

# Summit 3: Measure by Measure

Supports Coordination Organization  
Performance-Based Contracting

September 5, 2025



# Agenda

- Introduction
- Quality (Wellness) and Risk Management Measures
- Resource Navigation Measure
- Workforce Measures
- PBC Resources
- Next Steps

# Quality (Wellness) and Risk Management Measures

# Health Disparities IDD/A Population in PA (2022 Data)

- **18.9%** of people with a cognitive disability have had diabetes compared to **6.9%** of those without a disability
- **8.8%** of people with a cognitive disability have had a stroke compared to **2.2%** of those without a disability
- **9.8%** of people with a disability have had Long COVID compared with **7.1%** of those without a disability
- **8.1%** of people with a cognitive disability have had cancer, compared with **7.5%** of those without a disability
- **61.4%** of those with a cognitive disability have had depression, compared to **15.2%** of those without a disability
- Source: [Disability and Health Data System \(DHDS\)](#) | [Disability and Health Data System \(DHDS\)](#) | [CDC](#)

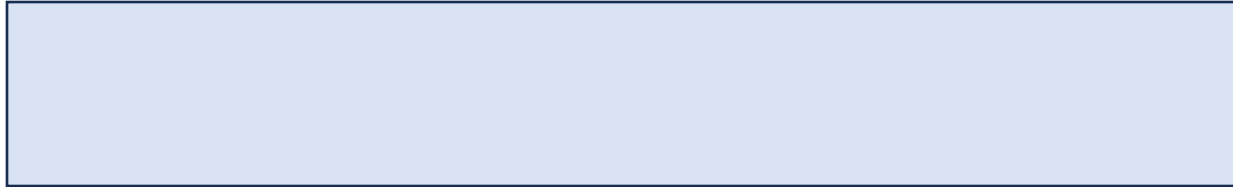
# SCO Data Submission Form

Performance Area: Quality (Wellness)

**Measure SC-QW.01.1:** Description of how the SCO identifies and promotes wellness activities based on individual needs.

**Question:** This description should include items such as:

- a. Description of training provided to SCs on the aspects of wellness
- b. Resources available to SCs to identify wellness activities to meet the needs of individuals
- c. Use of the HRST in identification of wellness areas of focus
- d. Current policies related to wellness for SCs to follow



# SCO Data Submission Form


## Performance Area: Quality (Wellness)

**Measure SC-QW.01.3:** SCO attests that SCs receive training on well child visit schedules, and have age-appropriate resources available to provide to families of children.


Please refer to the [Recommendations for Preventive Pediatric Health Care](#) from the American Academy of Pediatrics and Bright Futures for a recommended well child visit schedule.

☐ I attest

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Recommendations for Preventive Pediatric Health Care  
Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concern. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	AGE	Prenatal*	Newborn†	3-5 d†	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>MEASUREMENTS</b>																																	
Initial Interval		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index‡																																	
Blood Pressure§																																	
<b>SENSORY SCREENING</b>																																	
Vision¶		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing¶		•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>																																	
Maternal Depression Screening¶					•	•	•	•	•																								
Developmental Screening¶																																	
Autism Spectrum Disorder Screening¶																																	
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social-Emotional Screening¶		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment¶																																	
Depression and Suicide Risk Screening¶																																	
<b>PHYSICAL EXAMINATION¶</b>																																	
Newborn Blood		•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†	•†
Newborn Bilirubin¶		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Critical Congenital Heart Defect¶		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization¶		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia¶																																	
Lead¶																																	
Tuberculosis¶																																	
Dyslipidemia¶																																	
Sexually Transmitted Infections¶																																	
HIV¶																																	
Hepatitis B Virus Infection¶																																	
Hepatitis C Virus Infection¶																																	
Sudden Cardiac Arrest/Death¶																																	
Cervical Dysplasia¶																																	
<b>ORAL HEALTH¶</b>																																	
Fluoride Varnish¶																																	
Fluoride Supplementation¶																																	
<b>ANTICIPATORY GUIDANCE</b>																																	

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding.

3. Medication should have an indication, other than "Prescription," and the recommended dose, frequency, and duration.

4. 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).

5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (<https://doi.org/10.1542/peds.2023-0656-01>).

6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1708>). Blood pressure measurement in infants and children with smaller risk considerations should be performed at 1 and 3 years of age.

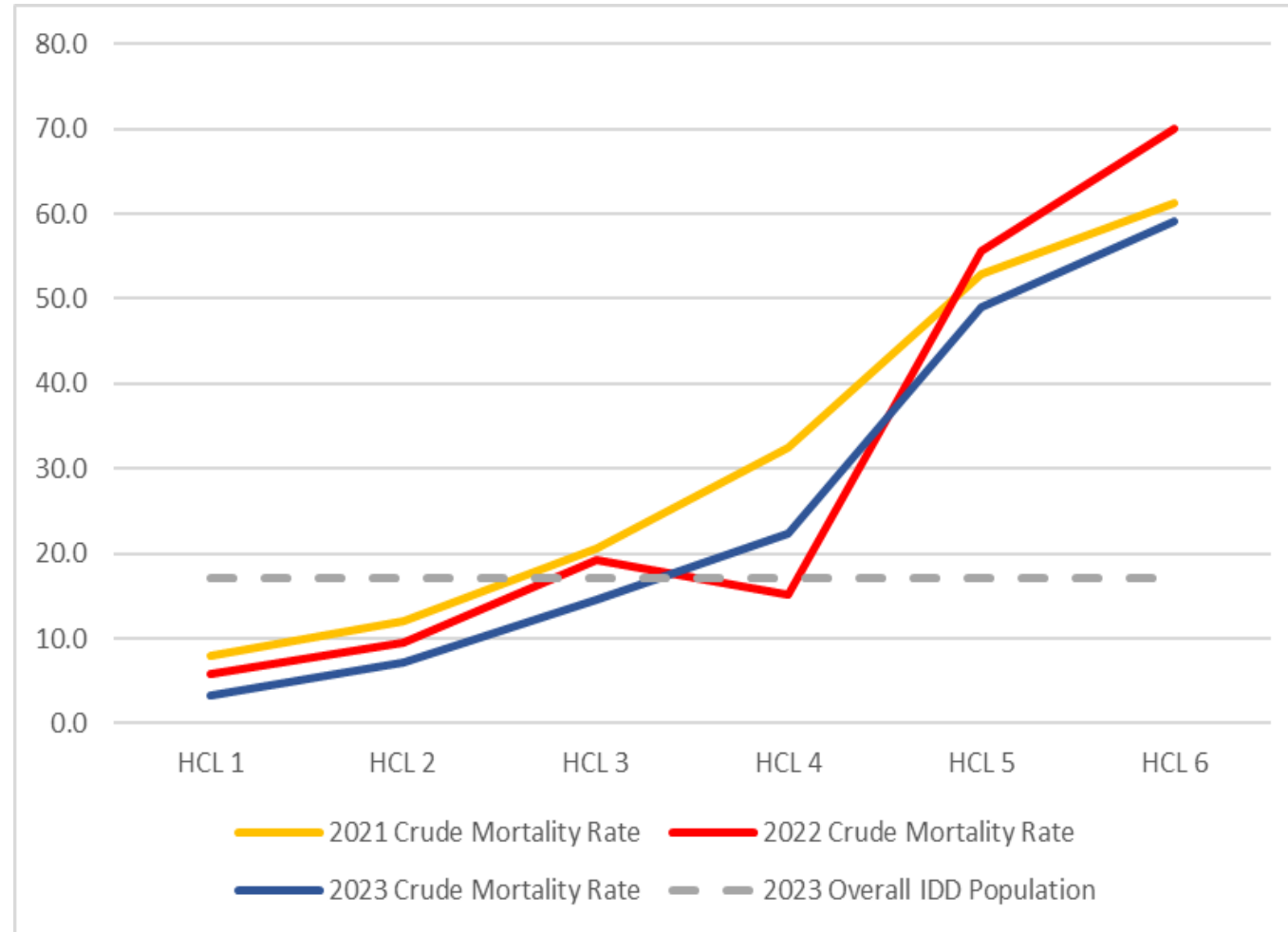
9. Verify results as soon as possible, and follow up, as appropriate.

10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/pii/S1054139816000469>).

11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (<https://doi.org/10.1542/peds.2016-1708>).

# Health Risk Screening Tool

- Early detection of health risks and destabilization prevents unnecessary deaths
- Georgia data (at left) shows increased risk of death with increased Health Care Level
- Early identification and action on health risks reduces and prevents health-related complications
- Assists in identifying additional services for the individual and training for the staff
- Assists in meaningful conversations with community physicians, clinicians, and other medical professionals
- Standard and Custom Reports can be used to identify current risk and trends over time for health concerns, including preventable deaths associated with the Fatal Five conditions



# SCO Data Submission Form

## Performance Area: Risk Management

**Measure SC-RM.01:** SCO attests to use of Health Risk Screening Tool (HRST) data to identify trends and implement appropriate responses to trends.

Note: The use of HRST data includes compliance with the [PA HRST Protocol](#), as well as an understanding of rating items, Health Care Levels, Considerations, and the use of standard and custom reports.

☐ I attest

### Pennsylvania Health Risk Screening Tool Protocol Update

[Revised: 11-4-22](#)

#### Overview

This protocol update is being released to provide updated information regarding expectations and timelines, to reflect changes in the process implemented by IntellectAbility, since the initial protocol was distributed, and to provide additional guidance regarding roles and responsibilities.

The Health Risk Screening Tool (HRST) is used to detect health risks and destabilization **EARLY**. The HRST is a reliable, normed, and objective tool that does not lend to subjectivity. The HRST assigns scores to 22 health and behaviorally related rating items (see, Attachment 1). These scores are derived by an objective process. The total score results in a Health Care Level that indicates an associated degree of health risk (see, Attachment 2). The Health Care Level (HCL) can range from 1 through 6; level 1 being the lowest risk for health concerns and level 6 being the highest risk of health concerns. The Health Care Level is predictive of longevity and mortality. Once an individual has been fully screened, the HRST produces suggested action steps in the form of Service and Training Considerations that inform supporters on how to respond to objectively identified risks. It is important to understand that the HRST measures health risk not disability. The HRST is designed and intended to empower supporters with information needed to more effectively oversee the health and welfare of the individual.

#### Why Screen?

- **Early** detection of health risks and destabilization prevents unnecessary deaths
- **Early** identification and action on health risks reduces and prevents health-related complications
- **Careful** monitoring of an individual's health promotes a better quality of life
- **Assists** providers in identifying additional services for the individual and training for the staff, thus allowing us to serve people more effectively, especially when these needs are less than obvious
- **Assist** providers and families to have meaningful conversations with community physicians, clinicians, and other medical professionals



# Questions and Answers

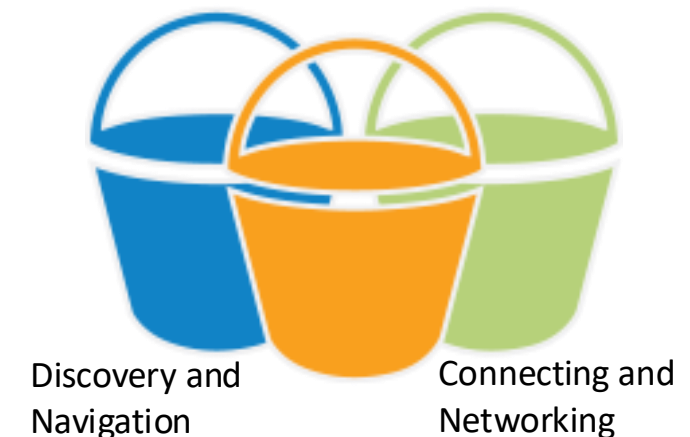
# Resource Navigation Measure

# Foundational Practices:

## *Locating and Coordinating*

- The field of human services is broad and complex.
- Many resources are available to individuals and families that sit outside of the formal ID/A service delivery system
- How do SCs navigate human services systems: *mental health, substance use, child welfare, aging, housing, food insecurity, benefits, education, legal, transportation?*

## Social Determinants of Health




# SCO Data Submission Form

Performance Area: Resource Navigation

**Measure SC-RN.01.1:** Register in PA Navigate Resource Platform as a Community-Based Organization (CBO).

**Question:** Enter the SCO's unique web address or URL for the organization on PA Navigate.

Note: If the SCO is not registered in the PA Navigate Resource Platform as a Community-Based Organization (CBO), go to <https://www.panavigatehelp.org/> and follow instructions for claiming the SCO on PA Navigate before moving on to the next question.




Home About Events Resources Stories Contact [Explore PA Navigate](#)

## A Place for Nonprofits and Community Based Organizations

Welcome to the PA Navigate Community Engagement Hub.

Here you will find support for onboarding, ongoing training, technical assistance, and resources for nonprofits and Community Based Organizations (CBOs).



Looking for help utilizing the PA Navigate system in your organization? We are here to help!  
Powered by [Community Action Association of Pennsylvania](#), we are here to help with onboarding, ongoing training, and resources. Our Community Engagement Team is dedicated to the support of organizations in PA Navigate— from claiming your listings, to utilizing PA Navigate's free tools for social and community service organizations, we are here to help you get the most for the communities you serve.

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**Ways to Connect for Support and Learning**

# Questions and Answers

# Workforce Measures

# Stabilizing the Workforce

**11.3%** The statewide average **vacancy rate** for supports coordinators

Source: ODP Survey, August 2024

**38%** The statewide average **turnover rate** for supports coordinators

Source: [ID/A Benchmark Compensation Survey](#)

**Stabilizing the Supports Coordination workforce is a critical measure of PBC success**

Increase Individual and Family Satisfaction

Improve SC Job Satisfaction

Build Career Ladders

Improve Outcomes

# SCO Data Submission Form

Performance Area: Workforce

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

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

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



# SCO Data Submission Form

Performance Area: Workforce

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

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

	Total # of staff positions	Total # of vacant staff positions	Total # of staff who voluntarily left in CY24	Total # of staff who involuntarily left in CY24
SCs				
SC Supervisors				

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

Total Compensation	Starting salary	Average salary	Supplemental bonuses (retention, sign on, etc.)	Paid time off (full-time/part-time)	Monthly cost of health insurance per employee	Overtime
SCs						
SC Supervisors						

# SCO Data Submission Form

Performance Area: Workforce

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

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

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

# Trauma of Physical Abuse, Sexual Abuse, and Neglect

- People with ID are 7 times more likely to experience sexual abuse (DOJ)
- Children with disabilities are nearly 4 times as likely to be reported as maltreated as children without disabilities.
- Children with “mental or intellectual” disabilities are
  - >3 times as likely to experience physical violence
  - >4 times as likely to experience maltreatment
  - >4 times as likely to be emotionally abused
  - >4.5 times as likely to be sexually abused

# SCO Data Submission Form

Performance Area: Workforce

**Measure SC-WF.03.1:** Submission of policy and procedures that address how trauma informed practices are utilized in planning, coordinating, and monitoring services.

**Question:** Policies and procedures should reflect:

- a. How principles of trauma informed practices are conveyed within the SCO
- b. How these principles are incorporated into the actions of the SCs and Supervisors

Upload

# SCO Data Submission Form

Performance Area: Workforce

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

**Question:** Does the SCO currently provide trauma informed supports training for SCs and SC Supervisors?

☐ Yes

☐ No

*[If yes]* **Question:** Describe current trauma informed supports training:

# SCO Data Submission Form

Performance Area: Workforce

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

*[If no]* **Question:** Upload the SCO's plans (if applicable) to implement trauma informed supports training for SCs and SC Supervisors in the future. Acceptable plans must include the following elements at a minimum:

- a. Baseline data
- b. Timeframe/end goal date
- c. Action items and/or measurable targets for improving
- d. Responsible person(s)
- e. Goal date for achieving each action item/target
- f. Progress made toward achieving each target (when applicable)

Upload

[Measure SC-WF.03.2 Continued]

# SCO Data Submission Form

Performance Area: Workforce

**Measure SC-WF.03.3:** Report the number of SCs and SC Supervisors that have completed trauma informed supports training.

**Question:** Report staff numbers as of December 31, 2024.

Supports Coordinators:

SC Supervisors:

# Questions and Answers



# MyPBC Portal User Account Creation

## 1. MyPBC Portal user types:

- **Primary Contact:** Responsible for identifying which SCO users should have access to the MyPBC Portal and receive PBC-related communications
- **Secondary Users:** Will access the MyPBC Portal and contribute to PBC submissions



# MyPBC Portal User Account Creation (cont)

2. ODP has identified a *potential* Primary Contact at each SCO.
3. **Week of September 8<sup>th</sup>** - identified primary contacts will receive an email from [RA-PWODPPBC@pa.gov](mailto:RA-PWODPPBC@pa.gov) to confirm their status.
  - If you receive this email and **you are** your SCO's Primary Contact, reply confirming your information, and specify secondary users including names, email addresses, and Business Partner Account user IDs
  - If you receive this email and **you are not** your SCO's Primary Contact, reply indicating the name, email, and Business Partner account (b-) user ID of the person who should be in this role

# MyPBC Portal User Account Creation (cont)

**Thursday, September 18<sup>th</sup>** - SCO confirms primary contact and identifies secondary users

## **Important Note:**

Failure to provide this information may delay your SCO's ability to test and confirm MyPBC Portal access during the **week of September 22<sup>nd</sup>**.

# PBC Resources

- [PBC SCO Services – MyODP](#)
- 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, PAS Training, and VOHs

<b>9/15</b> Payment and Billing	<b>10/1</b> Virtual Office Hours
<b>9/15</b> MyPBC Portal Training and Preparedness	<b>10/8</b> Virtual Office Hours
<b>9/18</b> Virtual Office Hours	<b>10/16</b> Virtual Office Hours

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