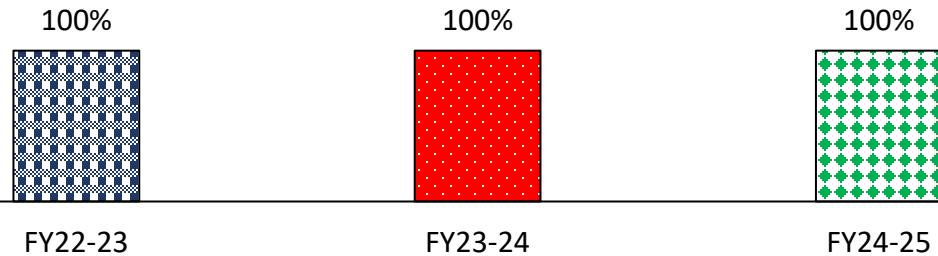
### Number of People Receiving Employment Services (PM 4)



Source: EDW HCSIS Service Authorizations

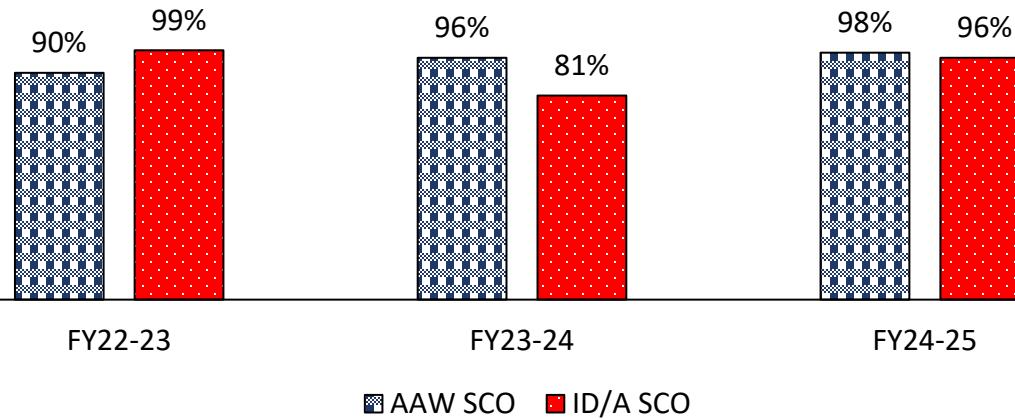
Data extraction date: 11/14/2025

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



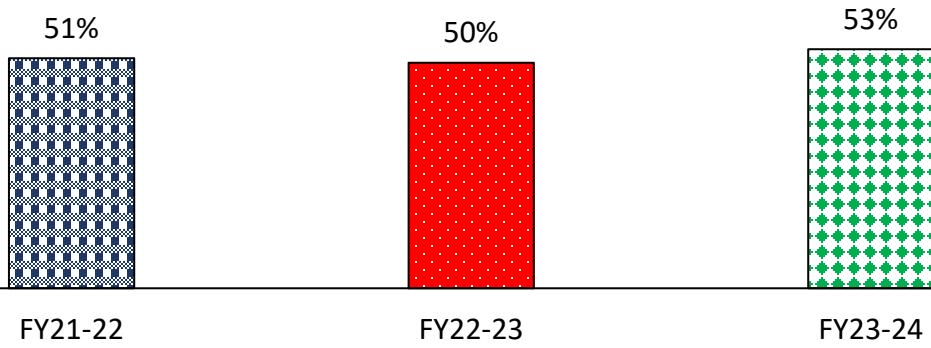
Source: QA&I

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



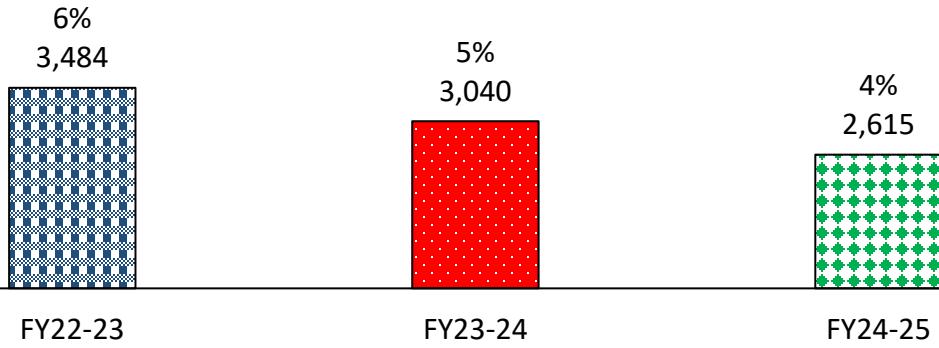
Source: QA&I

### 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; HCSIS as of 9/30/2025



## 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 (PAFN) and Self-Advocacy Power Network for All (SAPNA) continued to conduct workshops virtually and hosted events for connecting and networking
- ✓ ODP hosted the 6<sup>th</sup> Regional Collaborative Summit for 100+ people in the Community of Practice (CoP) for Supporting Families Across the Lifespan
- ✓ Continued to expand the network of professionals engaged with the Charting the LifeCourse Framework (CtLC), in partnership with the Office of Vocational Rehabilitation (OVR) and the Pennsylvania Department of Education (PDE)
- ✓ ODP began designing a learning collaborative to support people with ID/A who are parents

### Accomplishments in Detail for #4

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

- ❖ ODP hosted the 6<sup>th</sup> Regional Collaboratives for Supporting Families Summit for 100+ people. Additionally, ODP hosted quarterly regional meetings for Supporting Families and 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 offers stakeholders participation in trainings from the LifeCourse Nexus 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 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:
  - ✓ **Allegheny:** whose vision is to create opportunities for access and connection and to ensure people have information they need for an Everyday Life,
    - Created an intake portal that individuals and families can access, at their convenience, to become eligible and access services.
    - Developed a [technical guide](#) in collaboration with the Imagine Different Coalition, focused on ensuring family life for children with disabilities.
    - Did outreach to school districts and found a couple of schools that did not receive any referrals. These schools also happened to have larger populations of black and brown students. This led to conversations about how to connect people who may have needs that the county can help to meet.
  - ✓ **Bucks:** Conducted outreach to local school districts and educational institutions to collaborate on coordinating transition planning for families utilizing CtIC tools and resources. As a result, they continue to be invited to training days for educators and to family events hosted by schools. This collaboration helps students and families to have the information they need about services and supports for their postsecondary vision of a good life.
  - ✓ **Montgomery:** Continued to incorporate tools and resources to support families Charting the LifeCourse by using the CtIC tools daily, and on a broad scale, to ensure they are appropriate, meet the needs of the individual, are person-centered, and combine community and family involvement, as defined by the individual. They recommend use of the LifeCourse tools at intake, reinforce the

benefits of using the tools, and continually reach out to families to make them aware of the support available to them.

- ✓ **South Central Regional Collaborative (York/Adams):** chose people who experience homelessness as a community issue that requires action. The Collaborative has actively engaged stakeholders representing multiple groups, including several that might not directly deal with unhoused individuals but could meet them through their agencies (e.g., Early Intervention services). The Collaborative also works as a supportive resource base; for example, reminding families of upcoming Medical Assistance deadlines and helping them to keep current with needed services.
- ✓ **Huntingdon/Mifflin/Juniata (HMJ):** maintains an active, well-designed website that provides information on employment, PA Family Network webinars, assistance, employer recognition and more. Collaborative members attend numerous community events and present a variety of speakers on online calls. Collaborative members are also very supportive of collaboratives in neighboring counties, serving as mentors for regional partners.

#### **Championed the Work of PAFN and SAPNA Partners –**

- ❖ PAFN and SAPNA continued to conduct workshops virtually and hosted events for connecting and networking.

#### **Began Designing a Learning Collaborative to Support People with ID/A who are Parents –**

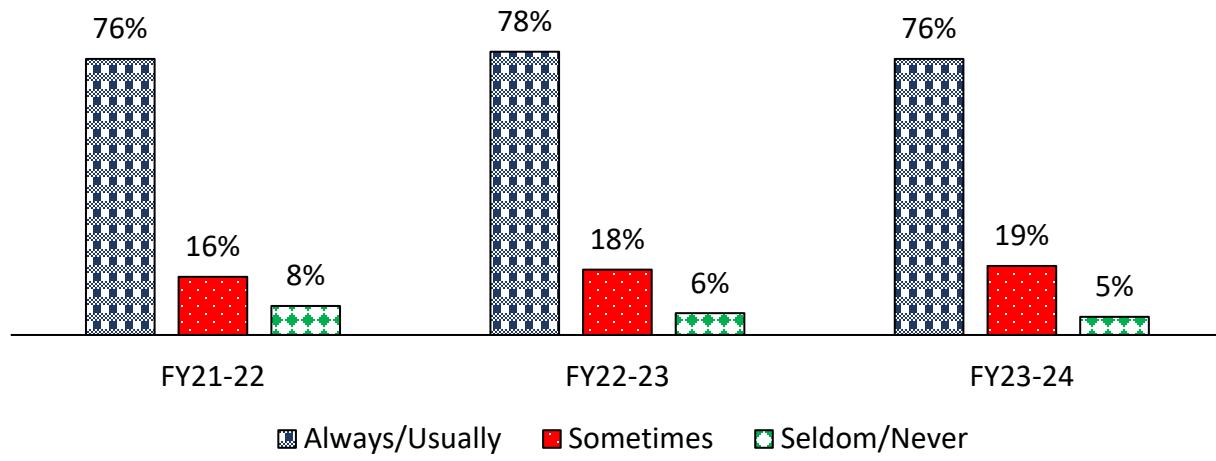
- ❖ ODP formed an internal workgroup that began creating a structure for a learning collaborative curriculum and identifying future participants. A national scan was completed and outreach to individuals and families with lived experience has begun.

#### **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)

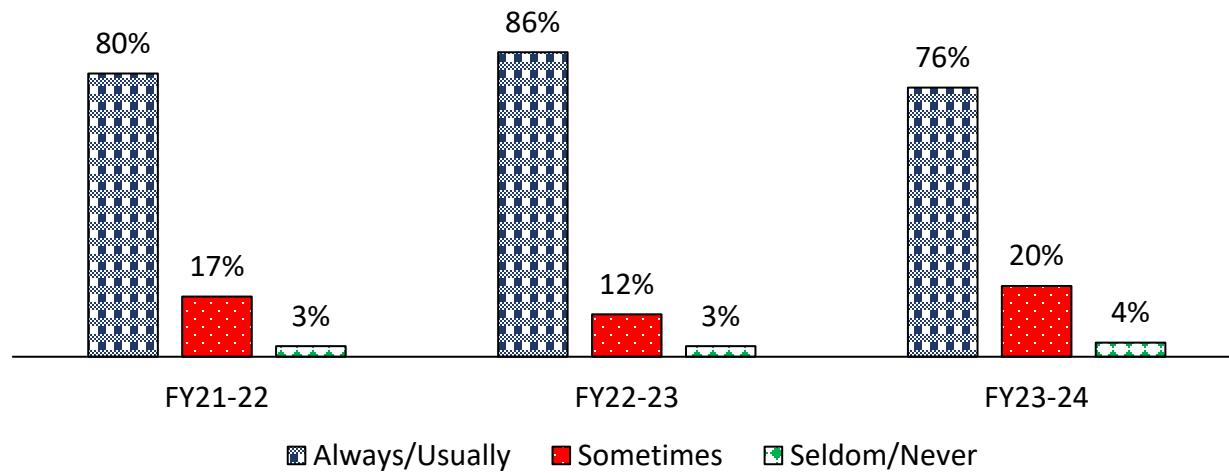
3. Percent of family members, overall and by race, reporting the Supports Coordinator tells them about other public services for which their family is eligible (food assistance, SSI, housing subsidies, etc.). (NCI PA Adult Family Survey)
4. Percent of relatives who reported they have an opportunity to 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)

### Percent of Family Members Who Receive Enough Information to Help Plan Services (PM 1)



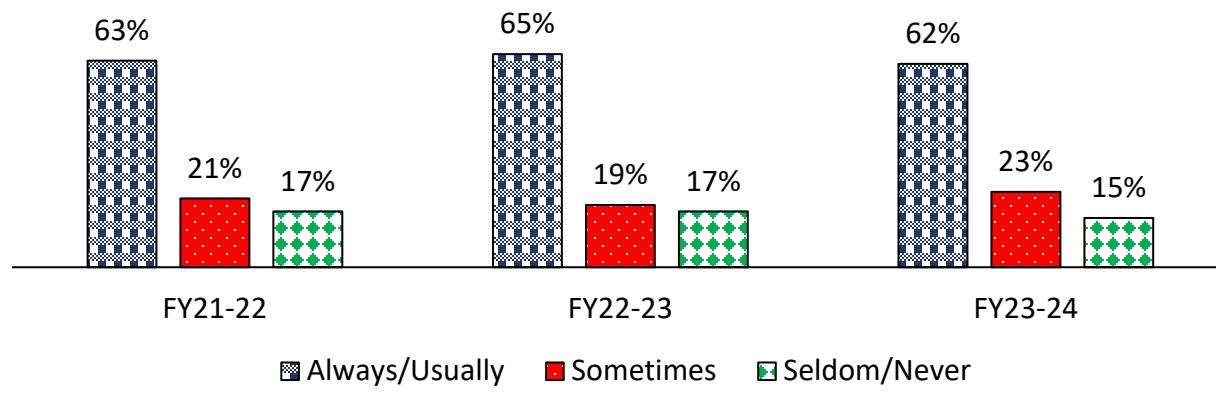
Source: National Core Indicators (NCI) PA Adult Family Survey

### 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)



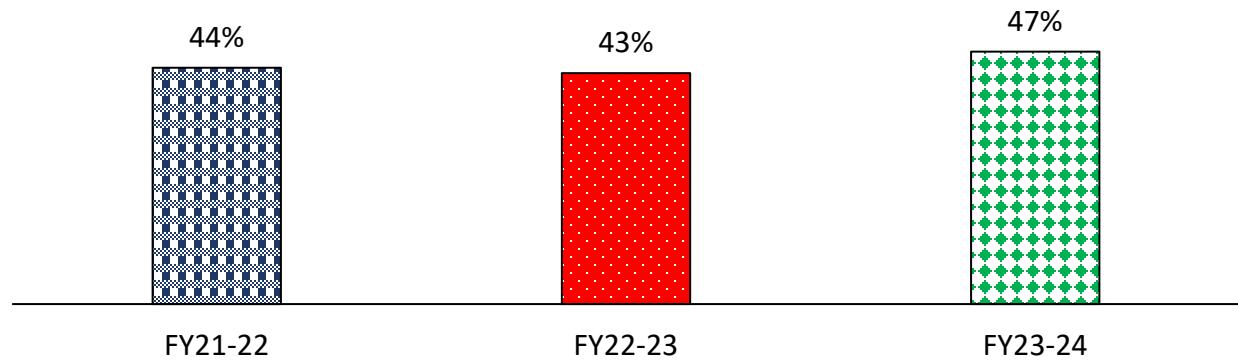
Source: NCI PA Adult Family Survey

### Percent of Family Members Who Report SCs Tell Them about Other Public Services, by Race (PM 3)

Race	FY 21-22	FY 22-23	FY 23-24
Black or African American	71%	64%	76%
White	79%	73%	71%
Other	70%	68%	69%

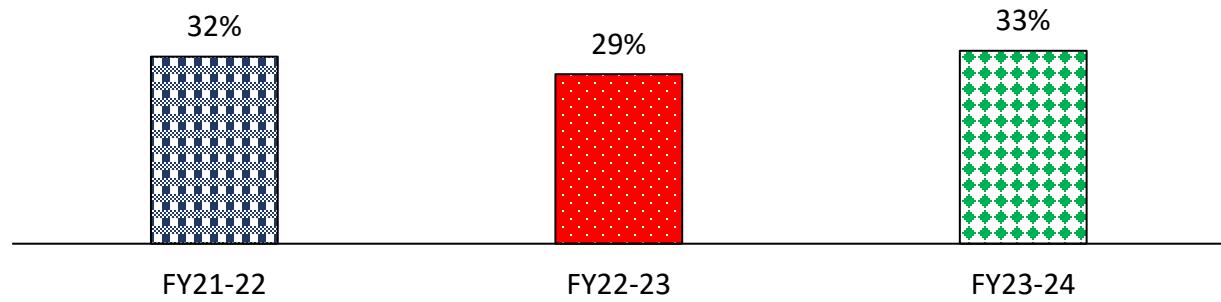
Source: NCI PA Adult Family Survey

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



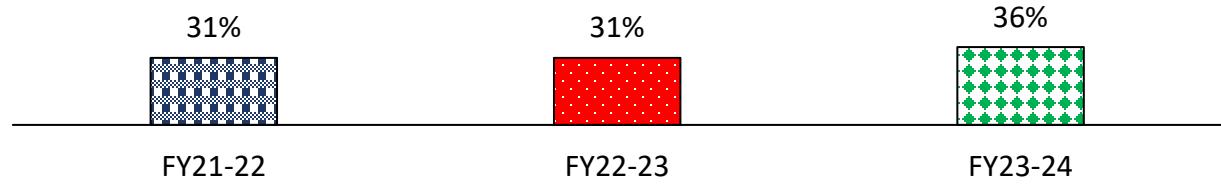
Source: IM4Q

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



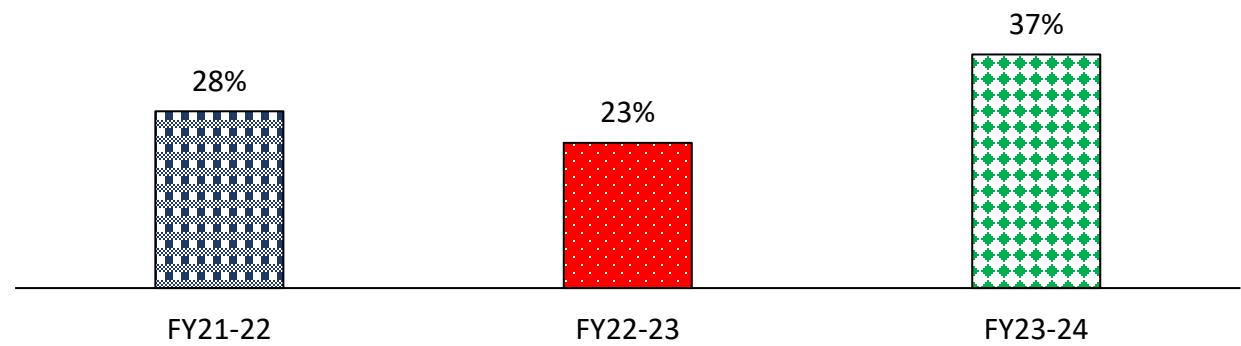
Source: IM4Q

**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)**



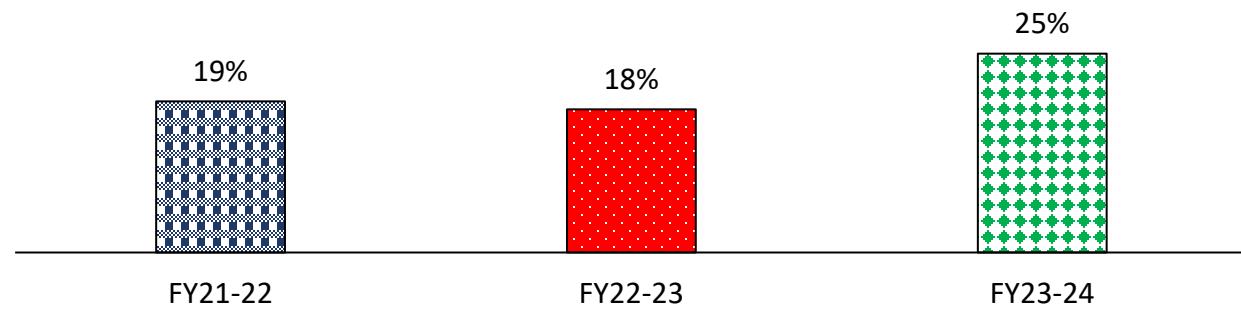
Source: IM4Q

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



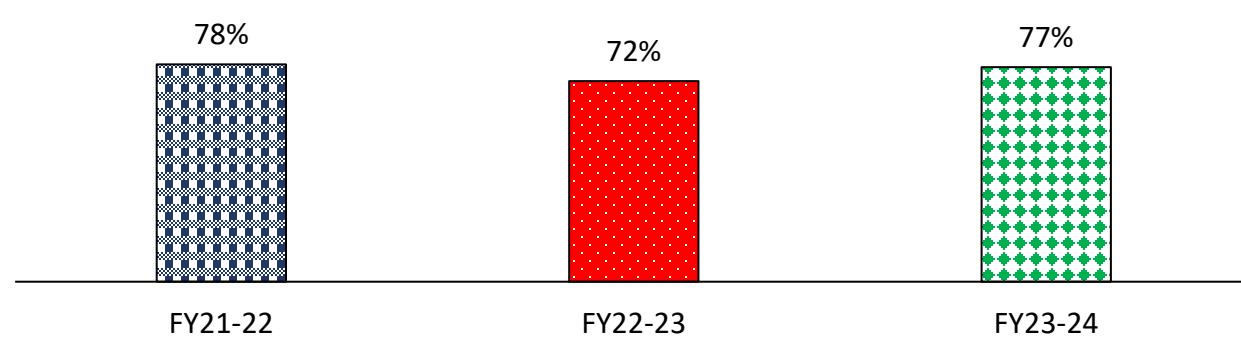
Source: IM4Q

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



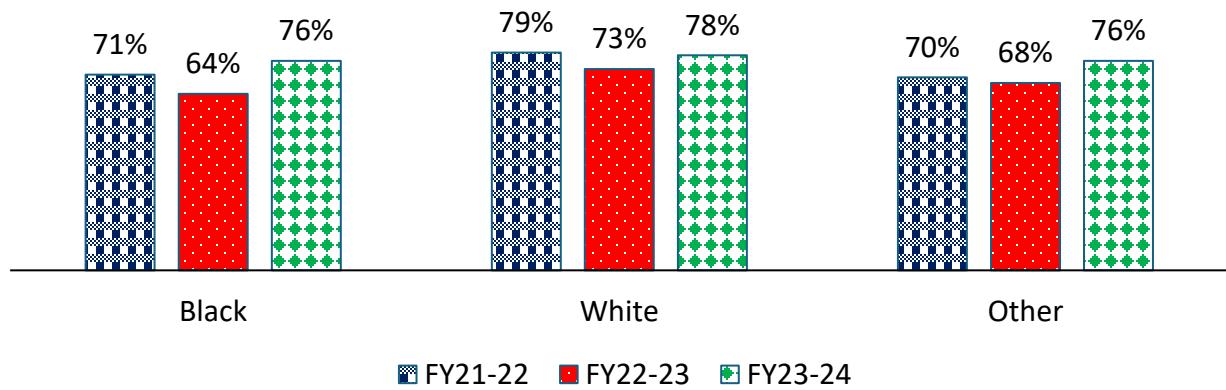
Source: IM4Q

**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

- ✓ **Expanded use of Specialty Telehealth and Assessment Team (STAT), with 2 qualified providers, over 5,000 enrolled recipients, and a 94% treatment-in-place outcome**
- ✓ **Choking Prevention webpage launched on the DHS website, by the DHS Choking Prevention Taskforce, with ODP as lead**
- ✓ **Launched Pediatric Complex Care Resource Centers (PCCRC)**
- ✓ **Continued outreach regarding the Skin Integrity Project to promote awareness of pressure injuries**

### Accomplishments in Detail for #5

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

- ❖ This service, which was initiated in March 2024, now has two qualified providers. There are currently over 5,000 enrolled service recipients as of October 2025. 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 October 2024 through September 2025, there were 5,587 calls placed to one service provider. Of those, 5,277 (94%) resulted in treatment-in-place and 310 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.
- ❖ Over 14,300 individuals currently receiving residential services have been screened as of October 2025.
- ❖ From 2024 to 2025, the percent of individuals whose HRST had not been updated within 365 dropped from 16% to 6%.

#### **Choking Prevention Task Force –**

- ❖ In May 2024, a DHS-wide Choking Prevention Taskforce was convened. The taskforce was initiated by the Office of Developmental Programs (ODP) as a collaboration among the Office of Long-Term Living (OLTL), the Office of Mental Health and Substance Abuse Services (OMHSAS), and the Office of Medical Assistance Programs (OMAP). The taskforce has since developed a [Choking Prevention webpage](#) on the DHS website to provide resources and information to help Pennsylvanians reduce their risk of choking events and choking related death. The website contains:
  - ✓ Educational resources
  - ✓ Risk screenings
  - ✓ Food texture modification reference photos
- ❖ ODP began an outreach initiative to residential providers who serve individuals who have experienced a choking event, as indicated by a review and analysis of paid Medicaid claims with ICD-10 codes indicative of choking or aspiration events. ODP is continuing this outreach quarterly.

### **Skin Integrity Project –**

- ❖ In 2025, the fifth cycle of the Skin Integrity Project to promote awareness and provide coordinated outreach to individuals with pressure injuries —also referred to as pressure ulcers, pressure wounds, bed sores or decubiti— began as part of ongoing efforts to ensure participant health and safety.
- ❖ This ongoing initiative is informed by claims data and direct outreach by the Health Care Quality Units (HCQUs).
- ❖ November 20, 2025, was recognized by Governor Josh Shapiro as Pressure Injury Awareness Day.

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

- ❖ Pediatric Complex Care Resource Centers (PCCRCs) were launched as a collaborative effort by ODP, the Office of Medical Assistance Programs, and the Health Care Quality Units (HCQUs) to increase capacity to support children with complex medical conditions and to support caregivers in non-medical aspects of supporting a child with complex medical conditions, who is receiving in-home nursing services. The purpose of PCCRC services is to meet needs for information and support, through focused services to build family and caregiver capacity and support their success.
  - ✓ [PCCRCs](#) offer Family Facilitators, Pediatric Coaches, a Caregiver Journey Map, and online trainings to support collaboration amongst care teams.
  - ✓ Pediatric Coaches support children receiving shift nursing services. They do this through interventions with the caregiver team and providing guidance on each of the team members' roles and responsibilities. Through October 2025 pediatric coaches served nearly 100 families in 40 counties.
  - ✓ Family facilitators help with transitions out of a hospital/facility and support the ability to stay at home. They also conduct outreach for in-home services and family-based alternatives to families, community health/health promotional organizations, hospital/facility social workers, and discharge planners.

### **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 –**

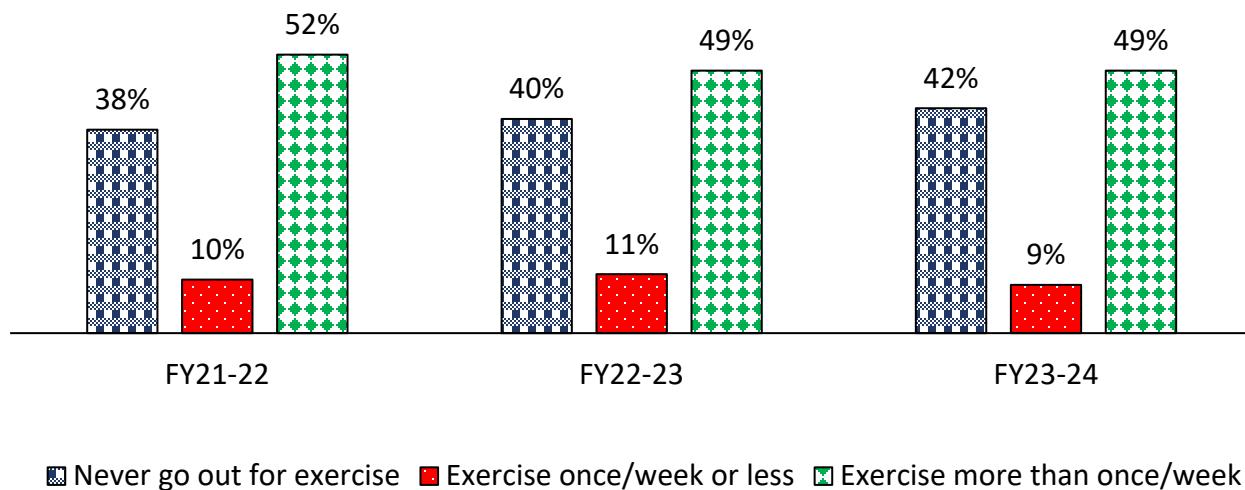
- ❖ ODP continued the Move Your Way initiative to promote physical activity among stakeholders, in recognition that improved health status increases resilience and improves quality of life. ODP also continued working in cooperation with the Office of Disease Prevention and Health Promotion (ODPHP), US Department of Health and Human Services (HHS), which originally developed the Move Your Way Campaign.
- ❖ ODP produces monthly messaging to stakeholders to promote awareness and encourage participation in regular, safe physical activity.
- ❖ Special Olympics Pennsylvania and the HCQUs remain partners in promoting Move Your Way events.
- ❖ Move Your Way for Mental Health is currently being developed to increase awareness of the benefits of physical activity on mental health.

### **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)

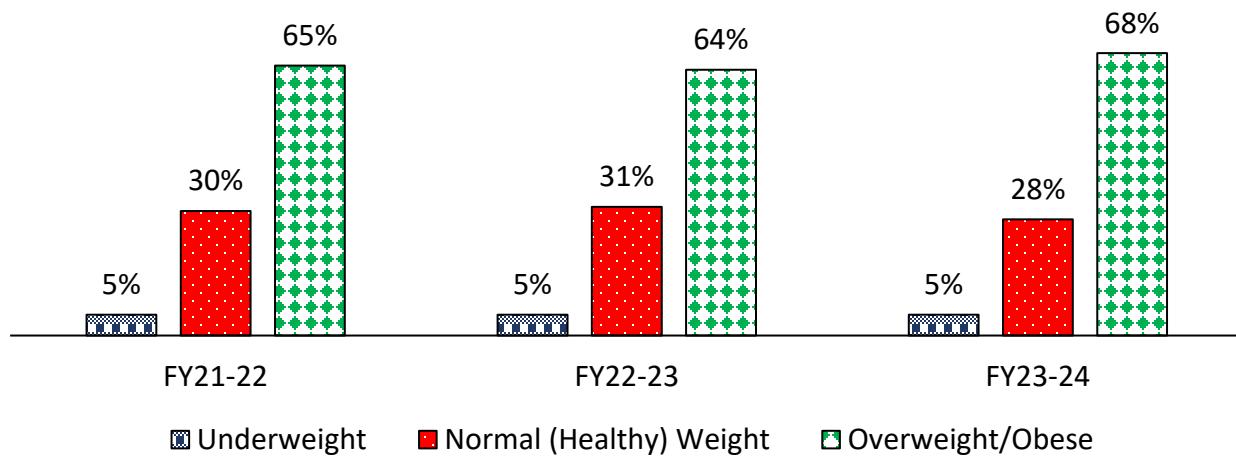
4. Percent of individuals who report that communication in their doctor's office is effective, including:
  - Percent who report if they needed help communicating at the doctor's office, it was available
  - Percent who reported they have the opportunity to discuss health with their primary care provider
  - 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)



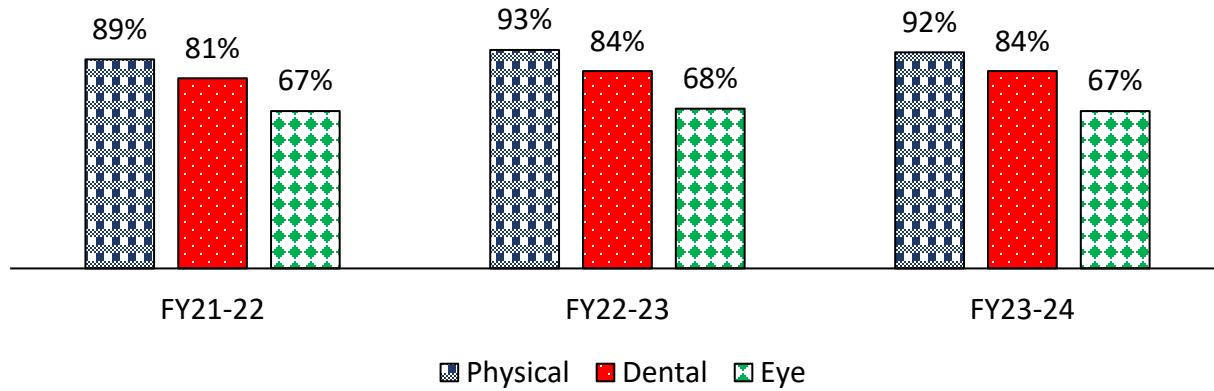
Source: NCI PA In-Person Survey

**Percent of Individuals Who are Underweight, Normal Weight, Overweight, or Obese, by Race (PM 2)**

Race	FY 21-22 <u>Black</u>	FY 21- 22 <u>White</u>	FY 21-22 <u>Other</u>	FY 22-23 <u>Black</u>	FY 22-23 <u>White</u>	FY 22-23 <u>Other</u>	FY 23-24 <u>Black</u>	FY 23-24 <u>White</u>	FY 23-24 <u>Other</u>
<b>Underweight</b>	2%	4%	13%	3%	5%	50%	7%	5%	3%
<b>Normal</b>	26%	31%	38%	33%	32%	0%	29%	27%	36%
<b>Overweight</b>	33%	33%	13%	27%	29%	50%	21%	27%	29%
<b>Obese</b>	38%	33%	38%	37%	34%	0%	43%	41%	32%

Source: NCI PA In-Person Survey

**Percent of Individuals Who had Medical, Dental and Eye Exams in the Past Year (PM 3)**



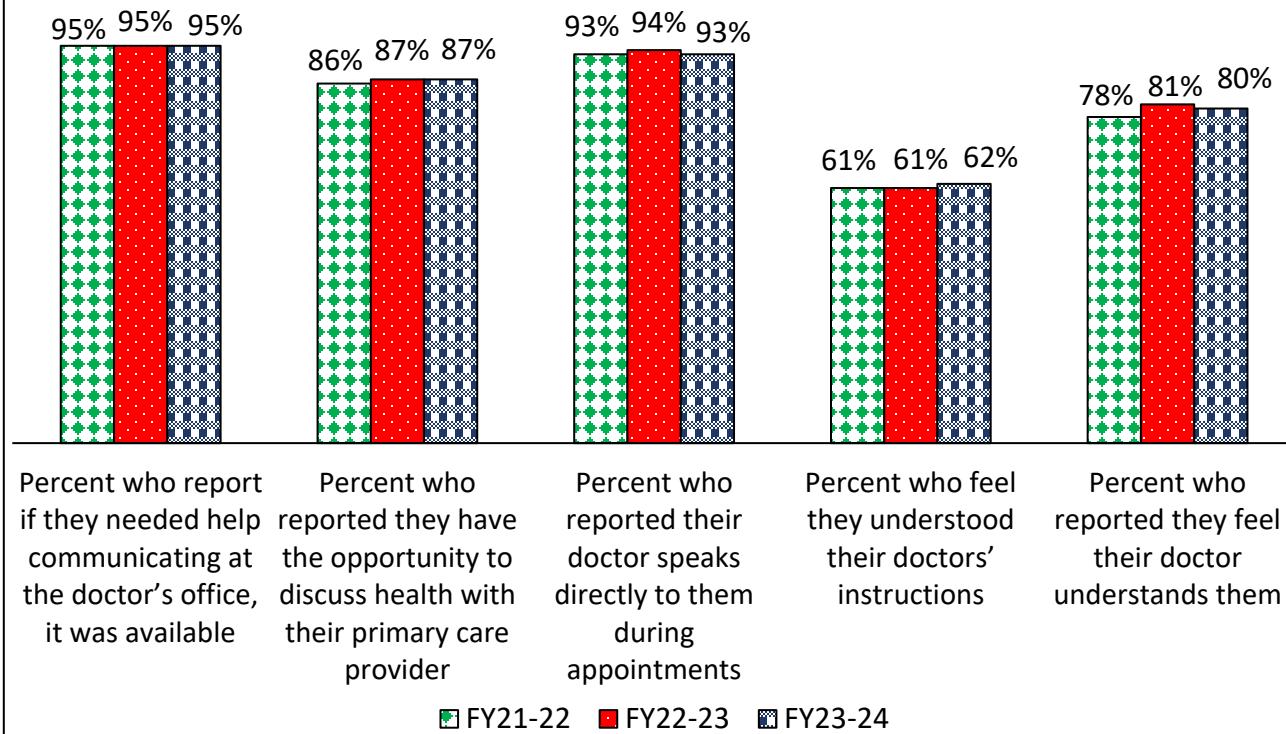
Source: NCI PA In-Person Survey

**Percent of Individuals Who had Medical, Dental and Eye Exams in the Past Year, by Race (PM 3)**

Race	FY 21-22 <u>Black</u>	FY 21- 22 <u>White</u>	FY 21-22 <u>Other</u>	FY 22-23 <u>Black</u>	FY 22-23 <u>White</u>	FY 22-23 <u>Other</u>	FY 23-24 <u>Black</u>	FY 23-24 <u>White</u>	FY 23-24 <u>Other</u>
<b>Physical Exam</b>	90%	89%	76%	91%	94%	83%	97%	91%	94%
<b>Dental Exam</b>	76%	83%	64%	79%	85%	84%	86%	84%	79%
<b>Eye Exam</b>	64%	68%	61%	60%	68%	68%	65%	68%	67%

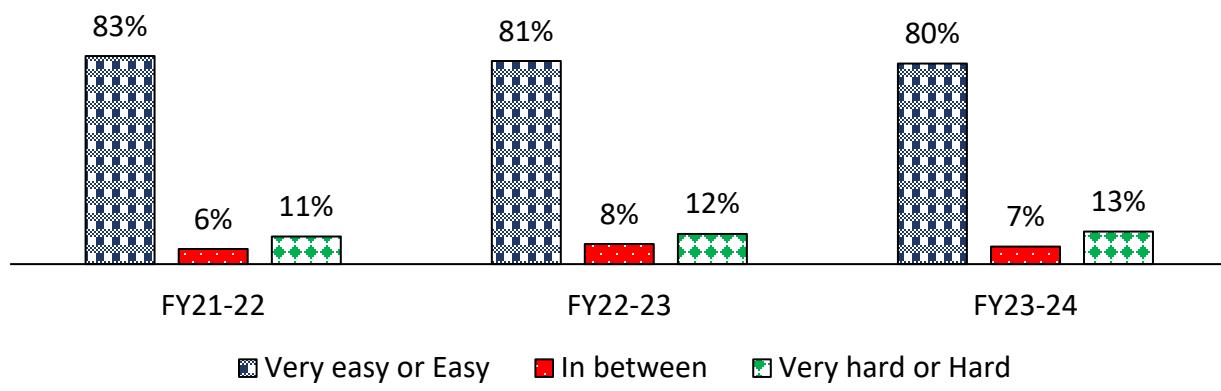
Source: NCI PA In-Person Survey

### Percent of Individuals who Report that Communication in Their Doctor's Office is Effective (PM 4)



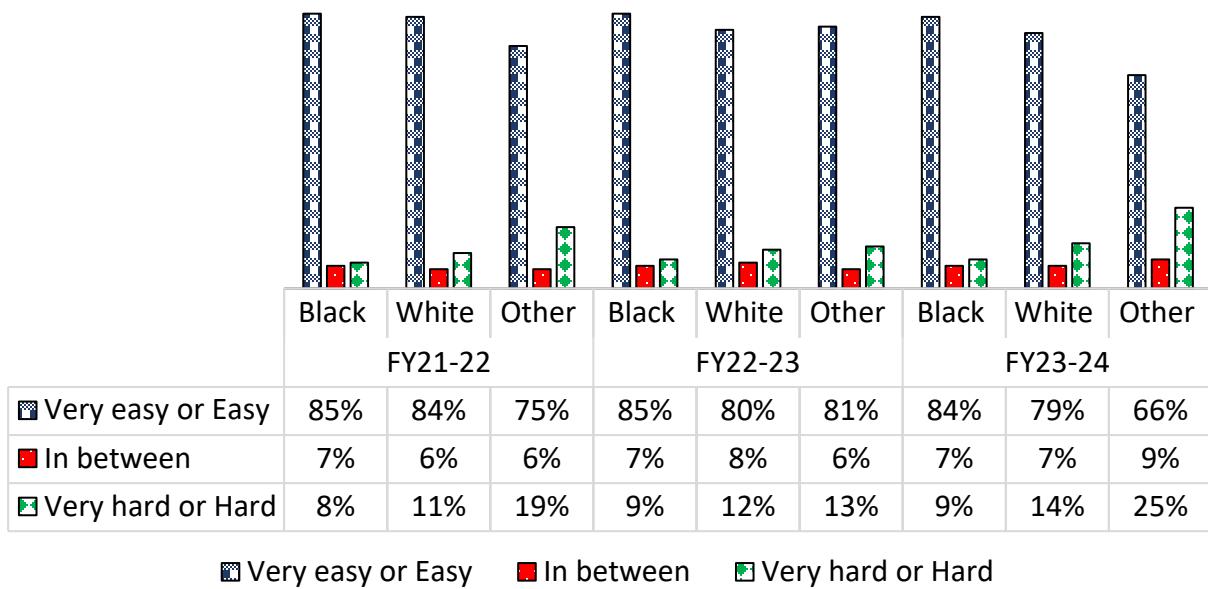
Source: IM4Q

### 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)



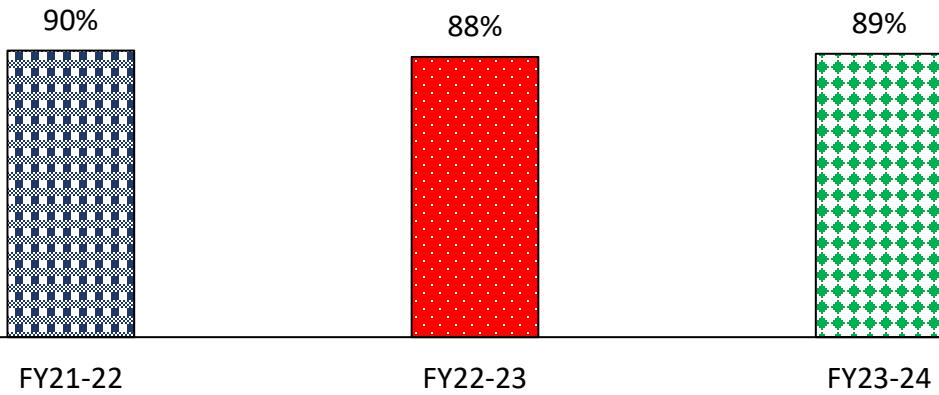
Source: IM4Q

**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)**



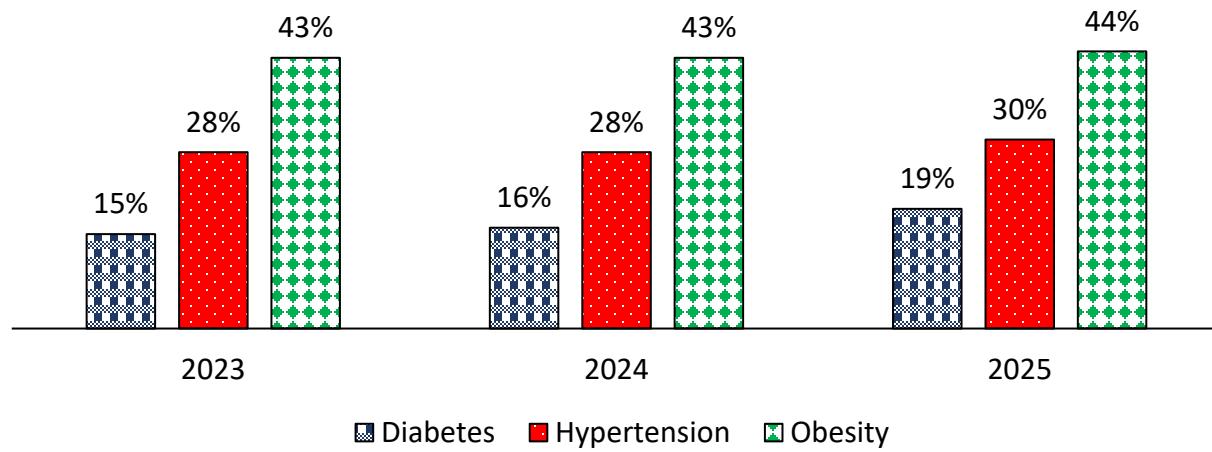
Source: IM4Q

**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 10/16/2025

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

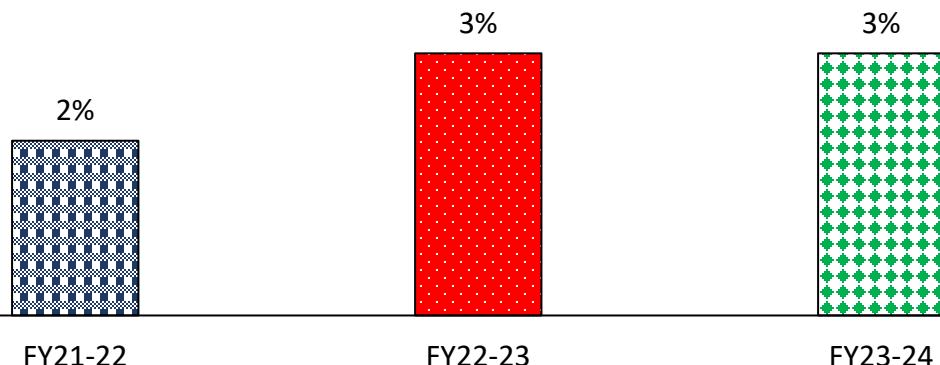
Race	FY22-23 <u>Number of Individuals with Pressure Injuries</u>	FY22-23 <u>Number of Individuals Enrolled by Race</u>	FY23-24 <u>Individuals with Pressure Injuries</u>	FY23-24 <u>Number of Individuals Enrolled by Race</u>	FY24-25 <u>Number of Individuals with Pressure Injuries</u>	FY24-25 <u>Number of Individuals Enrolled by Race</u>
Black or African American	156	8,853	89	9,036	100	9,066
White	815	39,979	476	40,068	561	40,895
Other***	72	4,890	36	5,195	49	5,273
<b>Total</b>	<b>1,042</b>	<b>53,722</b>	<b>601</b>	<b>54,911</b>	<b>710</b>	<b>55,234</b>

Sources: HCSIS and Medicaid claims as of 11/13/2025

\*\*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.

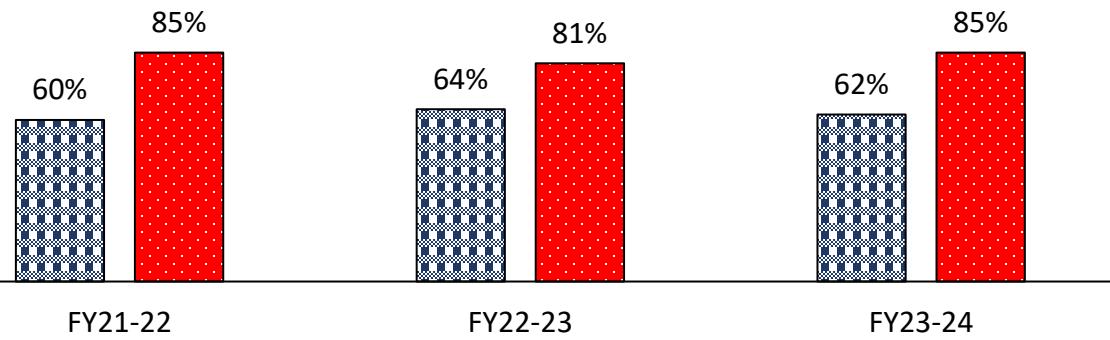
**Note:** Previous fiscal year data differs from previous reports due to CMS changes in the Medicaid file that allows ODP queries to access more complete information.

### 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)



- Percent of individuals who reported they are able to provide consent for medical treatment
- Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent

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 - 106 licensed clinicians participated through October 2025**
  
- ✓ **Capacity Building Institute Intensive held in June and July, bringing graduates of the past 8 CBI classes together for learning and network building**
  
- ✓ **Intellectual Disabilities and Autism (ID/A) endorsement for Certified Peer Specialists is under development**
  
- ✓ **Systemic, Therapeutic, Assessment, Resources and Treatment (START) Model pilot programs are underway in Allegheny and Philadelphia counties with both currently enrolling participants**
  
- ✓ **Pediatric Capacity Building Institute completed its second year**

### Accomplishments in Detail for #6

#### TRAIN Project –

- ❖ This ongoing 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 didactic 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 9<sup>th</sup> cohort of licensed professionals in September 2025, with 17 professionals participating. A total of 106 licensed clinicians have participated in TRAIN through October 2025.
- ✓ TRAIN expansion programs have been developed on various topics to further expand capacity of licensed professionals. Expansion topics include:
  - Integrating Skills from the Community Resiliency Model when Supporting the Processing of Life Stressors
  - Exploring Sensory Needs and Developing Sensory Diets
  - Masking and Unmasking Neurodivergent Traits
  - Assessing and Enhancing Interoceptive Awareness, which is an individual's ability to sense what is happening inside their body, including emotions, and physical sensations, such as heart rate, breath rate, hunger and pain.

#### **Dual Diagnosis Conference –**

- ❖ The 2025 Dual Diagnosis Conference, “Understanding Neuroplasticity and Recent Advancements in Enhancing Supports” was held November 19, 2025. Nationally recognized speakers for the conference included:
  - ✓ Ken Martz, Psy.D., MBA, a licensed psychologist, bestselling author, and expert in emotional development,
  - ✓ Brandi Kelly, Ph.D., Clinical Director for Louisiana’s OCDD who received her doctoral degree in clinical psychology from Louisiana State University in 1998 and a post-doctoral master’s degree in clinical psychopharmacology from Alliant University in 2002, and

- ✓ Calliope Holingue, MPH, Ph.D., a research faculty member at the Center for Autism Services, Science and Innovation at the Kennedy Krieger Institute.

### **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.
  - ✓ 9<sup>th</sup> annual class began in October 2025.
  - ✓ 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, completed its second year in 2025. The focus is on supporting children with complex needs and multi-system involvement and is a collaborative effort supported by ODP.
- ❖ CBI Intensive program was held during June and July 2025 as a summit of past CBI participants to convene for additional learning, and to reinforce networks across the commonwealth in an effort to continue to build capacity to support individuals with complex needs.

### **Dual Diagnosis Curriculum –**

- ❖ ODP continued to use this curriculum, and all new providers are required to complete it. The curriculum contains 40 hours of material in 20 modules and is available on the [MyODP website](#). Participants earn a course certificate after completing all modules.

### **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 modules are self-paced, meaning the individual can go as quickly or slowly as they like.
- ✓ Three courses are now available for the target audiences of self-advocates, direct support professionals (DSPs), and families and caregivers.

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

- ❖ Project ECHO, an evidence-based, nationally used model of capacity building that uses a video conferencing platform, was continued in 2025. 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 in 2025 was “Empowered Living Through ECHO: Enhancing Healthcare for the Adult Neurodiverse Community in PA” for DSPs.
  - ✓ 8-week intervention for DSPs helps support those facing trauma, mental and physical health challenges, and offers strategies for using coping skills to build resilience.
  - ✓ Topics covered include recognizing signs of trauma and common mental health issues, recognizing physical health concerns, improving resilience, encouraging community engagement, and using the Community Resilience Model. The second cohort for these topics runs 10/2/25 through 11/20/2025, with 32 registered participants. For Cohorts 1 and 2, a total of 71 registered participants took part.

### **START Model Pilots –**

- ❖ Continued with START, a comprehensive, evidence-informed model of service supports that optimizes independence, treatment, and community living and uses 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, 2025, there were 40 active enrollees in the Allegheny County START with a regular influx of referrals and an active referral list. Aggression and mental health symptoms are among the most common concerns reported at the time of referral.
- ✓ A second START pilot is underway in Philadelphia County. A formal launch for the program is anticipated for spring, 2026, but the program is currently taking referrals and enrolling individuals.

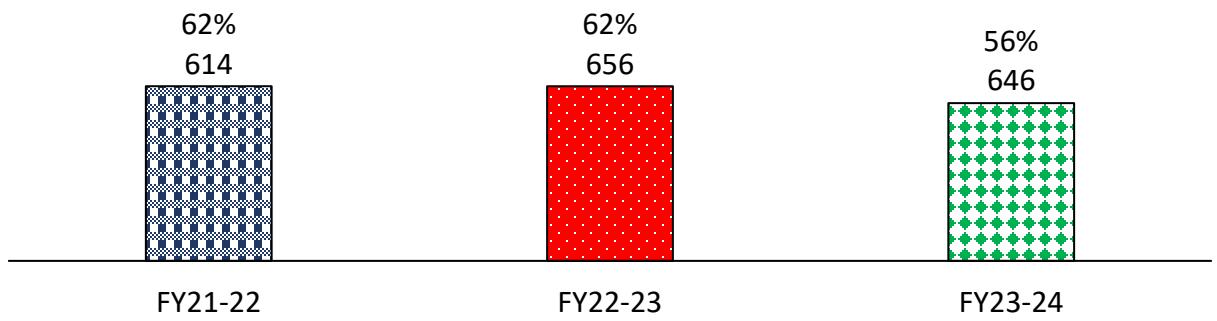
**Certified Peer Specialist Endorsement –**

- ❖ ODP received approval for a Money Follows the Person proposal for development of an endorsement on the topic of intellectual disabilities and autism (ID/A) for certified peer specialists. This endorsement will provide additional training for peer specialists to better support individuals with IDA. The curriculum for the endorsement is in development and is targeted to be available for use in 2026.

**Performance Measures for #6**

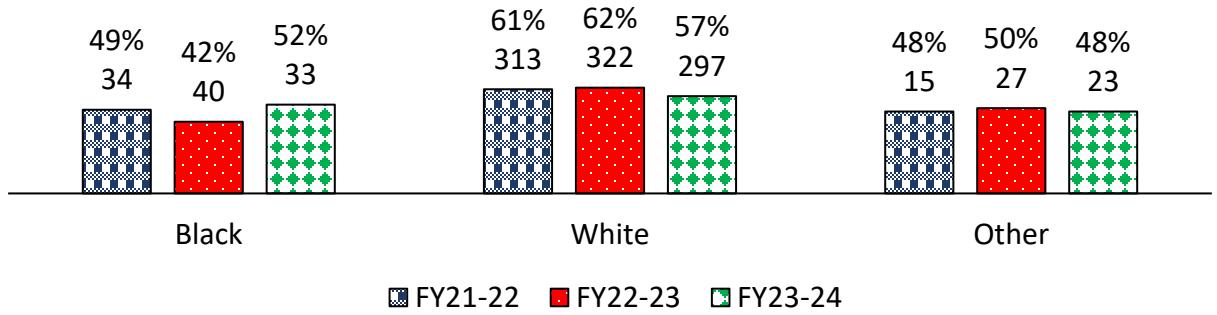
1. Number and percent of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders, overall and by race. (NCI PA In-Person Survey)
2. Number of individuals in residential service who require treatments which are considered inherently \*high risk. (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)

**Number and Percent of Individuals Who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders (PM 1)**



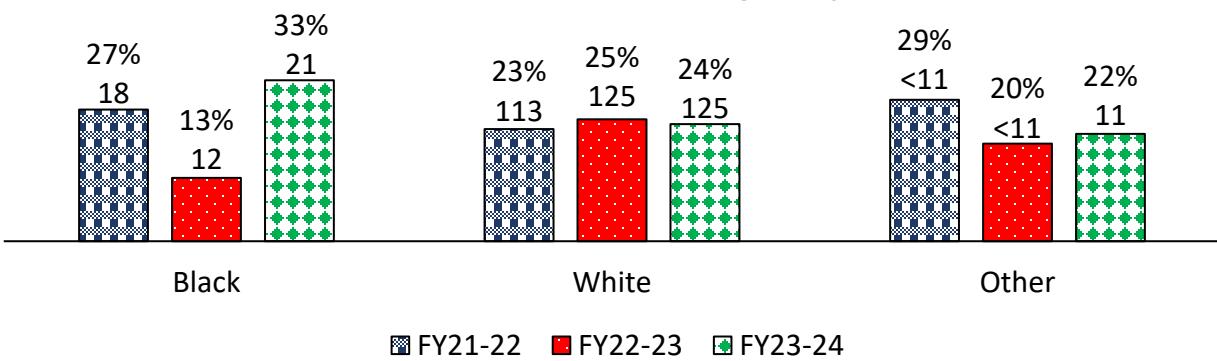
Source: NCI PA In-Person Survey

**Number and Percent of Individuals Who Take at Least One Medication for Mood Disorders, Anxiety and/or Psychotic Disorders, by Race (PM 1)**



Source: NCI PA In-Person Survey

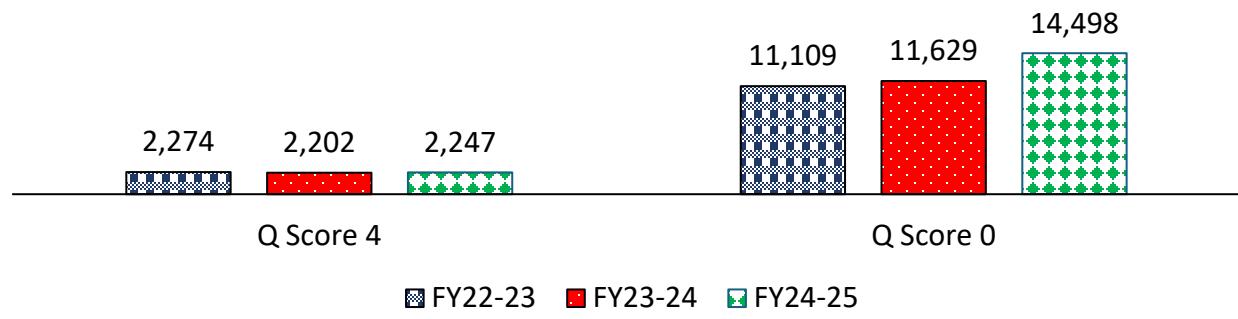
**Number and Percent of Individuals Who Take at Least One Medication for Behavior Challenges, by Race (PM 1)**



Source: NCI PA In-Person Survey

**Note:** Data greater than 0 and less than 11 is not shown in the table for privacy purposes.

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



Source: HRST as of 12/2/2025

**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	94
6/30/24	9,729	181
6/30/25	9,935	278

Source: EDW HCSIS Consumer Demographics Fact. Extraction Data: 9/30/2025

**Note:** \*Represents children that meet **new** 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** 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.

Living Arrangement-Family Settings:	% of Total as of 06/30/23	% of Total as of 06/30/24	% of Total as of 06/30/25
Children's Residence Foster Care	2.1%	1.1%	0.7%
Family Living (ID) Unlicensed	2.1%	1.1%	2.2%
Friend's Home	1.1%	0%	0%
Own Residence	1.1%	0%	0.7%
Relative's Home	68.1%	78.5%	76.6%
<b>Family Settings Total</b>	<b>74.5%</b>	<b>80.7%</b>	<b>80.2%</b>

Living Arrangement-Congregate and Non-Family Settings:	% of Total as of 06/30/23	% of Total as of 06/30/24	% of Total as of 06/30/25
Children's Residence	4.3%	2.2%	1.1%
Community Home (MR)	1.1%	0%	0%
Community Home (MR 2 to 4 persons)	2.1%	1.1%	0%
Nursing Home/Nursing Facility	3.2%	1.7%	2.9%
Private ICF/ID(16 or more persons)	4.3%	3.9%	0.4%
Private ICF/ID (5 to 8 persons)	2.1%	0.6%	2.9%
<b>Congregate and Non-Family Settings Total</b>	<b>17.1%</b>	<b>9.5%</b>	<b>7.3%</b>

Living Arrangement-Other/Not Found:	% of Total as of 06/30/23	% of Total as of 06/30/24	% of Total as of 06/30/25
Other	6.4%	6.1%	7.6%
Not Found	2.1%	0.6%	1.4%
<b>Other/Not Found Total</b>	<b>8.5%</b>	<b>6.7%</b>	<b>9.0%</b>

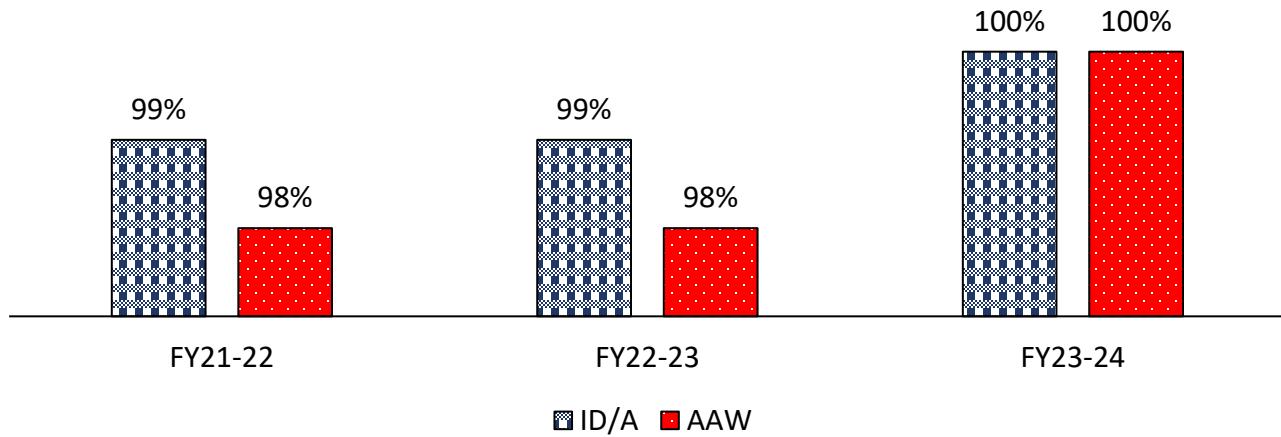
Source: EDW HCSS Consumer Demographics Facts. Data Extraction Date: 11/14/2025

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

Provider Enrollment by Type	FY22-23	FY23-24	FY24-25
Total providers enrolled for ID/A waivers only	295	278	252
Total providers enrolled for AAW only	13	20	30
Total shared providers enrolled for AAW and ID/A waivers	72	68	62
<b>Total enrolled BSS providers across all ODP waivers</b>	<b>380</b>	<b>366</b>	<b>344</b>

Source: HCSS as of 12/15/2025

**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 49,490 active learners**
- ✓ **Issued P4P payments for staff credentialing through Performance-Based Contracting (PBC)**
- ✓ **96% increase in the number of PA providers (294) who are now enrolled in the National Alliance for Direct Support Professionals (NADSP) tiered credentialing program for their DSPs and FLSs**
- ✓ **Increased the percentage of ODP providers enrolled in NADSP from 10% to 72%**
- ✓ **6,487 certificates awarded to DSPs and FLSs in the NADSP tiered credentialing program**

### Accomplishments in Detail for #7

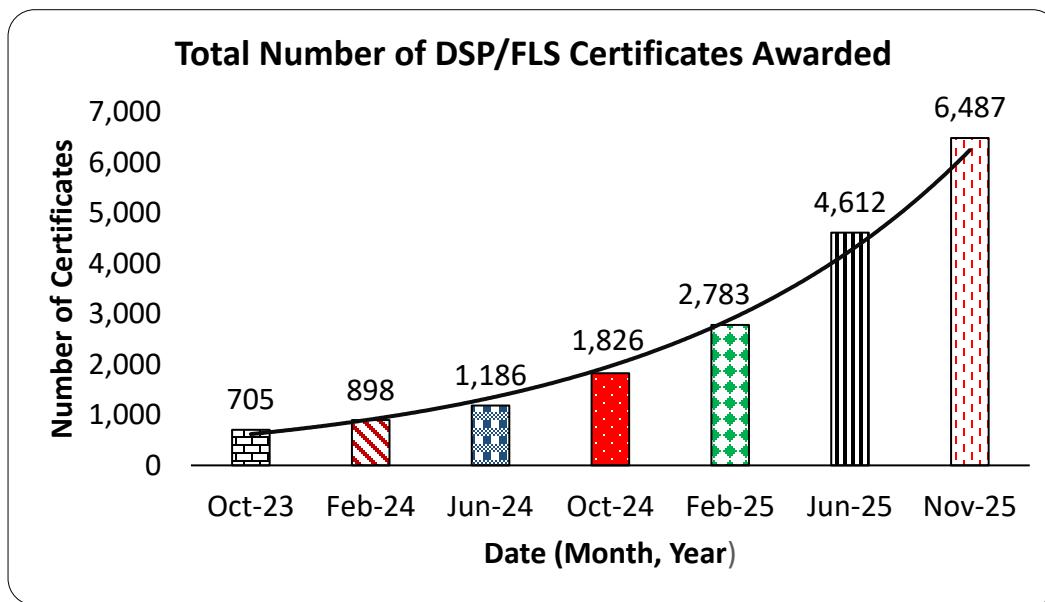
#### CDS Courses –

- ❖ As of October 2025, there were 49,490 unique active users enrolled in CDS. This represents a slight increase in users over the last year.

#### NADSP Credentialing –

- ❖ ODP established the following PBC performance measures 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, requiring 5% of DSPs to be credentialed by 12/31/2025, or 10% by 12/31/2025 if they already achieved the 5% at the time of their application.
- ❖ Through PBC in 2025, ODP began issuing Pay for Performance (P4P) payments for staff credentialing. Of the 223 residential providers that applied for the P4P payments across all 3 tiers, 150 (67%) providers met the criteria to receive payments.
- ❖ As of November 26, 2025, there was a 96% increase in the total number (294) of PA providers enrolled with NADSP to credential their DSPs and FLSs. There was a 157% increase in the total number of DSPs enrolled (6,411) and a 179% increase in the total number of FLSs enrolled (2,172).
- ❖ During 2025, the percentage of ODP providers enrolled in the NADSP certification program (**PM 7**) increased from 10% to 72%.
- ❖ Of the 6,487 total certificates awarded as of November 2025, 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 2,172 FLSs enrolled, 1,234 (57%) have been awarded certificates.



Source: NADSP

### **MyODP Updates –**

- ❖ MyODP continued to be updated throughout 2025 with special attention to enhancement of the Performance-Based Contracting resource page and development of a new DSP and FLS credentialing page.
  - ✓ The total registered users for MyODP reached 246,000 as of June 2025, with 690 training and resource offerings.

### **MyODP Training –**

- ❖ My ODP has been updated to now offer a transcript report that includes all courses the user has taken along with the number of hours for each training and date of completion.
- ❖ The Columbus Organization, an ODP training partner, delivered 17 webcasts, 15 webinars, and 180 live trainings during FY 24-25; additionally, they facilitated 17 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 24-25, ODP utilized the GoToWebinar and Zoom virtual platforms to deliver 62 training and outreach webinars to staff who support individuals in the ODP service system; 30 sessions were conducted by ODP via GoToWebinar, and 32 sessions were conducted by Columbus via Zoom.

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

- ❖ EDL was held in person in January of 2024 and was slated to be held in person in January 2026. However, a shift to a virtual EDL was made late in 2025 due to financial restrictions. The next EDL is scheduled to be held virtually for 3 days, in May 2026 on the Whova platform.

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

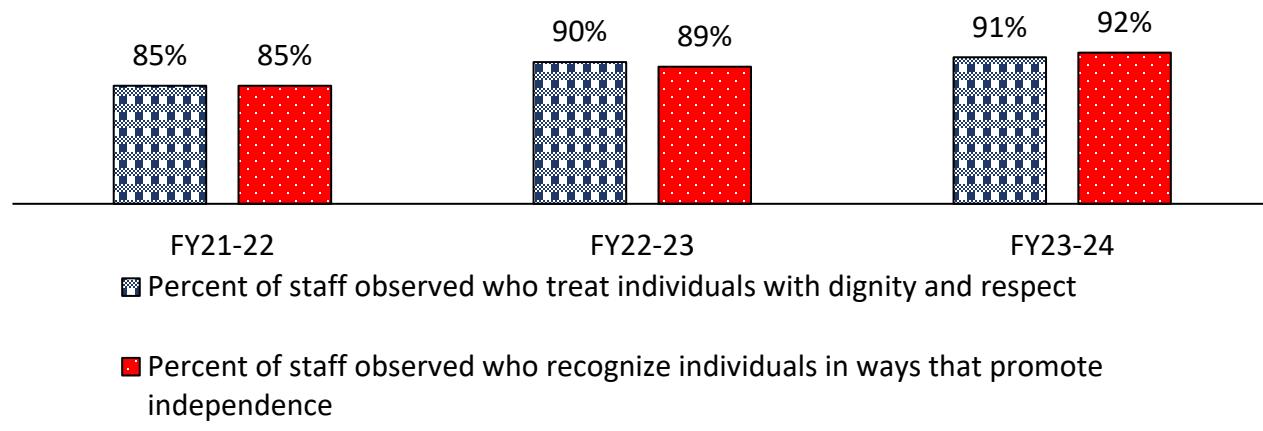
- ❖ The 18th annual PATC took place over 2 days in September 2025.
  - ✓ Approximately 465 professionals and 85 individuals and family members registered, with an average daily attendance of approximately 466 participants.
  - ✓ The theme was “Beyond Inclusion: Thriving in the Community.” The goal was to consider how we can start shifting from a model that puts the burden of community integration on the individual and their family, to one that proactively shapes communities with inclusion in mind from the start.
  - ✓ 4 sessions were offered each day with topics that included “Reimagining Community through the Lens of Disability,” “Starting and Sustaining an Employment Journey,” “Cyber Safe, not Sorry: Tools for the Autistic Community,” “Valued Social Roles,” “Building Social Capital for Community Success,” “Alternative Augmentative Communications (AAC) in the Community,” “Choice, Dignity, and Participation: Making Inclusion a Reality for Autistic Adults,” and “Advocating for Inclusive Communities.”

### **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)



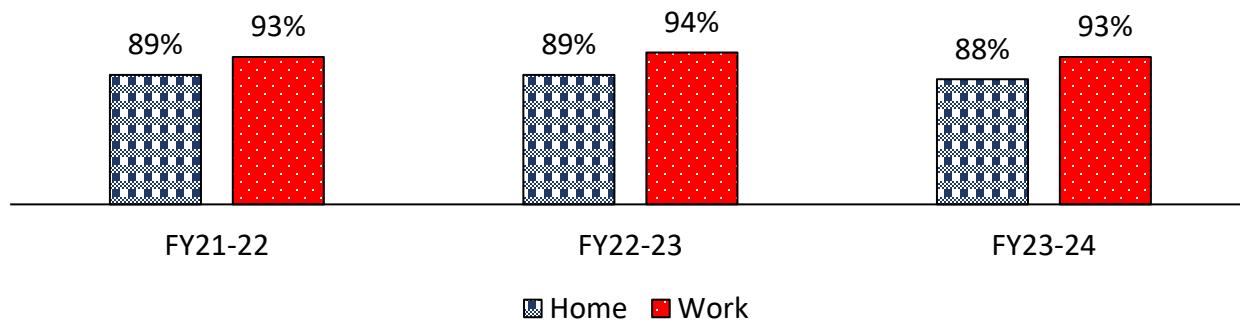
Source: IM4Q

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



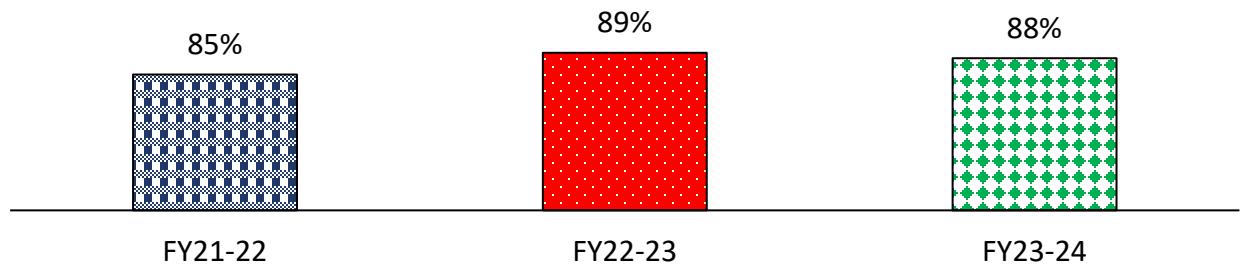
Source: IM4Q

**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)**



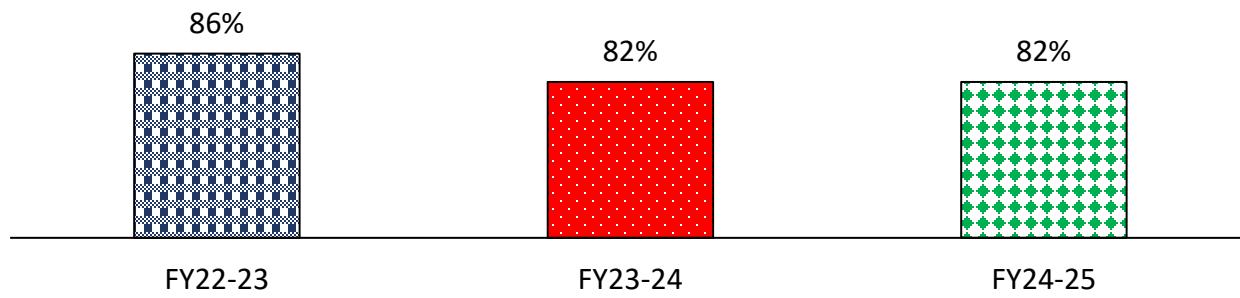
Source: IM4Q

**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)**



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 the following features into the design phase for Enterprise Case Management (ECM) - Referral, Assessments, Eligibility, PUNS, Enrollment, Case Information, Manage Demographics, Service Notes, and Progress Notes
- ✓ Updated draft Individual Support Plan (ISP) sections based on volunteer Participant and Family Member Focus Group feedback
- ✓ Developed draft ISP Print Plan sections for ISAC feedback
- ✓ Communicated Participant and Family Member Focus Group feedback on Citizen Portal requirements to ECM vendor
- ✓ Began rollout of Performance-Based Contracting (PBC) for Supports Coordination

### Accomplishments in Detail for #8

#### HCSIS Replacement and ECM Development 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. Accomplishments in 2025 included:
  - ✓ Adopted phased release approach for program offices and continued business requirement activities, which were extended to Spring 2026 (PM3).
  - ✓ Moved the following features into the design phase of ECM with the vendor authorized to start with design activities - Referral, Assessments, Eligibility, PUNS,

Enrollment, Case Information, Manage Demographics, Service Notes, and Progress Notes.

- ✓ Citizen (formerly Participant) Portal Activities -
  - Held multiple discovery sessions with the ECM vendor and communicated the following feedback shared by the volunteer Participant and Family Member Focus Group from which the vendor is currently developing the Citizen Portal draft work products.
    - Accessibility expectations for individuals with intellectual disabilities and/or autism.
    - The vision for the participant (or Authorized Rep, e.g. for children) to authorize and revoke access for natural support team members to their Citizen Portal.
  - Provide opportunities for Citizen Portal users with editing capabilities to directly update Person Record data, where possible, and otherwise easily communicate changes to their assigned SC.
  - Identified additional business requirements needed to enhance accessibility for the Citizen Portal. **(PM2)**
  - Defined Person Record data that individual Citizen Portal users can update directly (without supports coordination performing data entry). **(PM1, PM3)**
- ✓ Individual Service Plan (ISP) Activities -
  - ODP ISP Workgroup continued to identify opportunities to streamline ISP design and improve accessibility. **(PM 1)**
  - Refined the framework and content for the Meals and Eating sections of the ISP in ECM. **(PM 1)** This included combining Fatal Five and Other High-Risk/Health Concerns into a single section.
  - Updated draft ISP sections based on volunteer Participant and Family Member Focus Group feedback
  - Updated ISP Print Plan to address the following:
    - Use of more plain language
    - Use of white space to help chunk plan information into smaller sections for ease of reading

- Added helpful visual aids (e.g., pictures/icons)
- Retained print flexibility to print from a single selected section up to all sections (complete plan)
- Developed draft ISP Print Plan sections for ISAC feedback and reviewed these with ISAC on December 9, 2025.
- Created concept art for the following ISP Print Plan sections: Demographics, Communications (including Communication Dictionary), as well as the Meals and Eating sections.

**Supports Coordination (SC) Performance-Based Contracting (PBC) –**

- ❖ PBC for Supports Coordination is focused on elevating the quality of SC services and ensuring all participants receive SC services that help them live their everyday lives. In 2025:
  - ✓ ODP's 1915 (c) and (b)(4) applications were approved by CMS.
  - ✓ ODP launched the MyPBC Portal where Supports Coordination Organizations entered PBC data in October 2025.
  - ✓ All SCOs submitted all required information by the deadline.

**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.



## 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

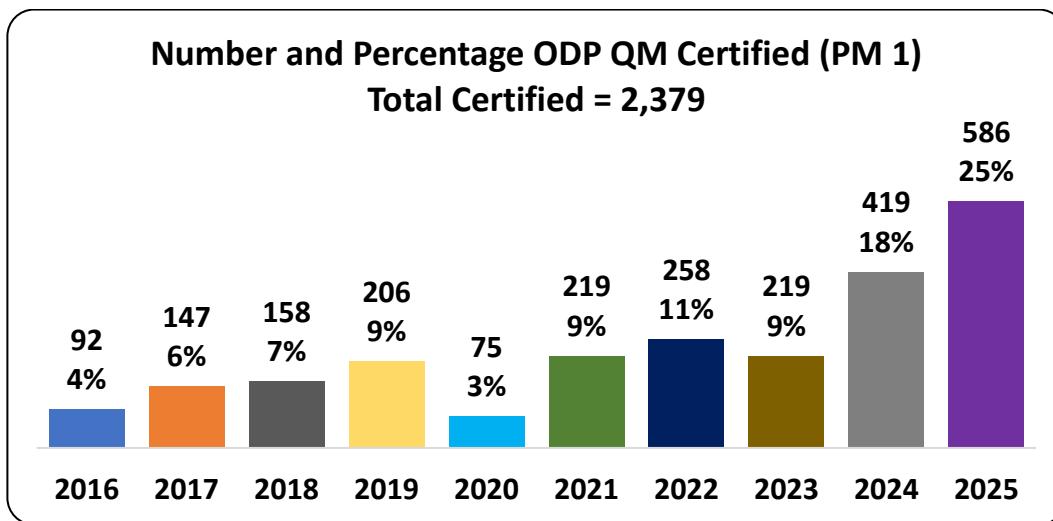
- ✓ Held 22 ODP Quality Management (QM) Certification classes in 2025
- ✓ 586 people newly QM certified in 2025 (as of November), which is the largest single year increase since the program began 10 years ago and 25% of the total number certified (2,379)
- ✓ Areas of improvement are already being seen as a result of Performance-Based Contracting (PBC)
- ✓ Completed Phase 1 of ODP's Risk Management (RM) Framework Incident Management (IM) Rebalancing Initiative
- ✓ QA&I Cycle 2 Year 3 completed

### Accomplishments in Detail for #9

#### Quality Management (QM) Certification –

- ❖ To continue to support implementation of Performance-Based Contracting (PBC) for residential providers and SCOs, ODP scheduled 22 QM certification classes in 2025. This resulted in 586 new certifications by the end of November 2025, which represents 25% of the total number certified since the program began (2,379) 10 years ago! And there was 1 more class scheduled before the end of 2025, at the time of the writing of this report.

The bar chart below shows the total number of people certified since the program began, broken out into yearly bars across the 10 years that the class has been offered. The percentages displayed represent the portion of the total number certified through November 2025.



Source: ODP QM Certified Tracking Spreadsheet as of 11/25/2025

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

Number of Individuals ODP QM Certified by Entity Type	
AE	= 259
SCO	= 225
Provider	= 1,729
ODP/HCQU	= 166
<b>Total = 2,379</b>	

Source: ODP QM Certified Tracking Spreadsheet as of 11/25/2025

#### **Performance-Based Contracting (PBC) for Residential Providers and SCOs (PM3) –**

- ❖ ODP has engaged in systems change through PBC with residential providers and SCOs to implement Everyday Lives values and strategies that support workforce stability and growth, and to improve quality of services through data driven decision-making,

sustainability of services, and clinical capacity to serve individuals with complex needs. PBC areas of improvement that have already been observed with residential providers include:

- ✓ Number of enrolled providers offering Lifesharing and Supported Living increased from July 2023 to January 2025 with Lifesharing increasing from 81 to 90 and Supported Living increasing from 115 to 135.
- ✓ 1% increases in employment for Needs Group 1 and Needs Group 2 from Calendar Year 2023 to 2024.
- ✓ Major improvements in health risk screenings from Calendar Year 2023 to 2024 including an 80% reduction in individuals without a screening and a 79% reduction in missed screenings for people at high risk.
- ✓ Improvements in incident reporting fidelity including improvements in some timeliness measures and a 5% reduction in potentially unreported incidents of abuse and neglect.
- ✓ Improvements in follow-up visits after inpatient hospitalizations including a 20% increase in 7-day and 30-day follow-up appointments.
- ❖ PBC milestones in 2025 regarding residential providers included:
  - ✓ Completion of initial round of data submissions, scoring and tier assignments.
  - ✓ Distribution of funds for assigned tiers and Pay-for-Performance (P4P) Milestone 1.
  - ✓ Performance measures were updated for the next review period and were announced.
- ❖ PBC milestones in 2025 regarding SCOs included:
  - ✓ Initial performance measures were developed and announced.
  - ✓ 1915(b)(4) PBC Waiver and 1915(c) waiver amendments were approved by CMS.
  - ✓ MyPBC Portal was implemented 10/1/25 to receive SCO data submissions.
  - ✓ All SCOs submitted PBC data by 11/1/25.
- ❖ As part of ODP's PBC continuous quality improvement (CQI) process, after the first residential PBC submissions were completed, ODP evaluated all performance measures based on feedback and lessons learned and then made changes for 2026. Significant changes to content and expectations were not made. The types of changes made and shared with residential providers and other stakeholders included:
  - ✓ Retiring measures

- ✓ Collapsing measures
- ✓ Refining measures to improve data collection
- ✓ Measure progression [e.g., from attestations (promises) to do something into measures that gather evidence of fulfilling those obligations
- ✓ Clarifying language in measures and process details to eliminate potential for confusion
- ✓ Reorganization of some quality improvement (QI) related measures (to support increased understanding of the connectivity of PBC performance measures, ODP reorganized several QI plan type performance measures, recoded them and moved them into the QI measure sets in an order to better reflect the Plan, Do, Check, Act (PDCA) QI process)

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

- ❖ QA&I Cycle 2 Year 3 (C2Y3) began in July 2024 and wrapped up in Spring 2025. C2Y3 individual interviews were conducted in-person or virtually with video capability, based on individual preference, from August through November 2024, by the Independent Monitoring for Quality (IM4Q) local programs, on behalf of ODP. Of the 494 individuals who were offered interviews, 412 (83%) chose to participate and 82 declined.
- ❖ The QA&I Cycle 2 (C2) Statewide Report was in finalization stages and therefore had not yet been published as of the writing of this report. That report includes averages of results across the 3 years in the cycle, which gives a more complete look at overall system performance, as a cycle includes 100% review of all AEs, SCOs, and Providers (**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 3, Year 1 (C3Y1) began July 1, 2025.

#### **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 RM tools analysis conducted, as part of the RM Framework, revealed opportunities for ODP to improve and streamline incident management (IM) through a systematic review and rebalancing of its current processes and policies. This led to the IM Rebalancing Initiative being launched in 2025. The purpose of this initiative is to streamline and strengthen the IM system. The goals of this initiative are to:
  - ✓ Clarify the core purpose of IM,
  - ✓ Identify inefficiencies and challenges within the current system,
  - ✓ Develop solutions that address the challenges and allow realignment with the core purpose of IM, which then allows us to
  - ✓ Increase capacity to respond to and prevent incidents, and
  - ✓ To better support individuals and ODP operations.

Solutions have been implemented in 2 phases.

- ✓ Phase 1 clarified current requirements and provided guidance and interim support for ODP's IM goals in advance of forthcoming solutions. Phase 1 was completed with the publication of ODP ANN 25-093 on 10/7/2025. Guidance to the field via publication of ODP ANN 25-093:
  - Clarifies current IM requirements and expectations.
  - Supports consistency by reinforcing standardized statewide practices.
  - Topics covered include - finalizing incident reports, reducing duplicate reports, serious injury assessments, clarifying the definition of 'Discovery Date,' managing events that occur prior to enrollment, and elimination of the use of Optionally Reportable Events (OREs).

ODP supported the release of this guidance by facilitating webinars that included opportunities for questions and answers. One webinar was held for all

stakeholders on 10/10/25, and 2 were held for AEs/County ID Programs on 10/17/25 and 10/24/25. Phase 1 did not require regulatory or system changes however, some operational adjustments may be needed to align practices.

- ✓ Phase 2 began in 2025 with plans to introduce more significant policy and system changes. This phase is expected to include changes to the overall structure of IM, including the IM Bulletin, the reporting process, incident workflows, and the incident reporting system. These changes will support more efficient response, better prevention, and stronger alignment to the purpose of IM.

#### **Additional QM Activities in 2025 –**

- ❖ Continued holding bimonthly (every other month) virtual ISAC meetings throughout 2025 and held 1 in-person meeting in April.
- ❖ 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 to inform 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 2024](#) (published in February 2025)
  - ✓ [ODP Annual Data Report FY23-24](#) (published in April 2025)
  - ✓ [IM4Q Statewide Report 2023-2024](#) (published in July 2025)
- ❖ Since June 2022, ODP has continued to release quarterly QM Spotlights, which are 1-page resources available to all stakeholders, intended to provide timely guidance and helpful hints for applying QM principles and best practices. As of the end of 2025, 15 QM Spotlights have been published on MyODP on the [QM Landing page](#). Topics covered in 2025 included - Using Person-Centered Performance Data, Developing Effective Target Objectives, Descriptive Analysis, and Trend Analysis.

## 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)

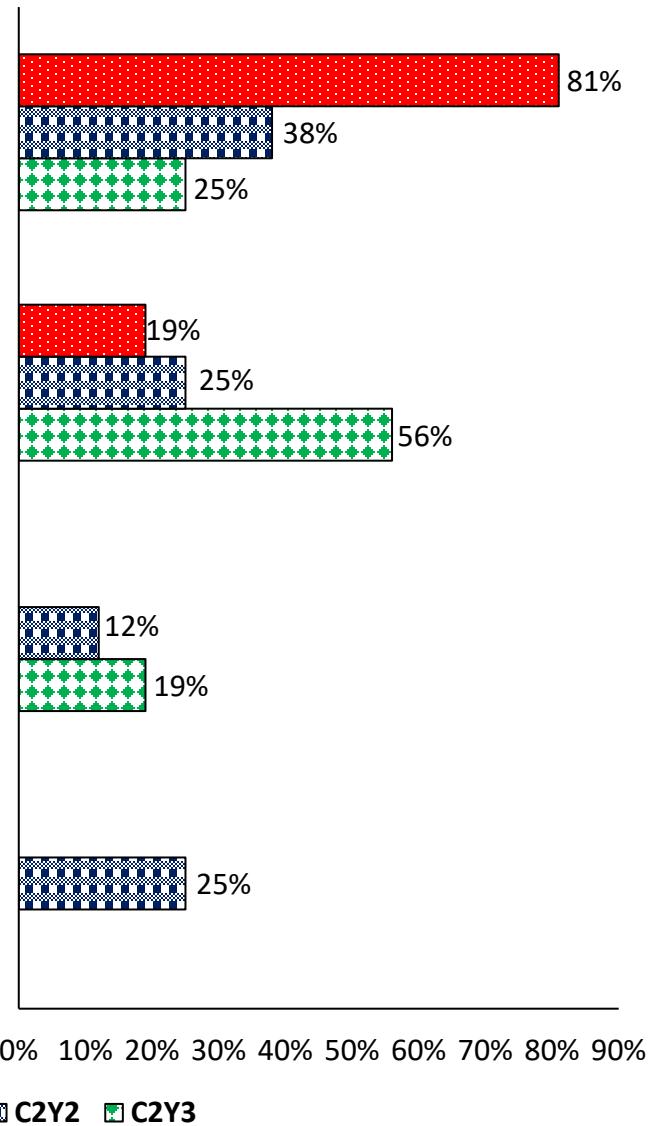
## **AE Uses Person-Centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)**

(Yes) 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.

(Yes) Used person-centered performance data to develop the QMP and its Action Plan.

(No) Does not have a QMP and its Action Plan.

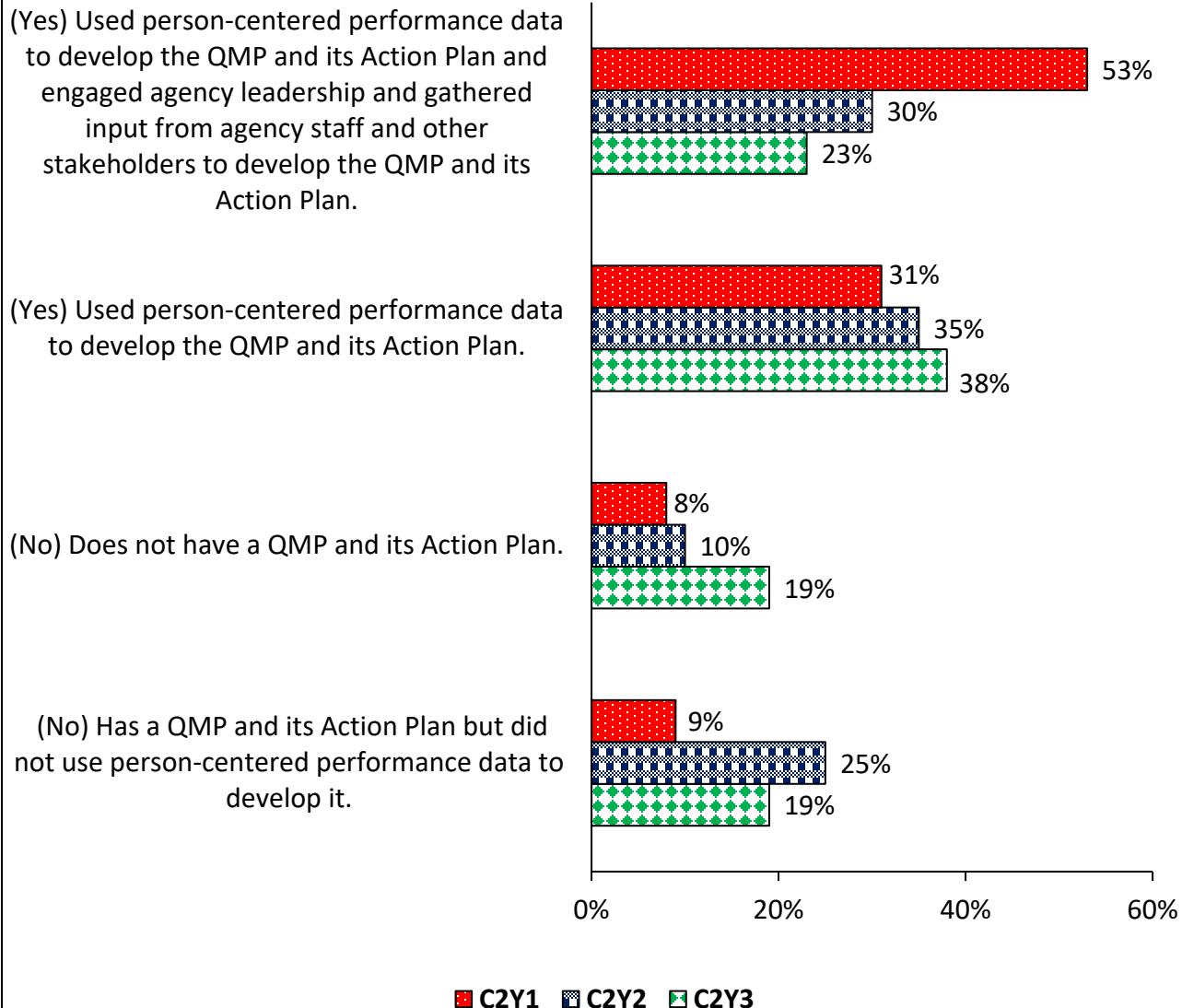
(No) Has a QMP and its Action Plan but did not use person-centered performance data to develop it.



Source: QA&I

**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 4 results from full reviews of 100% of AEs. The top (Yes) option on the graph indicates the best practice standard that we strive to have all AEs meet. The "Yes" option below that shows AEs who only meet basic requirements. If bars are missing for any of the 3 years, it's because there were no AEs in those categories for that review year.

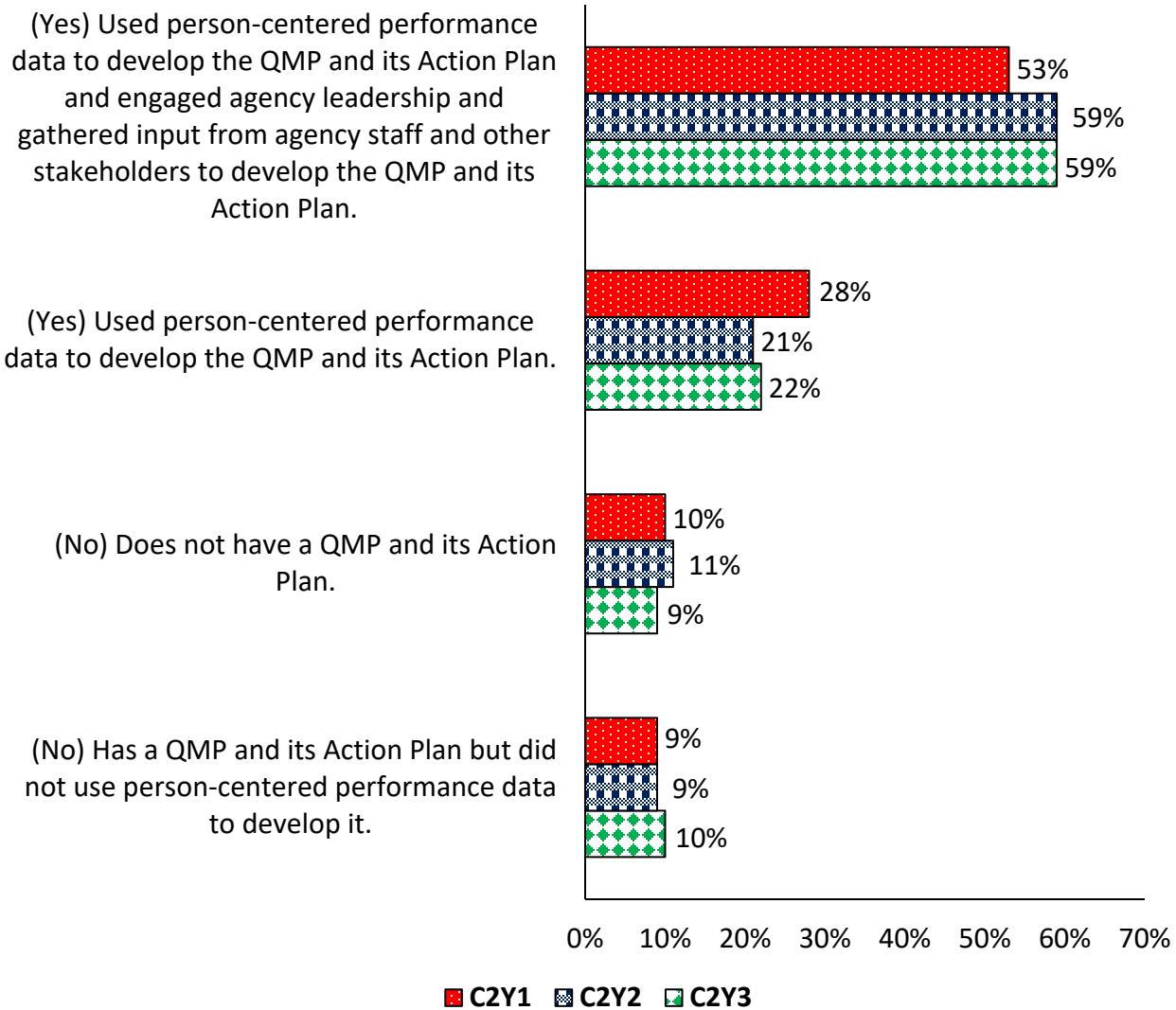
## **SCO Uses Person-centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)**



Source: QA&I

**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 4 results from full reviews of 100% of SCOs. The top (Yes) option on the graph indicates the best practice standard that we strive to have all SCOs meet. The "Yes" option below that shows SCOs who only meet basic requirements.

## **Provider Uses Person-centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)**



Source: QA&I

**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 4 results from full reviews of 100% of Providers. The top (Yes) option on the graph indicates the best practice standard that we strive to have all Providers meet. The "Yes" option below that shows Providers who only meet basic requirements.

The table below provides the C2 total numbers behind PM 4 in the 3 graphs of results for AEs, SCOs, and Providers above. It shows the total C2 number of compliant QM plans over the total number of QM plans reviewed. The table also includes results for C2Y3 Providers of AAW services and AAW SCOs.

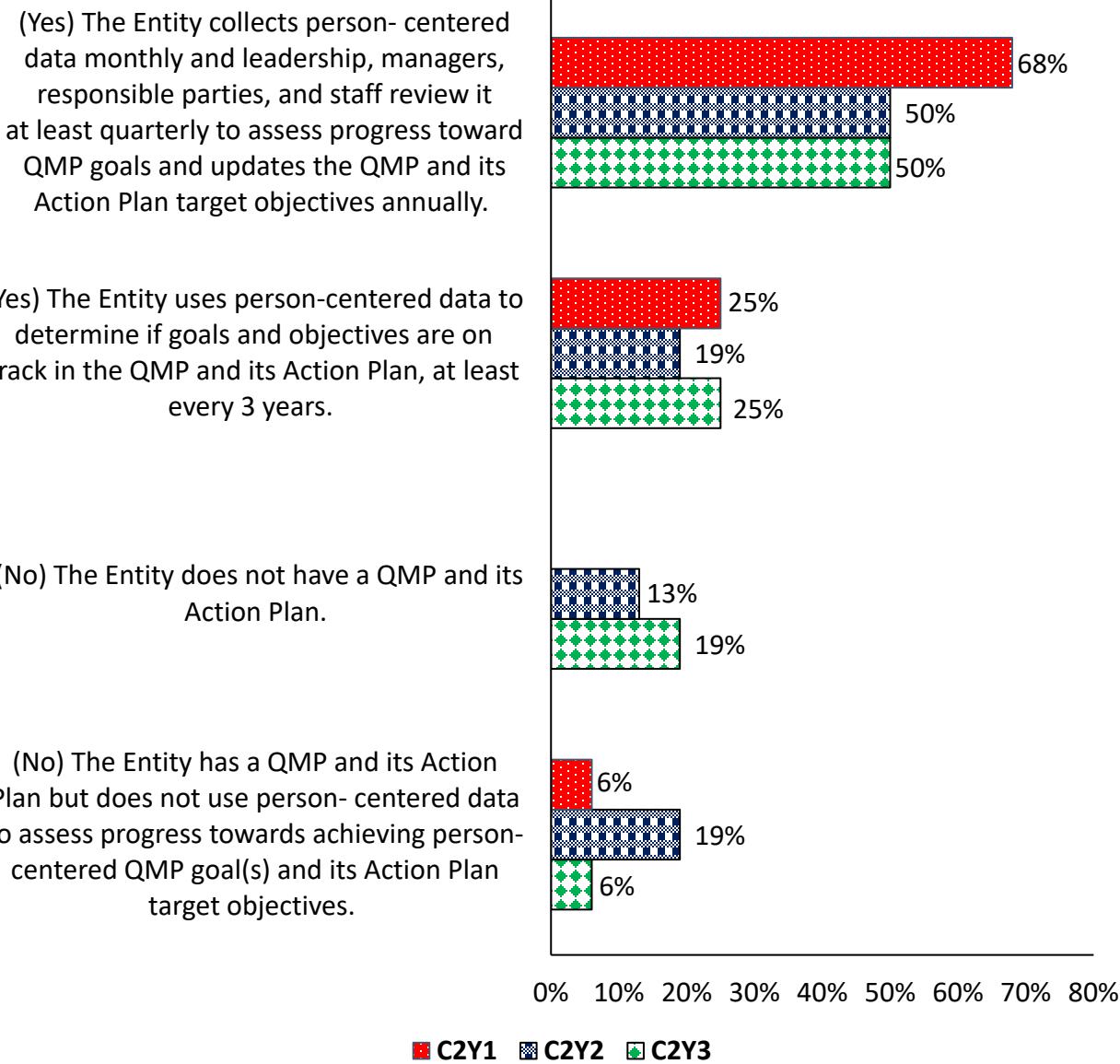
### Use of Person-Centered Data in QM Plan Development Counts (PM4)

Category	Providers of AAW Services C2Y3 Counts Only	AAW SCOs C2Y3 Counts Only	ID/A Providers C2 Total Counts	ID/A SCOs C2 Total Counts	AEs C2 Total Counts
(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.	25/45	0	531/928	24/68	23/48
(Yes) The Entity used person-centered performance data to develop the QMP and its Action Plan.	15/45	3/5	219/928	24/68	16/48
(No) The Entity does not have a QMP and its Action Plan.	1/45	1/5	93/928	8/68	5/48
(No) The Entity has a QMP and its Action Plan but did not use person-centered performance data to develop it.	2/45	1/5	85/928	12/68	4/48

Source: QA&I

**Note:** Previous reporting of AAW Provider and SCO QA&I data included AAW-only results however, starting with this report, ODP began measuring results including “shared” ID/A and AAW Providers, along with AAW-only Providers.

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

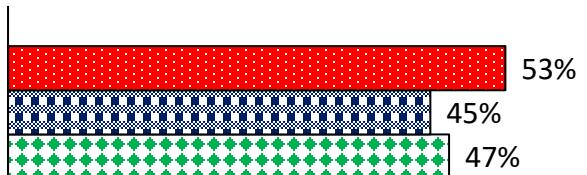


Source: QA&I

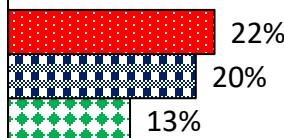
**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 5 results from full reviews of 100% of AEs. The top (Yes) option on the graph indicates the best practice standard that we strive to have all AEs meet. The "Yes" option below that shows AEs who only meet basic requirements. If bars are missing for any of the 3 years, it's because there were no AEs in those categories for that review year.

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

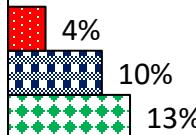
(Yes) The Entity collects person- centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.



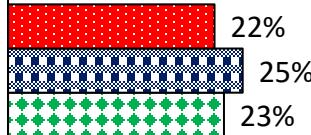
(Yes) The Entity uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.



(No) The Entity does not have a QMP and its Action Plan.



(No) 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.



(No) 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.



Source: QA&I

**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 5 results from full reviews of 100% of SCOs. The top (Yes) option on the graph indicates the best practice standard that we strive to have all SCOs meet. The "Yes" option below that shows SCOs who only meet basic requirements. If bars are missing for any of the 3 years, it's because there were no SCOs in those categories for that review year.

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

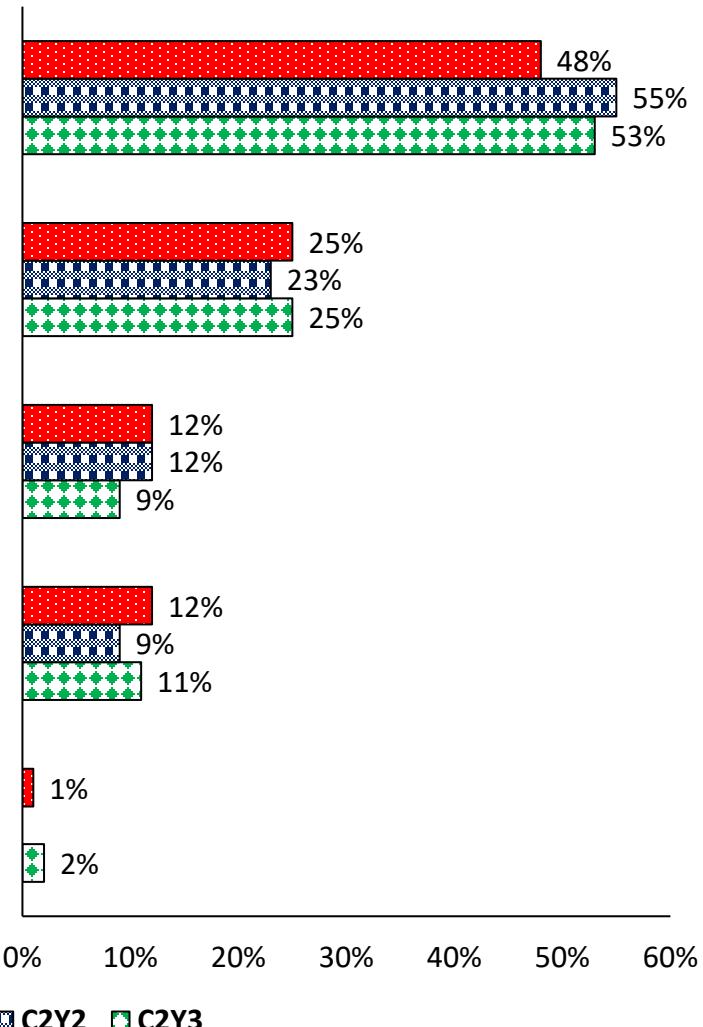
(Yes) The Entity collects person- centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.

(Yes) 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.

(No) The Entity does not have a QMP and its Action Plan.

(No) 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.

(No) 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.



Source: QA&I

**Note:** The chart above shows a complete, 3-year QA&I cycle of PM 5 results from full reviews of 100% of Providers. The top (Yes) option on the graph indicates the best practice standard that we strive to have all Providers meet. The "Yes" option below that shows Providers who only meet basic requirements. If bars are missing for any of the 3 years, it's because there were no Providers in those categories for that review year.

The table below provides the C2 total numbers behind PM 5 in the 3 graphs of results for AEs, SCOs, and Providers above. It shows the total C2 number of compliant entities over the total number reviewed. The table also includes results for C2Y3 Providers of AAW services and AAW SCOs.

### Use of Data to Assess Progress (PM5)

Category	Providers of AAW Services C2Y3 Counts Only	AAW SCOs C2Y3 Counts Only	ID/A Providers C2 Total Counts	ID/A SCOs C2 Total Counts	AEs C2 Total Counts
(Yes) 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	477/918	33/68	27/48
(Yes) 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	225/918	12/68	1/48
(No) The Entity does not have a QMP and its Action Plan.	0	0	99/918	6/68	5/48
(No) 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	97/918	16/68	5/48
(No) The Entity has not updated the QMP in more than 3 years.	0	0	7/918	0	0
(No) 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	0	13/918	1/68	0

Source: QA&I



## 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 29% to 422 individuals served in FY 24-25**
- ✓ **Life Sharing services by relative increased 53% to 225 individuals in FY 24-25**
- ✓ **Supported Living services increased 36% to 238 individuals in FY 24/25**
- ✓ **Medically Complex Condition (MCC) Life Sharing services increased by 288% in FY 24-25**
- ✓ **ID/A Supportive Housing Pilot continues to grow**

### 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, to 422 in FY 24-25. This is a 29% increase in the last year and a 98% increase over the last 3 years.
- ❖ 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 27 in FY 23-24, to 29 in FY 24-25.

### **Life Sharing Services –**

- ❖ The number of individuals receiving Life Sharing supports provided by a relative increased from 108 individuals in FY 21-22, to 122 individuals in FY 22-23, to 147 in FY 23-24 to 225 in FY 24-25. This is a 53% increase in the last year and a 108% increase over the last 3 years.
- ❖ Through the Transition to Independent Living Initiative, ODP has had a total of 17 individuals move from residential habilitation to Life Sharing or Supportive Living since 2022. As of October 2025, 15 of these individuals had already passed the 6-month milestone and 2 are anticipated to do so in early January 2026.

### **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, to 238 in FY 24-25. This is a 36% increase in the last year and a 68% increase over the last 3 years.

### **Medically Complex Condition (MCC) Life Sharing –**

- ❖ 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 individuals with medically complex conditions in the community. Medically Complex Condition Life Sharing services were utilized by 16 individuals in FY 23-24, all aged 20 and under, and 62 individuals in FY 24-25, with 60 of the 62 being aged 20 and under. This is a 288% increase in the last year.

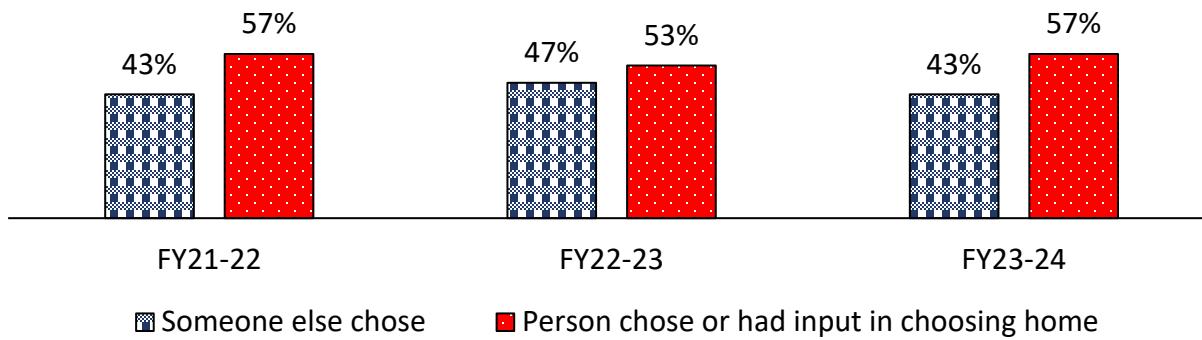
### **ID/A Supportive Housing Pilot –**

- ❖ 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 need financial assistance to secure and maintain accessible and affordable housing. As of October 2025, there were 106 individuals enrolled in the pilot and 15 individuals who had been enrolled but had transitioned off the subsidy.

## Performance Measures for #10

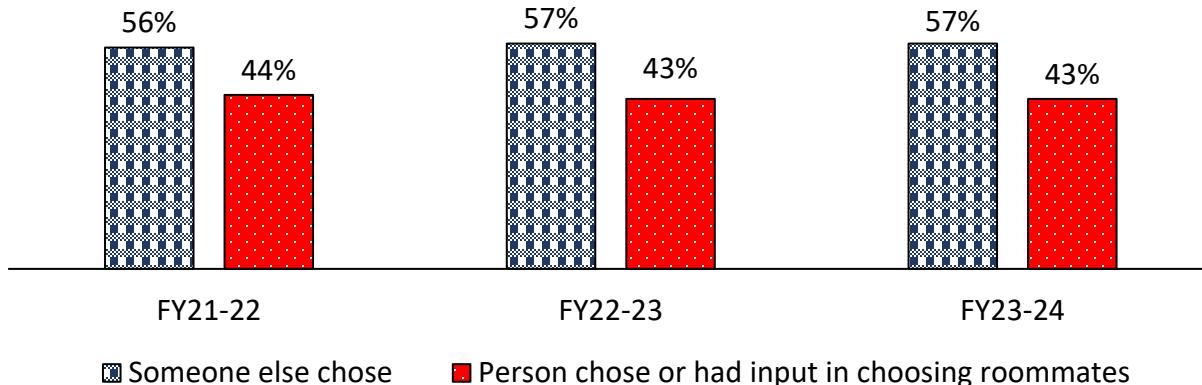
1. Percent of people who choose their home. (*NCI PA In-Person Survey*)
2. Percent of people who choose their roommate. (*NCI PA In-Person Survey*)
3. Percent of people who rent or own their homes. (*NCI PA In-Person Survey*)
4. If people do not get needed services, the percent whose unmet need is in 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 Choose Their Home (PM 1)



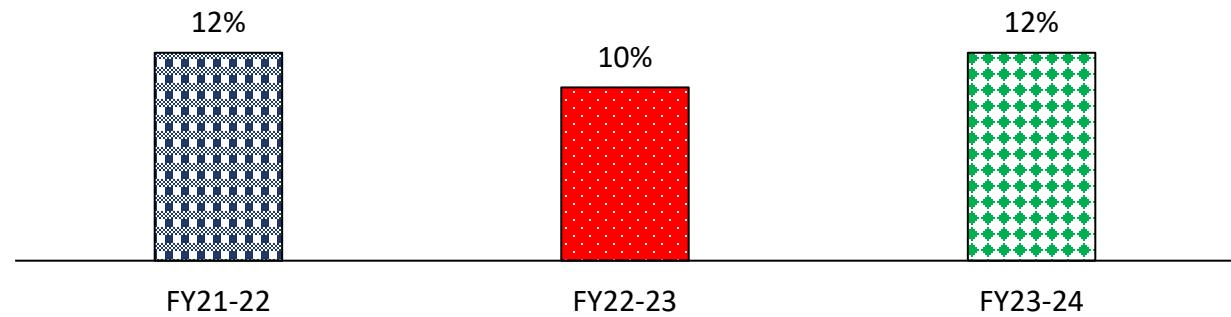
Source: NCI PA In-Person Survey

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



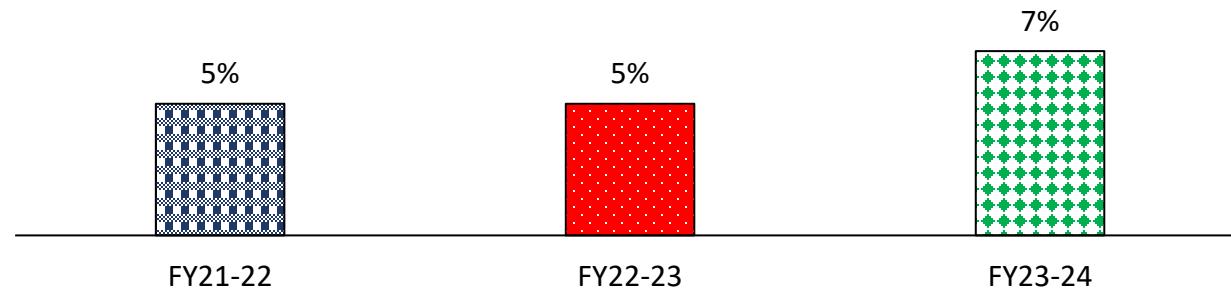
Source: NCI PA In-Person Survey

### 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)

Race	FY21-22	FY22-23	FY23-24
White	90%	88%	83%
Black or African American	82%	85%	80%
Other	93%	91%	94%
<b>Overall</b>	<b>89%</b>	<b>88%</b>	<b>88%</b>

Source: IM4Q

### Number of People Who Transitioned from Residential Habilitation to Life Sharing or Supported Living (PM 6)

Race	FY22-23	FY23-24	FY24-25
Life Sharing	18	14	<11
Supported Living	<11	16	<11

Source: EDW HCSIS Services and Support Fact; Data extraction date: 11/17/2025

**Note:** Data greater than 0 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

- ✓ **Convened a CPS Workgroup with the objective of producing actionable steps to improve the quality of CPS services in PA**
- ✓ **Added a question to the Cycle 3 QA&I Provider Tool to gather data about CPS providers who included CPS in their Quality Management (QM) plans**
- ✓ **In the last 12 months, an additional 10,408 users have received a certificate for required training under standardized CPS curriculum**

### Accomplishments in Detail for #11

#### Community Participation Support Workgroup –

- ❖ ODP convened this workgroup with representation from AEs, individuals/family members, and CPS providers. The purpose of the workgroup is to have members share innovative strategies and models, barriers, and different ideas for improving the quality of the CPS service, which have so far ranged from changes to policy, to incorporating technology in new ways.

#### QA&I Provider Tool –

- ❖ Based on changes to the CPS service definition, a question was added to the provider tool to gather data about CPS providers who included CPS in their agency's QM Plan. The question is also included in the provider self-assessment tool.

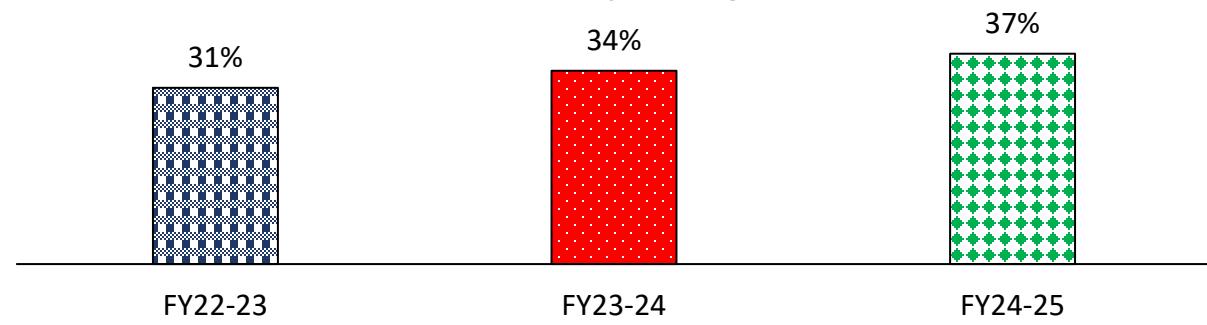
## **Standardized CPS Curriculum –**

- ❖ 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 2025, a total of 84,767 users have received a certificate for the required training, with 10,408 added in the last 12 months.

### **Performance Measures for #11**

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 PROMISe as of 10/31/2025

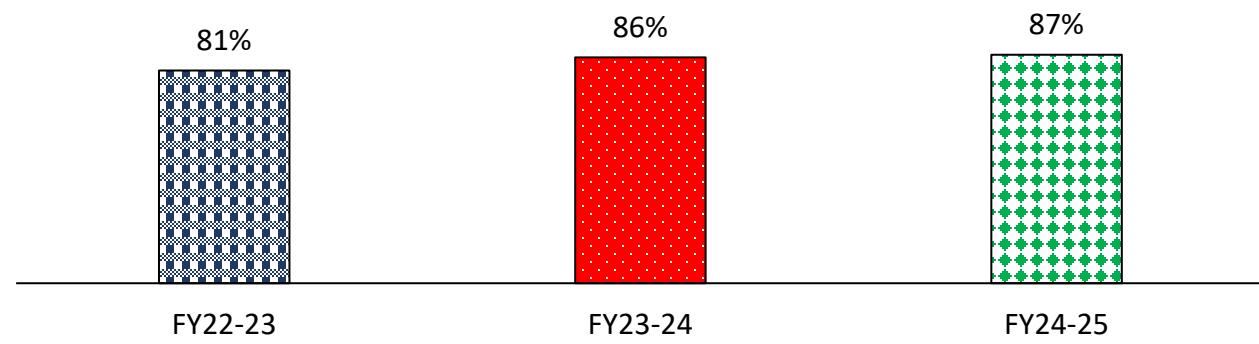
Note: "CPS service units used by recipients in a community setting" includes units provided remotely.

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

Race	FY 22-23	FY 23-24	FY 24-25
American Indian or Alaskan Native	31%	37%	36%
Asian	32%	35%	35%
Black or African American	40%	44%	46%
Native Hawaiian or Other Pacific Islander Indicator	50%	50%	46%
White	29%	32%	35%
Other	34%	36%	39%
Unknown	50%	49%	55%

Source: HCSIS and PROMISe as of 10/31/2025

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



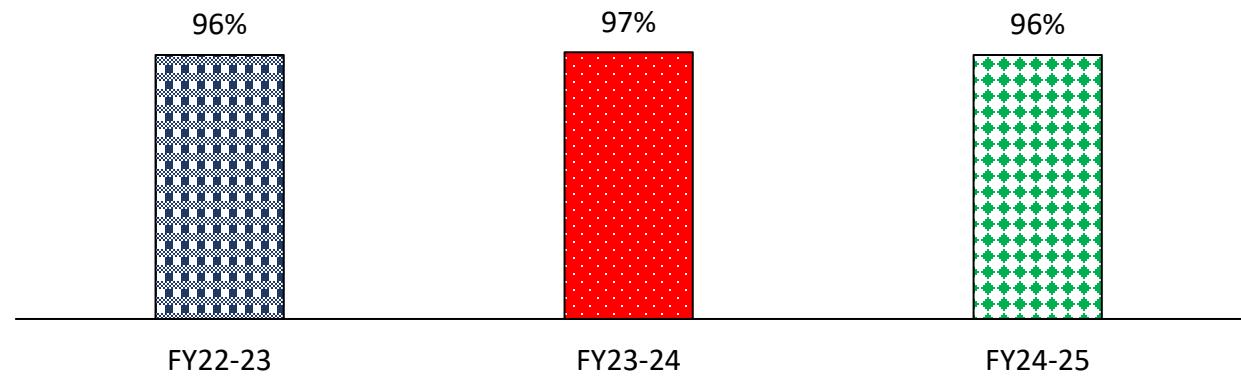
Source: HCSIS and PROMISe as of 10/31/2025

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

Race	FY 22-23	FY 23-24	FY 24-25
American Indian or Alaskan Native	0.13%	0.14%	0.11%
Asian	1%	1%	2%
Black or African American	14%	15%	17%
Native Hawaiian or Other Pacific Islander Indicator	0.02%	0.03%	0.01%
White	79%	78%	75%
Other	5%	6%	5%
Unknown	0.2%	0.2%	0.3%

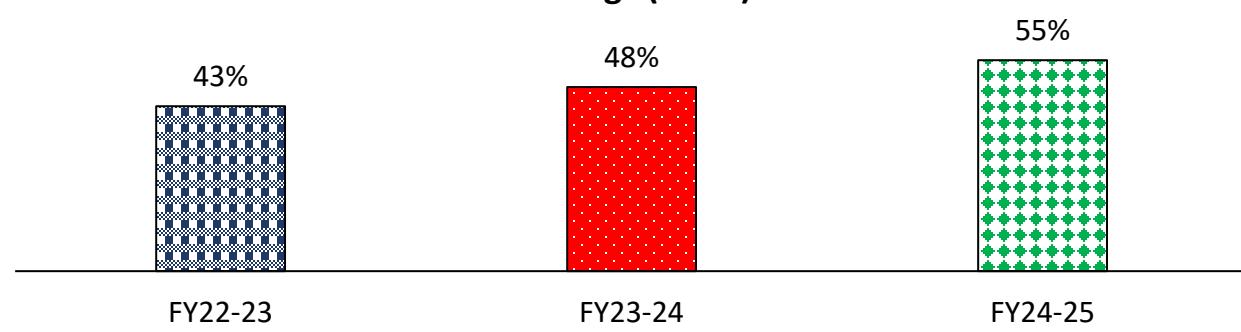
Source: HCSIS and PROMISe as of 10/31/2025

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



Source: HCSIS and PROMISe as of 10/31/2025

### Percent of Individuals who Receive at Least a Quarter (>25%) of Their Community Participation Support Service in Community Settings (PM 4)



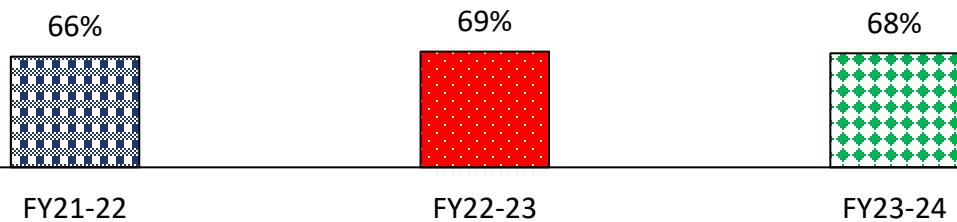
Source: HCSIS and PROMISe as of 10/31/2025

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

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	0.1%	0.1%	0.1%
Asian	1%	1%	1%
Black or African American	14%	16%	15%
Native Hawaiian or Other Pacific Islander	0%	0%	0%
White	79%	77%	77%
Other	5%	5%	5%
Unknown	0.1%	0.1%	0.1%
Multi-Race	0.5%	0.5%	0.5%

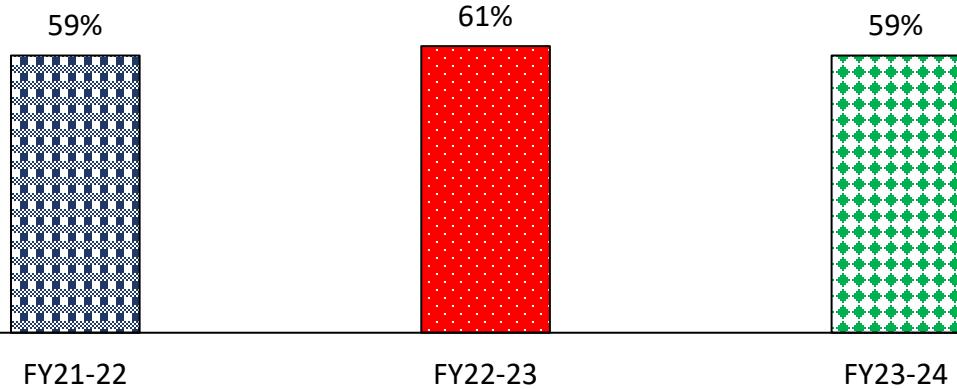
Source: HCSIS and PROMISe as of 10/31/2025

**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)**



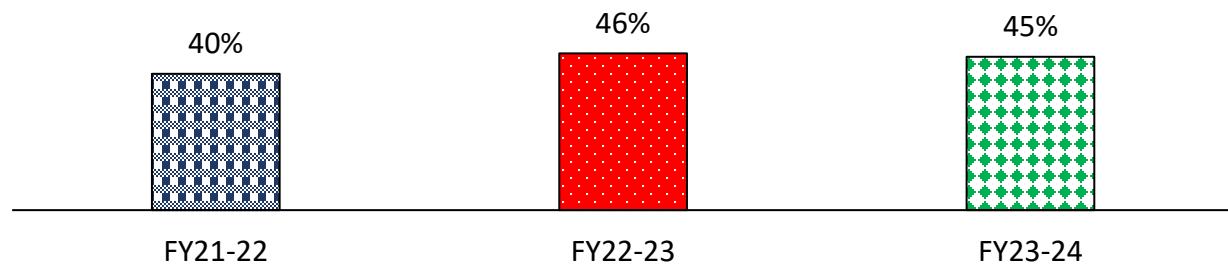
Source: IM4Q

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



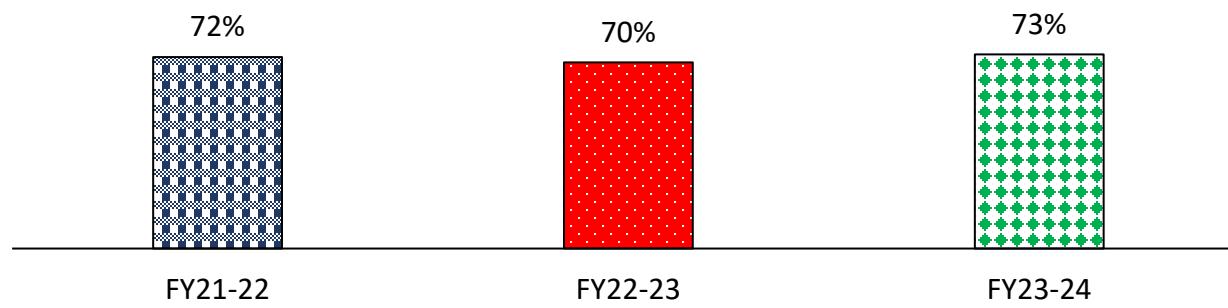
Source: IM4Q

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



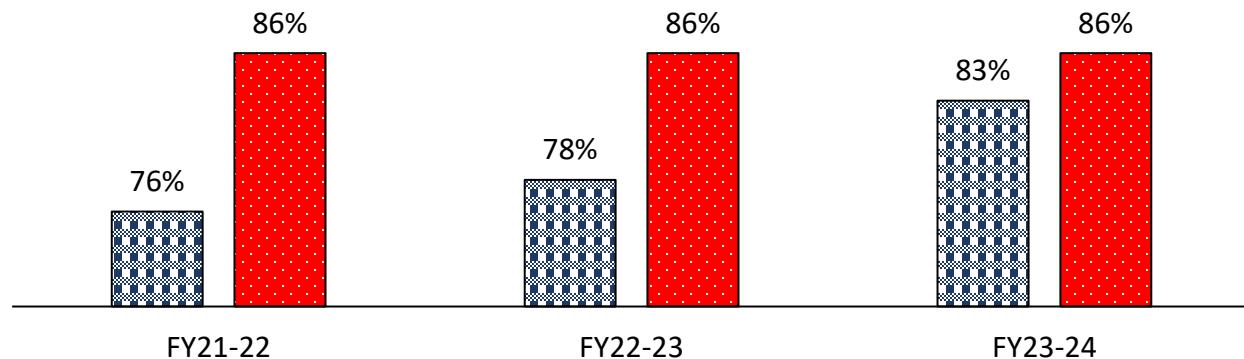
Source: IM4Q

### 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 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

- ✓ Implemented ODP's Multi-Year Program Growth Strategy with 94% of counties approved to request waiver capacity and 6 counties allocated an additional 59 waivers for individuals in need
- ✓ Reduced the Emergency Adult Waiting List by 28%
- ✓ Began work to update Emergency PUNS questions

### Accomplishments in Detail for #12

#### Multi-Year Program Growth Strategy –

- ❖ For over 30 years, Pennsylvanians aged 21 and older with intellectual and developmental disabilities and autism (ID/A) have been placed on a waiting list for needed services until capacity was available. Through partnership with stakeholders and tireless advocacy, ODP began implementing its Multi-Year Program Growth Strategy to end the Emergency waiting list for adults. As of the writing of this report:
  - ✓ 94% of Administrative Entities (AEs) are approved to use the program growth strategy to enroll more people in waivers,
  - ✓ 59 individuals in need were allocated waivers in the 3<sup>rd</sup> quarter of FY 24-25, and
  - ✓ Pending budget approval, ODP will release 92 additional waivers to AEs that have leveraged the Multi-Year Program Growth Strategy.

## **Performance-Based Contracting (PBC) for Supports Coordination Organizations (SCOs) –**

- ❖ PBC performance measures reinforce needs identified in Strategy 1 of this ISAC recommendation including:
  - ✓ Access - prioritizes access and timely service initiation
  - ✓ Continuum of Services - prioritizes offering information and resources about all available service options such as Lifesharing, Supported Living and Housing services
  - ✓ Quality - prioritizes promoting wellness and connecting individuals to doctors and preventative care
  - ✓ Resource Navigation - prioritizes using PA Navigate to locate services/resources beyond ODP funded services

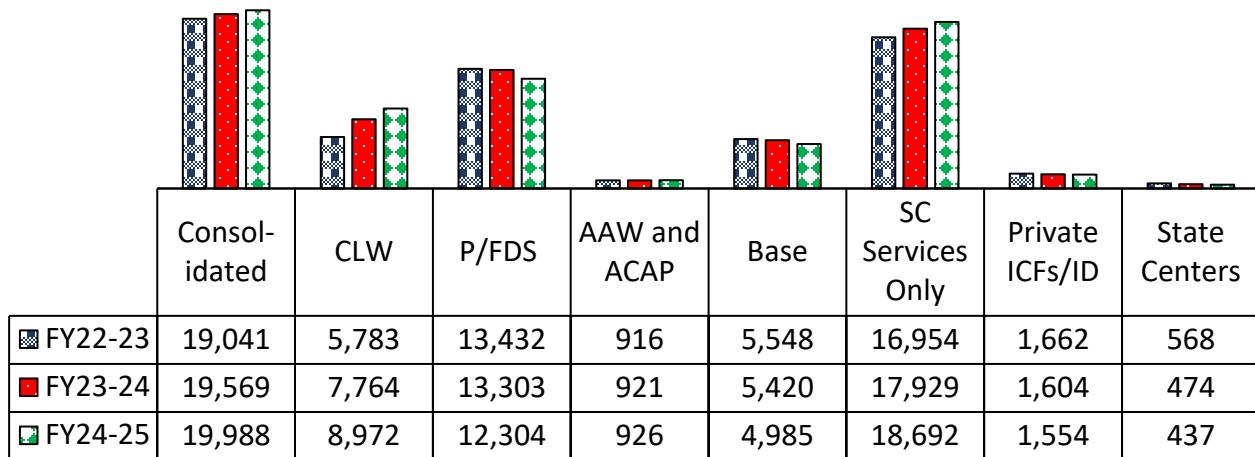
## **Prioritization of Urgency of Need for Services (PUNS) Updates –**

- ❖ ODP worked with AEs to update Emergency PUNS questions and to develop supplemental questions that support AE decision making for allocating waiver capacity.

### **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 10/30/2025

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

**Note:** For the following 9 tables, data greater than 0 and less than 11 is not shown for privacy purposes and in some cases, a race category is not included due to the number of people being "0" for all years. Data Sources (all tables): HCSIS and PROMISe as of 10/30/2025.

#### Base Services

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	52	59	55
Black or African American	590	574	541
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	4,543	4,408	4,024
Other	285	301	282
Unknown	30	29	31
Multi-Race	40	37	38
<b>Total</b>	<b>5,548</b>	<b>5,420</b>	<b>4,985</b>

Tables continued on next page...

### Community Living Waiver

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	14
Asian	107	161	197
Black or African American	918	1,255	1,462
White	4,314	5,714	6,550
Other	399	567	677
Unknown	11	13	25
Multi-Race	28	39	42
No to all Options	<11	<11	<11
<b>Total</b>	<b>5,783</b>	<b>7,764</b>	<b>8,972</b>

### Consolidated Waiver

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	19	22	25
Asian	178	193	210
Black or African American	3,199	3,326	3,446
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	14,695	14,996	15,214
Other	857	936	981
Unknown	12	15	23
Multi-Race	76	76	81
No to all Options	<11	<11	<11
<b>Total</b>	<b>19,041</b>	<b>19,569</b>	<b>19,888</b>

Tables continued on next page...

### P/FDS Waiver

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	25	26	23
Asian	229	242	231
Black or African American	2,080	1,994	1,716
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	10,095	10,017	9,400
Other	912	914	807
Unknown	31	45	61
Multi-Race	54	57	60
No to all Options	<11	<11	0
<b>Total</b>	<b>13,432</b>	<b>13,303</b>	---

### SC Services Only

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	40	46	49
Asian	484	522	558
Black or African American	3,249	3,305	3,373
Hawaiian or Other Pacific Islander Indicator	<11	11	15
White	11,499	12,220	12,748
Other	1,405	1,491	1,561
Unknown	152	197	229
Multi-Race	116	137	159
<b>Total</b>	---	<b>17,929</b>	<b>18,692</b>

### ACAP

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	16	16	16
White	157	158	156
Other	11	11	11
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
<b>Total</b>	<b>189</b>	<b>190</b>	<b>188</b>

Tables continued on next page...

### Adult Autism Waiver

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	69	68	67
White	609	616	625
Other	35	34	32
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
<b>Total</b>	<b>727</b>	<b>732</b>	<b>739</b>

### Private ICF/ID

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	21	21	20
Black or African American	273	269	263
White	1,267	1,212	1,172
Other	95	96	90
Unknown	<11	<11	<11
<b>Total</b>	<b>1,662</b>	<b>1,604</b>	<b>1,554</b>

### State Centers

Race	FY22-23	FY23-24	FY24-25
Asian	<11	<11	<11
Black or African American	55	48	41
White	502	416	386
Other	<11	<11	<11
<b>Total</b>	<b>568</b>	<b>474</b>	<b>437</b>

**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	FY 22-23	FY 22-23	FY 22-23	FY 23-24	FY 23-24	FY 23-24	FY 24-25	FY 24-25	FY 24-25
	E	C	P	E	C	P	E	C	P
50 and up	194	<11	<11	295	15	<11	237	22	<11
21-49	986	67	11	1,698	84	17	1,314	54	<11
18-20	314	23	<11	384	15	<11	109	<11	<11
Birth to 17	57	<11	<11	74	<11	<11	109	<11	<11

Sources: EDW HCSIS Consumer Demographics Fact and PUNS. Extraction Date 9/30/2025.

**Note:** Data greater than 0 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	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	43	90	65
Black or African American	97	474	406
Native Hawaiian or Other Pacific Islander	0	<11	<11
White	367	2,349	2,029
Other	32	253	224
Unknown	<11	16	18
Multi-Race	<11	18	13

Source: HCSIS as of 9/30/2025

**Note:** In the 2024 ISAC Annual Report, FY 22-23 and FY 23-24 numbers in this table incorrectly included all PUNS categories, not just the emergency category as labeled. These numbers have been corrected in this report to reflect emergency category only.

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

Age Group	FY22-23	FY23-24	FY24-25
50 and up	<11	<11	<11
21-49	14	17	26

Source: HCSIS as of 9/30/2025

**Note:** Data greater than 0 and less than 11 is not shown in the table for privacy purposes. Data for all Urgency of Need categories was not included because numbers are too small to publicly report due to privacy.

**Number of People Newly Enrolled in a HCBS Waiver from Institutional Settings  
(PM 2c)**

Facility Type	FY 22-23	FY 23-24	FY 24-25
Nursing Homes	23	13	51
State Hospitals	<11	<11	<11
State Centers	20	<11	<11
Private ICF-IDs	21	11	38
Private ICF-ORCs	0	<11	0
Residential Treatment Facility (RTF)	13	11	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	<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	<11

Source: HCSIS, PROMISe and Facility Fact; Data extraction date: 09/30/2025

**Note:** Data greater than 0 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 Program Enrolled (PM 2d)**

Waiver Program	FY 22-23	FY 23-24	FY 24-25
Community Living	601	1,237	920
Consolidated	419	595	490
P/FDS	669	814	841

Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 09/30/2025

**Note:** This data contains duplicated counts due to newly enrolled individuals enrolling in more than one waiver within their year of enrollment.

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

**Community Living Waiver**

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	<11	<11
Asian	13	35	19
Black or African American	77	194	138
Native Hawaiian Or Other Pacific Islander Indicator	0	<11	0
White	403	829	630
Other	40	84	73
Unknown	0	<11	<11
<b>Total</b>	---	<b>1,150</b>	<b>863</b>

**Consolidated Waiver**

Race	FY22-23	FY23-24	FY24-25
American Indian Or Alaskan Native	<11	<11	0
Asian	<11	15	<11
Black or African American	78	91	83
Native Hawaiian Or Other Pacific Islander Indicator	0	<11	<11
White	288	429	339
Other	24	44	31
Unknown	0	<11	<11
<b>Total</b>	<b>402</b>	<b>582</b>	<b>463</b>

**P/FDS Waiver**

Race	FY22-23	FY23-24	FY24-25
American Indian or Alaskan Native	<11	0	<11
Asian	19	23	18
Black or African American	74	80	92
Native Hawaiian or Other Pacific Islander Indicator	0	<11	0
White	473	577	588
Other	50	68	64
Unknown	<11	12	<11
<b>Total</b>	<b>620</b>	---	<b>772</b>

Source: EDW HCSIS Consumer Demographics Fact and PUNS as of 09/30/2025

**Note:** In the 2024 ISAC Annual Report, FY 22-23 and FY 23-24 numbers in this table incorrectly included all PUNS categories, not just the emergency category as labeled. These numbers have been corrected in this report to reflect emergency category only. Data greater than 0 and less than 11 is not shown in the table for privacy purposes.



## 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

- ✓ Performance-Based Contracting (PBC) for residential providers was effective 1/1/25
- ✓ ODP received CMS approval to implement PBC for SCOs
- ✓ ODP collected SCO data to begin implementing SCO PBC, which began 1/1/26

## Accomplishments in Detail for #13

- ❖ PBC for residential providers providing Residential Habilitation, LifeSharing, and Supported Living services became effective 1/1/25.
- ❖ In 2025, ODP received CMS approval of a 1915(b)(4) Selective Contracting, referred to as "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 SCOs. SCOs submitted their initial PBC data in October. Scoring of those submissions was completed and PBC for SCOs was effective January 1, 2026.

\*See ISAC Recommendation #9 for additional PBC details about areas of improvement already observed with residential providers, as well as additional PBC implementation details.



## 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

- ✓ 4th Year of Racial Equity performance measures published in this ISAC Annual Report

### Accomplishments in Detail for #14

- ❖ In February 2025, the ISAC racial equity performance measure data was published, for the third year, in the 2024 ISAC Annual Report. With the writing of this current report, ISAC Annual Report 2025, a fourth 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.

## Appendix A: Racial Breakdown of All ODP Programs

Race	FY22-23 <u>Number of Individuals</u>	FY22-23 <u>Percent of Individuals</u>	FY23-24 <u>Number of Individuals</u>	FY23-24 <u>Percent of Individuals</u>	FY24-25 <u>Number of Individuals</u>	FY24-25 <u>Percent of Individuals</u>
American Indian Or Alaskan Native	100	0.2%	117	0.2%	124	0.2%
Asian	1,085	2%	1,212	2%	1,286	2%
Black Or African American	10,449	16%	10,855	16%	10,925	16%
Native Hawaiian Or Other Pacific Islander	19	0.03%	29	0.04%	38	0.06%
White	47,681	75%	49,757	74%	50,275	74%
Other	4,006	6%	4,356	7%	4,447	7%
Unknown	242	0.4%	305	0.5%	377	0.6%
Multi-Race	318	0.5%	350	0.5%	384	0.6%
No To All Options	<11	0.01%	<11	0.01%	<11	0%

Sources: HCSIS & PROMISe as of 10/30/2025

**Note:** Data greater than 0 and less than 11 is not shown in the table for privacy purposes.

## 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's designed for people who support individuals with intellectual/developmental disabilities.

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

**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 services and support through ODP.

**MyODP.org** – ODP's online Training and Resource Center.

**National Alliance for Direct Support Professionals (NADSP)** – A national, web-based learning system designed for Direct Support Professionals (DSPs) that provides professional development opportunities and certifications.

**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.

**ODP QM Certified Tracking Spreadsheet** – Document used by ODP's QM Division to keep track of who has achieved and maintained QM certification.

**Office of Vocational Rehabilitation (OVR) Data Sharing Memorandum of Understanding** – Agreement between ODP and OVR to share employment information.

**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.