Summit 2:
Measure by Measure

Supports Coordination Organization
Performance-Based Contracting

August 25, 2025

Agenda

- Introduction
- Person-Centered Practices Measures
- Quality (Data Integrity) Measures
- Quality Measures
- PBC Resources
- Next Steps

Person-Centered Practices Measures
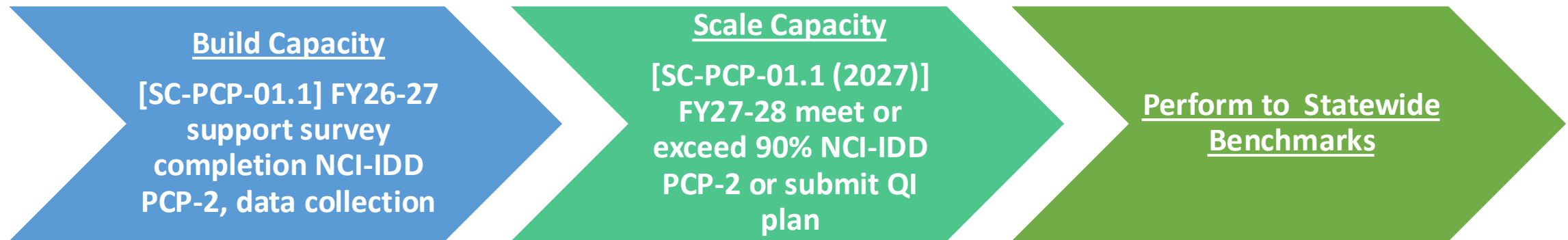
Person-Centered Planning

EDL 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 inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

Strategy #1 Promote and support opportunities for Person-Centered Thinking and Planning training that focuses on assisting individuals to implement their community inclusion plan through identifying new experiences, promoting engagement in new activities, and making new connections that are important to them, in their local community.

Continuous Quality Improvement: Phase-In Measure Design

Person-Centered Planning Measures - NCI-IDD PCP-2

Proportion of People who Report Their Service Plan Includes Things that are Important to Them (Yes responses) - Pennsylvania Average within State vs. NCI-IDD Average		
PA Average FY 21-22	N = 286	98%*
NCI-IDD Average FY 21-22	N = 6,145	95%
PA Average FY 22-23	N = 287	96%
NCI-IDD Average FY 22-23	N = 10,816	93%
PA Average FY 23-24	N = 290	96%
NCI-IDD Average FY 23-24	N = 7,433	94%

*Results were noted to be significantly above average in this NCI report

Person-Centered Planning Measures - NCI-IDD PCP-5

Community Inclusion Scale* Pennsylvania Average within State vs. NCI-IDD Average		
PA Average FY 21-22	N = 671	77%
NCI-IDD Average FY 21-22	N = 11,712	75%
PA Average FY 22-23	N = 716	85%
NCI-IDD Average FY 22-23	N = 14,524	81%
PA Average FY 23-24	N = 690	84%
NCI-IDD Average FY 23-24	N = 17,257	82%

*Community Inclusion Scale includes the following -
➢ Person is satisfied with how often they went:
  ✓ Shopping in the past month
  ✓ Out for entertainment in the past month
  ✓ To a restaurant or coffee shop in the past month
  ✓ To a religious service of spiritual practice in the past month

SCO Data Submission Form

Performance Area: Person-Centered Practices

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

☐ I attest

SCO Data Submission Form

Performance Area: Person-Centered Practices

Measure SC-PCP.02: SCO attests that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities).

☐ I attest

Quality (Data Integrity)

Data Integrity Critical for Quality Improvement

SC-QDI measures are not outcome measures but necessary to support outcome measures.

Every SCO must have sound procedures for accurate, timely data collection and reporting.

PBC measures focus on key performance areas identified by ISAC in Everyday Lives recommendations. PBC requires accurate and timely data collection and reporting. PM examples: Competitive Integrated Employment, restrictive procedures.

Data Integrity Connection to Ending the Emergency Waiting List for Adults

- February 2024, the Shapiro Administration announced the ODP Multi-Year Program Growth Strategy aimed at eliminating the emergency waiting list for adults.
- Program expansion will be accomplished through adding waiver capacity and altering the management by managing to budget
- Multi-year Program Growth Strategy doesn't work with bad data
- PUNS accuracy is essential for:
  - Efficient AE enrollment of individuals
  - Effective budget projection and management

SCO Data Submission Form – ODP Measures

Performance Area: Person-Centered Practices

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

Performance Area: Quality (Data Integrity)

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

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

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

Measure SC-QDI.01.4: ODP will report SCO's baseline accuracy of data for new consolidated waiver enrollees removed from PUNS within 30 calendar days.

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

SCO Data Submission Form

Performance Area: Quality (Data Integrity)

Measure SC-QDI.01.5: SCO attests to having a process to collect the most current Behavior Support Plan, ensure that the BSP summary within the ISP is current, and accurately captures restrictive procedures as of January 1, 2026.

☐ I attest

Questions and Answers

Quality Measures

SCO Data Submission Form

Performance Area: Quality

Measure SC-QI.01.1: SCO attests that beginning January 1, 2026, the SCO will support ODP data collection by encouraging family participation in the survey regarding family satisfaction with provider engagement.

☐ I attest

SCO Data Submission Form

Performance Area: Quality

Measure SC-QI.01.2: Report the number of individuals who had been supported by the SCO during Calendar Year 2024 but were no longer supported by the organization as of December 31, 2024, who chose another SCO due to dissatisfaction with SC services.

[_____]

[if >0] **Question:** Based on the number reported above, report how many individuals left the SCO during Calendar Year 2024 for the following reasons. If an individual reported multiple reasons, they can be counted more than once. If any of the reasons were not reported, leave those fields blank.

a. Poor communication
b. Lack of responsiveness or follow-through
c. Inadequate knowledge or capacity
d. Disrespect or lack of cultural competence
e. High turnover
f. Lack of person-centered planning
g. Mistrust or ethical concerns

SCO Data Submission Form

Performance Area: Quality

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

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

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

Upload

SCO Data Submission Form

Performance Area: Quality

Measure SC-QI.02.2: Report number of staff that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.

Note: Staff who are in a leadership role include Executive Directors, Chief Executive Officers, Chief Operations Officers, Chief Nursing Officers/Directors of Nursing, Chief Clinical Officers/Directors of Clinical Services, and Quality Management and other Directors.

Question:
Total number of staff with ODP QM Certification as of November 15, 2025:
Total number of executive leadership staff with ODP QM Certification as of November 15, 2025:

Question: Use the table below to list each staff member, including executive leadership staff that hold an ODP Quality Management (QM) Certification as of November 15, 2025.

First Name	Last Name	Title	Leadership Role with authority to adopt recommendations and direct QM activities (Y/N)

SCO Data Submission Form

Measure SC-QI.02.4: Report if the SCO is accredited by the following:
    a. Council for Quality and Leadership (CQL)
    b. Commission on Accreditation of Rehabilitation Facilities (CARF)
    c. Council on Accreditation (COA)
    d. National Association for the Dually Diagnosed (NADD)
    e. Joint Commission
    f. Other.

Question: Use the following drop-down menus to indicate accreditation status.
    a. Council for Quality and Leadership (CQL) [▼]
    b. Commission on Accreditation of Rehabilitation Facilities (CARF) [▼]
    c. Council on Accreditation (COA) [▼]
    d. National Association for the Dually Diagnosed (NADD) [▼]
    e. Joint Commission [▼]
    f. Other, please specify: [▼]

[   ]

SCO Data Submission Form

Performance Area: Quality

Measure SC-QI.03: SCO attests to adoption of the federal CLAS Standards – Think Cultural Health (hhs.gov).

Please refer to these resources to learn more about these CLAS Standards: (Think Cultural Health, National CLAS Standards)

☐ I attest

Questions and Answers

PBC Resources

- Implementation guide
  - Appendix
    - Standards and measures
    - Minimum billing activities and documentation
    - Attestation language (will become part of the MyPBC Portal)
    - Submission tool PDF
    - Updated Provider Agreement

- Complete Planning Toolkit
  - Pre-planning Guide
  - Preparedness Self-assessment Workbook
  - Measures and process details

Next Steps

- SCO Summits, MyPBC Portal Training, and VOHs

~~8/25 Measure by Measure~~	**9/18** Virtual Office Hours
9/5 Measure by Measure	**10/1** Virtual Office Hours
9/8 Payment and Billing	**10/8** Virtual Office Hours
9/15 MyPBC Portal Training and Preparedness	**10/16** Virtual Office Hours

- SCO Agreement must be signed and submitted by 9/30/25.