

**Performance-Based Contracting for Residential Services  
Provider Preparedness Summit 2 – Recording Transcript  
June 10, 2024**

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00:00:11:11 - 00:00:27:11

Welcome to the Provider Preparedness Summits for performance based contracts. This is the second of 4 sessions, providing details on all proposed performance standards for performance-based contracting for residential services.

00:00:27:11 - 00:00:39:11

Today's session is scheduled for 2 hours. The format for today's session is an ODP led presentation that will allow for scheduled question and answer breaks.

00:00:39:11 - 00:00:47:11

Participants, you're encouraged to type your questions into the Q&A pane at any time during the presentation.

00:00:47:11 - 00:00:59:17

ODP staff will be responding to questions submitted through the Q&A pane. Due to the large audience size, we will not be opening microphones during the session.

00:00:59:17 - 00:01:00:21

ODP staff will be responding to questions submitted through the Q&A pane. Due to the large audience size, we will not be opening microphones during the session.

00:01:00:21 - 00:01:03:20

I am putting into the chat.

00:01:03:20 - 00:01:04:01

I am putting into the chat.

00:01:04:01 - 00:01:07:24

A link to today's presentation.

00:01:07:24 - 00:01:08:18

A link to today's presentation.

00:01:08:18 - 00:01:18:18

Today's session will also be recorded and it will be posted, to. This location on Home.MyODP.

00:01:18:18 - 00:01:29:18

And this is where you can go to obtain all information related to. Performance based contracts as well as.

00:01:29:18 - 00:01:37:15

**Performance-Based Contracting for Residential Services  
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**2**

Viewing this recording, which will be available after 3 business days. Let me introduce today's presenters.

00:01:37:15 - 00:01:44:13

We have 1st Deputy Secretary Kristin Ahrens. We have Jeremy Yale, the Director of Training.

00:01:44:13 - 00:01:56:18

I'm sorry, that Jeremy, the director of the Bureau of Policy and Quality Management and we have Rochelle Troutman who's the Director of Training and Communication Division.

00:01:56:18 - 00:02:07:18

With that, I will turn. The session over to the Deputy Secretary.

00:02:07:18 - 00:02:15:18

Great, thanks Robin. You go ahead and pull up the presentation. Good afternoon everybody glad you could join us again.

00:02:15:18 - 00:02:23:18

Looks like we've got about the same kind of participation we did last time and hope that that continues through the next 2 sessions.

00:02:23:18 - 00:02:44:18

Just to update everyone we have you know as we know the last time public comments closed I think the last session we probably didn't have a sort of approximate count of where we were because we were still sorting out comments, the public comments related to rates.

00:02:44:18 - 00:02:53:18

Non-performance based contracting waiver amendments and then performance-based contracting amendments. It does look like related to performance based contracting.

00:02:53:18 - 00:03:07:03

We probably have about a hundred distinct commentators or commentators and we have at this point it looks like roughly 700 sort of discrete comments, common areas.

00:03:07:03 - 00:03:20:18

So we are very busy and analyzing that. We've got a team assembled. So I bring this up just you get a sense of what the public response was and I applaud you we did ask you for Yeah.

00:03:20:18 - 00:03:37:18

Detailed comments. So that, you know, we could really make adjustments as needed, to what we had proposed and some of you took that very seriously and we've got some really nice detail with rationale even to help us kind of think through any revisions.

00:03:37:18 - 00:03:45:18

So importantly, this is a good place for me to remind everyone what you are seeing in these summits.

00:03:45:18 - 00:03:59:18

Is I for this is to prepare and in response to what was proposed. We do fully expect that there will be some changes based on those public comments.

00:03:59:18 - 00:04:17:06

So when that comes, you know, obviously we'll, you know, put that information out and provide the necessary detail for providers to be able to submit and respond to that but this everything we are covering today is still based on what was proposed.

00:04:17:06 - 00:04:24:18

We are deep in the analysis and looking at all of that and considering revisions, but this is based on what was proposed.

00:04:24:18 - 00:04:39:18

So you can go ahead to the next slide. We, today is pretty much entirely focused on workforce issues and all of the workforce performance areas, different performance measures.

00:04:39:18 - 00:05:01:18

So we're gonna go through this kind of splits into 4 distinct sections for workforce. DSP credentialing, frontline supervisor credentialing, the workforce stability reporting requirements and then the diversity, equity and inclusion requirements which are related to workforce.

00:05:01:18 - 00:05:14:18

To the participants that that you all support but really to addressing workforce needs. So we'll be walking through all of those myself, Jeremy, and Rochelle will be your presenters today.

00:05:14:18 - 00:05:18:18

So go ahead to the next one.

00:05:18:18 - 00:05:28:18

To kind of level set and we had I we added one more today as we're working through some of the performance or the public comments.

00:05:28:18 - 00:05:36:02

Just so everybody is aware because these are terms that are gonna be coming up a lot that you've been hearing a lot.

00:05:36:02 - 00:05:50:00

NADSP is the National Alliance of Direct Support Professionals. The E-badge Academy is the credentialing body that we have really built in now to the expectations for residential providers.

00:05:50:00 - 00:06:01:18

I'm going to talk a little bit about our ISAC recommendation 7 and sort of big picture in terms of our system, but what you see throughout performance-based contracting is this expectation that we're really moving to credentialing.

00:06:01:18 - 00:06:10:18

And that our primary credentialing that we will be looking to is NADSP credentialing.

00:06:10:18 - 00:06:16:18

They have credentialing courses, that have DSP at 3 levels, DSP 1, 2 and 3.

00:06:16:18 - 00:06:32:18

They also have a front line supervisor, credentialing and these credentials are aligned with the centers for Medicare and Medicaid services, core competencies areas, which they published many years ago.

00:06:32:18 - 00:06:53:24

Second definition here. We do have for clinically enhanced providers. We do allow a different credential in this case which is specific to supporting individuals who are duly diagnosed with intellectual disability autism and a co-occurring serious mental illness.

00:06:53:24 - 00:07:04:18

So NADD is the other credentialing that is accepted again only for purposes to meet the standards for clinically enhanced.

00:07:04:18 - 00:07:14:01

So NADD is National Association for Dually Diagnosed. There is a DSP certification that NADD offers.

00:07:14:01 - 00:07:18:18

I know we have the number of agencies in Pennsylvania that have pursued this.

00:07:18:18 - 00:07:26:10

This is, something we have, accepted as, for enhanced service rates, for a number of years now.

00:07:26:10 - 00:07:35:18

So NADD has a competency-based IDD, behavioral health, dual diagnosis, direct support, professional certification program.

00:07:35:18 - 00:07:47:18

And that is again, the audience here, the, the folks were looking at credentialing here DSPs NADD, actually has a number of credentials if you're not familiar with the organization.

00:07:47:18 - 00:07:54:06

This is something that we're also looking at in terms when we move to supports coordination. Performance based contracting.

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We are, if you, anyone who's kind of following the drafts of the performance standards for that.

00:08:02:18 - 00:08:13:18

We are looking at, possibly using NADD, credentially for some, to meet some supports coordination standards as well.

00:08:13:18 - 00:08:37:18

Front line supervisors. This definition comes straight from, NCI. So and we'll be talking a little bit about how we'll be looking at workforce vacancy and turnover and using the NCI staff stability survey, frontline supervisors are the, the definition here is 1st line of management and human service organizations.

00:08:37:18 - 00:08:49:18

Their staff who in this case they are supervising the direct support professionals and working with adults with IDD often also engaging in direct support as part of their duties.

00:08:49:18 - 00:08:56:05

Alright, next slide. We maybe put these backwards because I think NCI is the next one here.

00:08:56:05 - 00:09:13:17

So reverse here, NCI, National Core Indicators. Many of you may be familiar with NCI because they NCI, really has 2 major functions for Pennsylvania and for most states.

00:09:13:17 - 00:09:28:09

So I want to say 48 states participate in the National Core Indicators, which we call IM4Q in Pennsylvania but the National Core Indicators is the kind of basic survey behind all that.

00:09:28:09 - 00:09:41:18

NCI has been doing that for many years. Building essentially a standard way of looking at quality of life and satisfaction with service, services, beneficiary experience.

00:09:41:18 - 00:09:48:18

The other thing NCI does and that's. Well, be talking about this portion of NCI today.

00:09:48:18 - 00:09:56:09

Our next summit will be talking, sorry, 4th summit will be talking about NCI in terms of community inclusion.

00:09:56:09 - 00:10:06:00

But NCI, the state of the workforce survey, a number of you have, participated in this in the past.

00:10:06:00 - 00:10:13:18

This is a big national survey. So one of the great things about NCI is you can get good national data.

00:10:13:18 - 00:10:35:18

On the beneficiary side because almost all states participate on the state of the workforce survey, it is a majority of states that participate in this and you know it's a standardized way of really looking at our workforce composition of our workforce, the turnover of our workforce, vacancy rates.

00:10:35:18 - 00:10:47:18

Wages, race, gender. Length of time in the position so for those of you unfamiliar Google this later and go take a look at the reports that they produce.

00:10:47:18 - 00:11:01:18

These reports are phenomenally important for policymakers, understanding what is happening in this workforce and where and why this workforce is struggling so much.

00:11:01:18 - 00:11:08:15

So NCI, state of the workforce is this national survey. Thank you to those of you who have participated in the past.

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It is currently open right now for Pennsylvania providers to be submitting your data. We highly encourage you to participate.

00:11:15:18 - 00:11:34:18

Get you a good practice in terms of what they're asking and how they ask it. So it collects all kinds of information on payroll compensation, turnover, 10 year benefits, bonuses, recruitment strategies, retention strategies, demographics, and lots of other quantitative information.

00:11:34:18 - 00:11:41:18

The, reports are all published publicly available. You can look at national data. You can look at state by state.

00:11:41:18 - 00:11:52:18

You can look comparatively. State to state. So again, this is something that, we frequently quote and use these data, they're incredibly valuable data.

00:11:52:18 - 00:12:00:18

Diversity and equity inclusion, DEI. So the working definition that we're using here.

00:12:00:18 - 00:12:12:18

We'll be talking about the performance measures related to this. Our diversity in this definition is characteristics experiences both seen and unseen.

00:12:12:18 - 00:12:21:18

That make everyone unique equity is ensuring fair access to opportunities and resources while taking into consideration individual barriers of privileges.

00:12:21:18 - 00:12:33:13

And eliminating systemic barriers and privileges, inclusion, the actions taken to understand, embrace and leverage the unique identities and perspectives of all individuals.

00:12:33:13 - 00:12:48:03

So that all feel welcomed, valued, and supported. Another term, that may, be on in this case unfamiliar, to you is the quarterly census of employment and wages.

00:12:48:03 - 00:13:07:18

You were going to see one of the data. Sources that we reference. As this QCEW we have a data sharing agreement with the with labor and industry, so that we have access to these labor data.

00:13:07:18 - 00:13:17:18

So this is, it's a program managed by Bureau Labor, and Statistics. And every quarter they publish employment and wages by employer.

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So this is something that we think I know in some of your comments your questions you know along the way and some of the comments as well can't ODP can't you just pull this data?

00:13:29:18 - 00:13:38:18

Do we really have to give you this? This is one of those areas where we've got a data source that we can use to be validating, some, data that is submitted.

00:13:38:18 - 00:13:47:18

So this is a good validation source for us at this point. Alright, next slide.

00:13:47:18 - 00:14:02:18

And then to kind of set the stage in terms of all of the performance measures like how we came to this performance area, how we got these standards and how we got to the specific performance measures.

00:14:02:18 - 00:14:21:11

All of this goes back to an ISAC recommendation. So, you know, you probably all at this point heard me talk about, you know, our, workforce issues and, you know, the fact that these workforce issues preceded the pandemic.

00:14:21:11 - 00:14:26:05

We know these workforce issues who are coming for a long time. Pandemic made them worse.

00:14:26:05 - 00:14:57:10

ISAC since, 2016 has had a recommendation around around developing our workforce and very specifically back in 2016, 17 ISAC adopted some strategies aimed at trying to support stabilization of the workforce trying to support the quality of the workforce and the professionalization of our workforce.

00:14:57:10 - 00:15:05:18

And so, you know, when it, came to kind of thinking about all of the strategies in place.

00:15:05:18 - 00:15:17:18

To support workforce. You know, we've. Performance based contracting, we have embedded a number of different ways to get at our workforce issues.

00:15:17:18 - 00:15:33:20

So, you know, we've got tearing, pay for performance. We've got like a financial structure that's aimed at being able to pay more for DSPs who have more qualifications, more criteria.

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They've met, you know, they have a training in crisis, intervention.

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We've got, you know, more clinical staff.

00:15:41:14 - 00:15:46:09

We've got, higher numbers, percentage of DSPs that are credentials.

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So these are the the different tiers in the enhanced rates. We've kind of built all of that in.

00:15:50:18 - 00:16:00:18

We're building in the structure to support credentialing. So. You know aimed at let's let's build up the skills and experience of our DSPs.

00:16:00:18 - 00:16:11:18

Credentialing we know is in terms of research for workforce one of the things that helps with retention is credentialing.

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So we've got to work on our credentialing. So we're working on wages. We're working on credentialing.

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You heard at the 1st summit that, you know, some of the other ways and you'll hear about this in the last summit as well.

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To the extent that we can. Drive our service system in ways to provide services in, models of service that are less dependent on traditional, DSPs.

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Great. Because that again is pressure relieving. So, today is, all about the, you know, some of this, direct, work that we need to be doing in terms of workforce.

00:16:52:18 - 00:16:58:18

You've all also probably heard me say, you know, and there's a lot of concerns about why are we doing this in January?



00:16:58:18 - 00:17:15:18

Why, you know, why the pace? Of this and these workforce issues aren't going away and I think the sooner we can start tackling them as challenging as that feels right now the better in terms of our long-term prospects for really stabilizing workforce.

00:17:15:18 - 00:17:23:03

So, you know, ISAC has has been, had strategies and this recommendation for us to get at this for a long time.

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We have, you know, we've done a little bit, little bits of work related to this.

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We used some ARPA funding, to get out there to get the ball rolling in terms of any DSP credentialing, life course credentialing, and NADD credentialing, performance-based contracting takes us one more step.

00:17:42:18 - 00:17:51:18

The end goal here, for ODP, we want a system where we have professionally recognized direct support professionals.

00:17:51:18 - 00:18:05:09

There is a standard occupational classification at the federal level that for direct support professionals. And that there is a career path.

00:18:05:09 - 00:18:12:01

DSP 1 2 3 front line supervisors that are credentialed and we tie pay to that as a system.

00:18:12:01 - 00:18:32:19

That is the end goal. That is going to take a long time. We, there, there's, I don't, I don't think there's any dispute that this is a big systems change and at a time when, you know, providers are have been and remain under a lot of pressure, sort of from all angles,

00:18:32:19 - 00:18:46:18

so long term goal is to have a professionally recognized and credentialed workforce with portable credentials that those are portable, any, provider in Pennsylvania that, DSP can go there.

00:18:46:18 - 00:18:53:18

So, this is the beginning of it. You know, we've set standards that we'll talk about, increasing 5%, 10%.

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We want plans from all of the residential providers, but this is really to, you know, put that flag in the ground to get us moving toward that professionalized credentialed workforce.

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00:19:07:18 - 00:19:16:18

Alright, with that, let me, hand it over to Rochelle. And she's gonna talk a little bit about NADSP and then we will jump into the measures.

00:19:16:18 - 00:19:26:18

Please, we'll be answering use the Q&A pod. We will be answering, I don't know if you saw when you looked and there's a bunch of a bunch of us from ODP on here.

00:19:26:18 - 00:19:39:18

We will, stop, periodically to take, questions, and, read them aloud for everybody, but we're also responding to them in writing in this pod here.

00:19:39:18 - 00:19:44:18

So please enter all of them as we're going here. Thanks.

00:19:44:18 - 00:19:56:18

Thank you, Kristin. Good afternoon. So when an organization participates in the E-badge, Academy with the National Alliance for Direct Support Professionals.

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Their direct support professional workforce works toward 3 levels of certification as Kristin mentioned mentioned. DSP one, DSP 2, and DSP 3.

00:20:06:18 - 00:20:20:18

And then the front line supervisors within the organization also earn a single level of certification as well. Each level of certification provides successful direct support professionals and front line supervisors with a certificate.

00:20:20:18 - 00:20:30:18

That formally acknowledges their achievement through a very rigorous and objective 3rd party review of their knowledge skills.

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And values. Next slide please Robin. So I think what is most important to take away from this is to know that This is not a training program.

00:20:42:18 - 00:20:49:18

It's not something that you send your direct support professionals to and they come out in their train. It really is a building of skills.

00:20:49:18 - 00:21:03:18

Knowledge and values so that the everyday lives, values becomes a natural part of what those direct support professionals are out there doing every day.

00:21:03:18 - 00:21:11:18

So, so this slide talks about, those things, like, what are the knowledge?

00:21:11:18 - 00:21:19:18

Skills that they build, it's, it's based on research, the trainings that they receive.

00:21:19:18 - 00:21:25:18

There's a lot of time and energy that goes in around those CMS for competencies.

00:21:25:18 - 00:21:33:18

It builds on the values of the NADSP Code of Ethics. And those skill areas through.

00:21:33:18 - 00:21:37:18

The CMS core competencies.

00:21:37:18 - 00:21:41:18

Next slide, please.

00:21:41:18 - 00:21:57:18

And this is those CMS core competencies and the areas where they focus ODP as gone through the process of having the entire orientation and annual training catalog course catalog credentialed.

00:21:57:18 - 00:22:15:18

Through NADSP. And All of those trainings that are available on my ODP can be submitted for part of those badges that those DSPs are earning.

00:22:15:18 - 00:22:18:18

Go ahead and go to the next slide, Robin.

00:22:18:18 - 00:22:25:18

And now I'm gonna turn the presentation over to Jeremy for this next part. Thank you.

00:22:25:18 - 00:22:38:12

Great. Thank you, Rochelle. Good afternoon, everyone. I have the opportunity to walk us through, the 1st 2 sets of performance measures, to get us started.

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One of the ways, that, has really helped me to understand, and kind of group, group these set of standards and performance measures.

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It is really thinking about the these 1st 4 that we're going to take a look at are specific to credentialing for the direct support professionals.

00:22:59:18 - 00:23:07:10

And then the next set, we'll take a break and have some conversation. Then the next set, is really specific to front line supervisors.

00:23:07:10 - 00:23:19:18

And they, as, you have likely, red and have gone through these, they really mirror each other in many ways.

00:23:19:18 - 00:23:45:18

So for this 1st performance measure for workforce, we're, looking for, provider attestation that supervisory management training to support skill, application of DSPs is conducted for all frontline supervisors, no later than December, the 31st of 2025 and his bed and is embedded in agency training plan to ensure continuity.

00:23:45:18 - 00:23:56:06

And you can see that this applies to our primary providers. And this, measure is really around helping agencies to build infrastructure.

00:23:56:06 - 00:24:06:12

And and and I it can get a little bit confusing because we're talking about frontline supervisors in another set of performance measures.

00:24:06:12 - 00:24:23:18

But that's not what this is about. This is still focusing and on direct support professionals. To be credentialed and to have the support that they need to do their work efficiently, effectively with with quality.

00:24:23:18 - 00:24:33:14

So hopefully that helps to, between those. The next performance measure is really just submitting an agency plan.

00:24:33:14 - 00:24:42:18

Including time frames and milestones for implementing DSP credentialing. And again, that is specific to our primary providers.

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For the 3rd performance measure, 1.3. It is reporting that percentage percentage of DSPs who are credentialed and or enrolled in credentialing program and maintain credentials.

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And you can see that this is for all 3 of our, tiers. And then lastly, for workforce, 1.4, this is attestation to increase percentage of DSPs credential through NADSP by a minimum of 5%.

00:25:15:18 - 00:25:25:18

By December, 31st of 2025. From a baseline. Beginning July of 2024.

00:25:25:18 - 00:25:39:05

If no DSPs are credentialed on in July of 24. And then 5% of DSPs must be credentialed on or before December 31st of 2025.

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So that's essentially 18 months to get up to 5%.

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If there is 5% of DSPs that are credentialed in July of 2024.

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Congratulations to your organization. You are well on your way to establishing this practice. Then what we're looking because this is a growth model, we're looking to increase performance over time.

00:26:09:18 - 00:26:26:18

Asking those providers to to move to 10% as of December of 2025. And then providers that have greater than 25% of their staff.

00:26:26:18 - 00:26:30:18

We would expect that they have met the standard.

00:26:30:18 - 00:26:45:18

And this last standard or this last measure, it just applies to our selecting clinically enhanced providers. So, let's take a look at, 1.1 in a little bit more detail.

00:26:45:18 - 00:26:54:18

So again, just as an orientation, the standard for these 4 measures are that DSPs.

00:26:54:18 - 00:27:05:18

Demonstrate a percentage of DSPs in residential services are credentialed in a nationally recognized, ODP approved credentialing program.

00:27:05:18 - 00:27:20:18

So the process detail or, the how and what of implementing this. Is that provide primary providers will test via department attestation form.

00:27:20:18 - 00:27:32:18

And sent via. Targeted email embedded training plan. Supporting the skill development of DSPs and and and or supervisors and managers.

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So we will be looking to use kind of a combination of provider attestation and NADSP data that we have available to us.

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And this is not currently tag this specific one is not currently tagged for pay for performance but as you'll see as we get moving here others in this category are

00:27:56:18 - 00:28:00:18

So let's go to the next slide.

00:28:00:18 - 00:28:14:18

So for This performance measure, again, this is mini agency plans. Primary providers will submit agency plans to implement tiered credentialing plans for DSPs.

00:28:14:18 - 00:28:35:15

And we would look for that to include timelines for completion and in any process. Because we are interested in supporting for because the office of development the programs is interested in supporting providers really to to grow and develop in this area.

00:28:35:15 - 00:28:49:18

This is something that has been slated for pay for performance. And as you can see on this slide, this is specific to primary providers only.

00:28:49:18 - 00:29:14:18

Some expectations that select and clinically enhanced providers are organizing around around this already. So again, thinking of this as a establishing some practices, you know, coming up to some capacity and then giving providers the support to maintain that over time.

00:29:14:18 - 00:29:21:18

That's our long term goal. So let's go to the next slide.

00:29:21:18 - 00:29:35:18

For workforce, performance measure number 3 or 1.3. For primary selected clinically enhanced providers, we're looking for them to again complete a survey.

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And we're collecting the total number of DSPs employed. DSPs who are credentialed, you know, and dividing that by the DSPs who are credentialed and or enrolled in a credentialing program.

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For the source data again its survey will you you will utilize some of the NADSP data that we have as well as working with, some, NADD, validation for agencies that have elected to use, NADD DSP accreditation or certification.

00:30:17:15 - 00:30:29:00

For agencies that have been selected as clinically enhanced. And again, this is targeted for our primary providers for a pay for performance measure.

00:30:30:08 - 00:30:34:08

Let's go to the next slide here.

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And then lastly, in this grouping of, performance measures, 1.4.

00:30:41:18 - 00:30:49:18

Again, this is building capacity. This is, you know, establishing a threshold.

00:30:49:18 - 00:31:03:18

For the number of individual the number of DSPs that are credentialed what we what we would be looking for is that select and clinically enhanced providers Will attest via a department

00:31:03:18 - 00:31:12:18

developed attestation. To achieve. A 5% increase in the total number of credentialed DSPs.

00:31:12:18 - 00:31:22:18

And again, similar data sources as the previous. And this is not currently slated for a pay for performance measure.

00:31:22:18 - 00:31:30:18

So let's, oh, great. Yeah, we do have some, statistics. To, kind of.

00:31:30:18 - 00:31:38:18

Give this group a starting point or general sense of where we are within the Commonwealth. And you could see that we have.

00:31:38:18 - 00:31:46:18

Just slightly over 1,700. DSPs that are currently enrolled in certification courses.

00:31:46:18 - 00:31:56:18

And then tiered out, DSP one through 3. So DSP one, there are 610.

00:31:56:18 - 00:32:04:18

DSP 2, 304, and then DSP 3, 174.

00:32:04:18 - 00:32:14:18

And these, data are from a most recent report for June. That we receive through the National Alliance of Direct Support Professionals.

00:32:14:18 - 00:32:30:18

It is important to note, as, we looked at this measure, we're saying individuals that are individuals that are enrolled or certified is, kind of the measure.

00:32:30:18 - 00:32:40:04

So at this, at this stage, you know, the department, office is not making any kind of distinctions between a DSP 1, 2 or 3.

00:32:40:04 - 00:32:55:18

There are no requirements for any of those levels. We really are supportive of providers developing some capacity to, enhance our overall program with certification.

00:32:55:18 - 00:33:05:18

So let's go to the next slide and I think that brings us to our 1st questions and answers session.

00:33:05:18 - 00:33:15:18

I'm sorry, no little. Our colleagues here have been answering quite a few questions.

00:33:15:18 - 00:33:16:18

Okay.

00:33:16:18 - 00:33:19:18

Yeah, Jeremy, we'll give you, we'll give you a second. We can jump in here so you can catch up with them.

00:33:19:18 - 00:33:27:18

There's, is there data to support that these credentialing programs improve work performance for DSPs or how did ODP come up with this measure?

00:33:27:18 - 00:33:37:18

So there is not only data in research, that the credentialing improves performance for DSPs.

00:33:37:18 - 00:33:46:02

But additionally, there is research that points to better retention of DSPs who have done credentialing programs.

00:33:46:02 - 00:34:09:18

So one of the sources that we have used is the on community living. Has published some some different publications related to sort of outlining both workforce issues and workforce solutions that they have suggested that states consider states or and or providers.

00:34:09:18 - 00:34:29:18

Those typically cite these research, the research that was done related to this. The Institute for Community Inclusion out of Minnesota also has some research that supports this idea that credentialing is one of the things that can assist with retention.

00:34:29:18 - 00:34:38:18

The other thing so in addition to sort of national data published research that we have looked at the other thing that we have.

00:34:38:18 - 00:34:53:18

Pennsylvania has some agencies that were pretty early adopters. In particular of any DSP and they have shared some of their retention data with us and it was quite impressive.

00:34:53:18 - 00:35:03:18

So yes, this is this is a data informed, these measures related to credentialing are absolutely data-informed.



00:35:03:18 - 00:35:23:18

And maybe just to build on that to count, some of the performance success of that. One of our agencies that was an early adopter is currently identifying a 90% retention rate for DSPs that have at least obtained a DSP one level certification.

00:35:23:18 - 00:35:33:18

So, you know, those are numbers that really get any of our attention. As we look to stabilize our workforce.

00:35:33:18 - 00:35:42:18

I'll grab a couple more while I'm in here and then others you can catch up Jeremy and I think, we get some others that are probably prepared as well.

00:35:42:18 - 00:35:52:10

What happens to primary providers that chose NADD and already implemented that credentialing? Are you still going to require any DSP credentialing as well?

00:35:52:10 - 00:36:03:18

I thought providers originally had a choice. So I think this reference is probably to some of the funding that we put out for ARPA.

00:36:03:18 - 00:36:10:17

Which you know goes back i think to 2021 is probably when we determined and published that so certainly some things have transpired since then.

00:36:10:17 - 00:36:13:03

So certainly some things have transpired since then.

00:36:13:03 - 00:36:23:18

And through, you know, concept paper to public comment during the work with the residential strategic thinking group.

00:36:23:18 - 00:36:35:02

And then just additional work that we did, in terms of, you know, looking at effective practice and really trying to think about what serves the larger system.

00:36:35:02 - 00:36:49:18

To have, sort of, that portable credential, with that career letter ladder built in. We have really landed on any DSP as kind of meeting, those, objectives.

00:36:49:18 - 00:36:59:18

NADD for providers that are supporting people with dual diagnosis, particularly when we look at the clinically enhanced.

00:36:59:18 - 00:37:08:24

That is also a really important credential, that is a credential. We accept, you know, for enhanced services sort of across the service system.

00:37:08:24 - 00:37:16:18

So it is not that we are abandoning NADD. It certainly also, shows up here in.

00:37:16:18 - 00:37:27:04

Residential performance based contracting. I mean it does remain you know in those other services as one way to sort of demonstrate competencies related to supporting.

00:37:27:04 - 00:37:31:17

A individuals with dual diagnosis.

00:37:33:14 - 00:37:45:18

I'll take one good afternoon everybody. So to question, are the trainings that are eligible to be applied, to e badges marked as such relative to the training descriptions on Myodp and they are.

00:37:45:18 - 00:38:00:18

So if you're looking at the chapter 6100 training catalog the accredited trainings that are available you'll they will have an indicator that's a circle that says NADSP in the middle.

00:38:00:18 - 00:38:12:18

So hopefully those are easy to find. But it's folks need. links to any of that, the announcement, 24 dash 0 2 5.

00:38:12:18 - 00:38:19:18

Is the announcement where you can find all those links.

00:38:19:18 - 00:38:25:00

Yeah, I'll take another one here. And I think we've seen this question come up pretty frequently.

00:38:25:00 - 00:38:37:03

Is there an opportunity for organizations training for direct support professionals? Staff. To be certified and it to be used within credentialing.

00:38:37:03 - 00:38:45:18

So within the National Alliance of Direct Support Professionals, as Rochelle.

00:38:45:18 - 00:39:16:18

Mentioned earlier the The office has, or perhaps it was Kristin. mentioned that The office has all of our orientation and annual training that is posted related to chapter 6,100 requirements is is available and is part of the certified type of certified training that would relate back to.

00:39:16:18 - 00:39:23:18

A credentialing for an NADSP. What I could say is that process is pretty rigorous.

00:39:23:18 - 00:39:41:18

And it's time consuming and there is a cost to that. But it is something that is available if agencies wanted to apply to NADSP and get those, apply to an NADSP and get those, trainings that they have developed, certified and through that process.

00:39:41:18 - 00:39:50:18

Jeremy, excuse the interruption, but perhaps one or 2 more questions and then, we should get back to the presentation.

00:39:50:18 - 00:39:53:18

Okay, great.

00:39:53:18 - 00:40:01:18

I can, a couple here. There's some questions about the, there's a couple of questions here about the attestation.

00:40:01:18 - 00:40:25:14

For selecting clinically enhanced meeting the 5% increase for DSPs 10% for frontline supervisors as sort of a question which we heard before and I imagine will be seeing in the public comments well what what the question is what happens if we attest to it and then we don't meet it.

00:40:25:14 - 00:40:51:18

So I think you know the way that we are currently thinking about this is if a provider attests to be meeting 5% for DSP 5% increase for DSPs who are credentialed in NADSP or on the clinic, enhanced, NADD, front line supervisor, 10% increase and you don't make one or both of those percentages, we would be looking

00:40:51:18 - 00:41:01:18

at a corrective action or directive directed corrective action and would sort of follow the same remediation that we do for other things.

00:41:01:18 - 00:41:13:09

So if they aren't corrected aren't remediated. At that point we would be looking at, enforcement action that would probably include, you know, up to and including possible financial sanctions.

00:41:13:09 - 00:41:28:18

So there would be, you know, the opportunity for correction for a provider who does not meet those standards, who did attest that they would be meeting those standards.

00:41:28:18 - 00:41:33:18

Let me do one more while we're on here. so, points out in primary.

00:41:33:18 - 00:41:43:18

The, NADD or NADSP is not required. But those will have to report on how many DSPs are credentialed.

00:41:43:18 - 00:42:03:18

We and if we weren't clear I don't have it in front of me. We are very specifically interested in NADSP or NADD, our system, you know, is we are moving our system to an eventual future where we have DSPs credentialed.

00:42:03:18 - 00:42:18:14

It is a recognizable portable credential between agencies and across our system. So providers certainly, you know, are welcome to, you know, develop your own training programs and credentialing.

00:42:18:14 - 00:42:35:19

The system as a whole, we are moving to a portable recognizable national credential. And NADSP, as I noted at the beginning, really is where we are putting the emphasis, because we think it serves the system broadly very well.

00:42:35:19 - 00:42:43:18

We are also developing pay for performance that will be very specific. To NADSP credentialing.

00:42:43:18 - 00:42:51:10

So, you know, again, your providers are, you are certainly welcome to think about something else that might serve you.

00:42:51:10 - 00:43:05:18

I would encourage you to think about that as something additional and not instead of. This is definitely the direction that ODP is moving in.

00:43:05:18 - 00:43:08:03

Thanks, Kristin.

00:43:09:11 - 00:43:15:18

Move onto to our next set of performance measures.

00:43:15:18 - 00:43:32:18

So, you know, again, as I said at the top of our discussion, this second set really is in many ways a mirror of the 1st set of performance measures for direct support professionals.

00:43:32:18 - 00:43:42:18

This, this, workforce. Set of performance measures is directed towards front line supervisors.

00:43:42:18 - 00:43:48:16

And. You know, I won't go through and read each of these. Allowed again.

00:43:48:16 - 00:43:56:18

They are the same. I'm going to point out where they're different. So in workforce 2.4.

00:43:56:18 - 00:44:19:18

Provider attestation to increased percentage of front line. Credentialed front line supervisors that are credential through an NADSP by a minimum of 10% by December 31st of 2025 from the baseline that is established in January, July of 2024.

00:44:19:18 - 00:44:29:18

If there are no front line supervisors credentialed, then, 10% must be obtained by December, the 31st of 2025.

00:44:29:18 - 00:44:52:18

If 5% of frontline supervisors are credentialed on July, July. 20, 2024, then 15% must be credentialed by the end of December of 2025 and again that that's over a span of 18 months.

00:44:52:18 - 00:45:00:18

And then providers having greater than 25% of their front line supervisors credentialed, would be considered to meet that standard.

00:45:00:18 - 00:45:12:18

And again, that standard is just for, select providers and clinically enhanced. It does not apply to our primary provider pool.

00:45:12:18 - 00:45:16:18

So let's just. We'll go through these again. Quickly.

00:45:16:18 - 00:45:26:18

So again, the process details, primary providers will attest. Via an attestation form that the department develops.

00:45:26:18 - 00:45:37:18

To embed. Training plan, a training plan supporting the skill development of frontline supervisors for supervisors and management.

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So again, this, training, as a reminder is, really around building agency capacity to support.

00:45:46:18 - 00:45:52:18

Front line supervisors to go through this credentialing process. You know, it could be.

00:45:52:18 - 00:46:03:17

Changing some of your organization standard training around. Supervision and management to incorporate some of those aspects of an NADSP.

00:46:03:17 - 00:46:21:18

But at any rate it's it's acknowledging that it takes some effort and some support for frontline supervisors to go through that credentialing process and that the agency is supportive of that and it is building practice to to support that.

00:46:21:18 - 00:46:24:18

So let's go to the next slide.

00:46:24:18 - 00:46:35:18

So again, submit an agency plan. To implement tier credentialing for Front line supervisors.

00:46:35:18 - 00:46:50:18

And that plan should include timelines for completion. And it should include any process. This, performance measure is marked for a pay for performance.

00:46:50:18 - 00:47:06:18

Enhancement and again as we saw with direct support professionals this is targeted really for our primary providers. Next slide.

00:47:06:18 - 00:47:19:18

So our primary select and clinically enhanced providers will be asked to complete a survey. And that survey includes the total number of frontline supervisors that are employed.

00:47:19:18 - 00:47:29:18

And that is divided against front line supervisors who are credentialed. And or enrolled in a credentialing program.

00:47:29:18 - 00:47:40:18

And then we will compare that data against the data that we have available within NADSP and the National Association for the Dually Diagnosed.

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This too is marked for a pay for performance measure, for our primary providers.

00:47:47:18 - 00:48:10:18

And next slide. Lastly. We reviewed those percentage differences in this. And then selected clinically enhance providers will attest via department developed attestation form to achieve at least 5% increase for frontline supervisors.

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Okay, let's go to the next slide. And we have some. Statewide data related to front line supervisors.

00:48:18:18 - 00:48:25:18

We currently have just shy of 450 front line supervisors that are currently enrolled.

00:48:25:18 - 00:48:36:18

In a credential, in a certification course. And, we currently have just shy of 100, front line supervisors as of.

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June 4th of 24 so again, congratulations to organizations as you look to adopt and adapt, this into your agency culture and practice.

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We know that this is an investment in time. And we based on, you know, some, of those highlights that Kristin was really talking about, we really hope that you see and reap the benefit and reward.

00:49:03:13 - 00:49:12:18

of this type of investment. As many of your other peers have. So let's go to the next.

00:49:12:18 - 00:49:17:21

And we will continue with some additional questions and answers.

00:49:22:10 - 00:49:41:11

Hmm, start out while you catch up here, Jeremy. A couple of things. There's a number of, Questions here related to life sharing providers and whether the DSP credentialing is required for the life shares.

00:49:41:18 - 00:49:51:17

Sort of parallel question then in life sharing who's who's a front line supervisor who would count as a front line supervisor.

00:49:51:17 - 00:50:08:10

This is an area that we have received quite a bit of public comment on as well, whether or not it's appropriate to be sort of overlaying this DSP front line, supervisor structure, for training on to life sharing.

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So at this point, I think we've, this is one of those areas of public comment that I think we need to take back.

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So at this point, the way we've proposed it, you know, this, this would, was required.

00:50:22:18 - 00:50:30:18

We would have to provide some clarification, but I think the the questions, and the sort of distinction in the models.

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Certainly make some sense and we will definitely be considering that.

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There's also a number of questions and Jeremy, you should probably jump in here a little bit more, but there's a number of questions related to credentialing and sort of the interface and overlap between orientation.

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What accounts for orientation, what's required, what accounts for orientation and what counts and is required for annual training

00:50:56:12 - 00:51:13:18

and I will say very generally that to the extent possible, which I think was to great extent, ODP worked with NADSP, for them to review, the courses that we have,

00:51:13:18 - 00:51:31:06

are, that we have available for orientation, annual training, medication administration and community participation support. So many of our required trainings, we had them review, those are eligible to count toward e-badge requirements.

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So I think to great We have tried to line this up to create some efficiencies. For providers and a great deal of overlap between those 2 things.

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So Jeremy and I don't know if you've got some other. Anything else to add to that?

00:51:46:18 - 00:51:54:18

I think the announcement that was in your link will also help, with folks understanding that.

00:51:54:18 - 00:52:04:18

Yeah, yeah. Certainly as the deputy secretary unpackaged some of the trainings that are already certified through my ODP.

00:52:04:18 - 00:52:22:18

One of the other considerations as we talk with agencies that are currently implementing. The NADSP credentialing through E badge in Pennsylvania as well as as we talked to NADSP, directly.

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Agencies are really going to want to consider who is selected to be. To go through this.

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Credentialing process. I know some agencies have made it more of an application process or a DSP internally would have to, kind of raise their hand and say, I'm interested in going through this credentialing process.

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We, I wouldn't. I mean, with some of our orientation requirements, I don't know that those really would, align.

00:52:56:18 - 00:53:02:18

With, with how we're, how we're thinking about, credentialing.



00:53:02:18 - 00:53:22:18

Your credentialing. Has, oh, I think a lot of benefit. But When you are 1st orientating a new DSP to this work, I think we oftentimes find that within that first, st you know, 3 to 6 months as really a testing time.

00:53:22:18 - 00:53:36:20

Is is this a good fit a good match for for this new worker. And so as you develop your practice and you talk with your peers and colleagues and other agencies that are doing this.

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I think that may be a little bit more informed. With that said, If an agent, if a.

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If a DSP at their, you know. 6 month mark or at their annual mark was selected to participate and wanted to go through the credentialing process.

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Any training that they took related to orientation would be retroactively applied. So again, this is Really aimed at being more efficient and portable with the training, establishing some standards that can really follow that that person as they move as a professional within this space.

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So again, it's not time lost. It's not training lost. It would be later on.

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Hopefully that that expanded. Explanation helps providers to start to think about how they may.

00:54:40:18 - 00:54:45:18

Approach this.

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It's another question here.

00:54:47:18 - 00:55:03:18

If you wanna take a minute, Jeremy, I'll jump in. There's some questions here the relationship between the agency provided training for skill application.

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So that's through 2 levels, right? That's. Frontline supervisors supporting DSPs with the skill application for the, the competencies that they've, you know, they're, they're learning and learned.

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And then, you know, programs specialists and other management agency supporting frontline supervisors with that skill application and You know, I think if you look at this whole package that we put together here, right?

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We're trying to move, the whole system to this professionalization, this credentialing of our DSPs of our frontline supervisors.

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I don't know if we mentioned it, but we probably can't say it enough. You know, the success, working for a frontline supervisor who's really supportive and very skilled and competent at their job

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will tremendously improve retention like that and this was a big discussion in our job and this was a big discussion in our residential strategic thinking group.

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that we can't just focus on DSP, because the success of the DSPs is very much reliant on the skill and support of the front line supervisor. So you kind of have this whole package here, right?

00:56:11:22 - 00:56:24:13

We're gonna be working on credentialing. We've got some financial incentives. We've got some financial structures around supporting this movement to credentialing

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and to make sure that the system sort of supports that credentialing, we're asking for agencies like this isn't about just, you know, sending an application to any DSP and hitting Go and sending people to do this this training.

00:56:42:07 - 00:57:01:18

This really does require agency infrastructure and support for those frontline supervisors and DSPs. To, you know, transfer all of these competencies to day to day, and kind of embed within the agency culture.

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The. Importance of this work and the actual translation to date the day-to-day work that DSPs and front lines do.

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So we're asking agencies. You know think about how you are supporting this movement on a whole How are you, how are those front line supervisors?

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Onsite supporting, you know, the DSPs with what they're learning. How are they doing this skill translation from what they learned.

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And are looking to be credentialed in NADSP. And then same thing, you know, you promote somebody up to front line supervisor, how are we supporting them in their role?

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So this really is, we're asking you as agencies to take a look sort of from top down, bottom up, how is credentialing being supported and how is this translation to individuals.

00:57:58:18 - 00:58:07:18

You know, every day in those residential services happening. So that's, that is the relationship and we're not dictating what that looks like.

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You know, I think agencies are, you know, you know your own structure, your own culture within your agency, you know, how you have that supervision happening, the frequency, who's doing it, how they're doing it.

00:58:21:08 - 00:58:28:01

So this isn't something other than sort of a general guideline that ODP is going to be doing.

00:58:28:01 - 00:58:37:18

I think this this really will be based on each each agency's approach to how you do that.

00:58:37:18 - 00:58:47:18

I have 2 easy questions here that I can get out of the way, Kristin. Can you please clarify if select and clinically enhanced providers do not need to complete.

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So 1.1 and 1.2, in addition to 1.3 1.4.

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So, this, question certainly applies to 2.1 and 2 2.2 as well so yes to clarify those do not apply to select and clinically enhanced those are only specific to primary providers.

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And then another question, can the plan? Be submitted 7 1 24. Or has the date or can that date be moved to 7 31 of 24?

00:59:25:08 - 00:59:37:18

So we are working with some target dates. I think that, for We have not really released.

00:59:37:18 - 00:59:46:10

Information yet. To the public. We're in the process of going through public comment.

00:59:46:10 - 00:59:55:05

We know that there is going to be some impact on some timeframes and and some impact on this related to public comment.

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So we're but we're very hopeful to get some information out. Related to pay for performance criteria.

01:00:04:18 - 01:00:13:18

For for these measures. So, you know, again, 7 1 24 was a target.

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It likely will, be a range of dates that we're looking for. For provider.

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So hopefully that eases some pressure that you might be thinking about, to get these plants together.

01:00:31:18 - 01:00:33:18

Looking at our time. Oh, sure,

01:00:33:18 - 01:00:41:18

No, I think we're okay here. Yeah, I've got and because they're quite a few questions here.

01:00:41:18 - 01:00:50:18

I just moved. There's a couple of questions here related to calculating percentages and whether or not.

01:00:50:18 - 01:01:11:05

ODP will look at part time full time, and whether or not if, an agency uses, I think the, term that was used was flow or somebody that typically works in another part of the agency, but who does fill in in residential, whether or not they're credentialing would count, either this is fine.

01:01:11:05 - 01:01:20:22

As long as the person is working in the residential, program, you would be able to count them whether it's full time or part time, you would be able to count that.

01:01:20:22 - 01:01:42:18

There's another question about whether ACRE, CPS, any of those count they do not really what we are looking at here again is a movement toward professionalizing our workforce, having a career ladder, DSP 1, 2, 3 that we can tie some wages to so we are very specifically looking at NADSP for clinically enhanced.

01:01:42:18 - 01:01:47:05

We will also look at NADD.

01:01:57:03 - 01:02:07:18

So as a reminder, as Rochelle brought up at the beginning of our presentation, Okay.

01:02:07:18 - 01:02:24:04

Really. The credentialing. Lost my notes here. The training associated with the E Badge Academy is just a portion of that.

01:02:24:04 - 01:02:36:09

It's, so, you know, we wind up spending a lot of time talking about training requirements related to this, but it really is, it is really a much more in-depth approach.

01:02:36:09 - 01:03:02:11

And I'm sure as as you begin to explore that and really dig into the credentialing program itself, you'll find that, certification, that focuses in not, only on knowledge but really skills and values of the work and how DSPs and front line supervisors go about establishing

01:03:02:11 - 01:03:08:05

their knowledge skills and values are related.

01:03:19:18 - 01:03:29:11

Let me do, I do another one here. It's a question about, you know, again, how the count is, then we have the, you know, is it part time, full time matter?

01:03:29:11 - 01:03:35:22

If we have people that, come from other parts of the agency to fill shifts.

01:03:35:22 - 01:03:41:12

Can they count? They can. The other question was what about, folks that turnover?

01:03:41:12 - 01:03:52:18

So if we had a DSP, that resigned during the year was terminated, during the year and they were credentialed, does their, do they count?

01:03:52:18 - 01:04:01:18

So we would be, we are looking for a percentage of workforce. Again, the idea here is that over time we are moving to a credentials workforce.

01:04:01:18 - 01:04:10:20

So we're gonna look where we've got the the 5% and the 10%. We are gonna be looking for your agency percentage overall.

01:04:10:20 - 01:04:19:15

You know, we, you, and then the next set of measures we're going to be talking about is just this, you know, understanding turnover and vacancy.

01:04:19:15 - 01:04:25:18

So again, I think this is an important area. That we all get a handle on and I'll be talking about that.

01:04:25:18 - 01:04:47:18

But, you know, if they leave, they leave, we're still looking for you to have, for select and clinically enhanced, to have increased the percentage of your, your overall workforce that is, credentialed for the time period that we have, we are reviewing.

01:04:47:18 - 01:04:53:18

Alright, why don't we go ahead and move on? I suspect we'll probably have some time, at the end to come back.

01:04:53:18 - 01:05:03:18

I can still see we have quite a few open questions here, but we'll jump in and, keep, working through the slides here in the performance measures.

01:05:03:18 - 01:05:25:18

So I'm going to take this this next round here. Spent this, you know, 1st hour of our discussion here, really focused on credentialing, and had, you know, some questions about why, credentialing, you know, where's where's the evidence that it helps with retention?

01:05:25:18 - 01:05:39:15

Where's the evidence that it helps with? Competencies and you know one of the things that we need to be doing performance based contracting is a significant investment in our residential services.

01:05:39:15 - 01:05:56:18

We've got investments. Through those enhanced rates. Looking at, you know, what kind of ratios we have to, for clinicians to the people supported so that we can really deliver on.

01:05:56:18 - 01:06:04:18

Those restorative therapeutic structured environments. We are investing in, credentialing.

01:06:04:18 - 01:06:11:18

We're investing in trauma training. We're investing in, crisis response being adopted throughout the agency.

01:06:11:18 - 01:06:24:18

And, you know, of the, the 4 things, you know, the 4 sort of broad objectives that performance based contracting is meant to address one of them very specifically is related to workforce.

01:06:24:18 - 01:06:37:18

It's going to be important that we know as a system. Is it working? Is what we are doing to improve staff recruitment and retention working.

01:06:37:18 - 01:06:44:18

And we are only going to know that through data. So this whole next set of workforce measures.

01:06:44:18 - 01:07:10:21

Is related to gathering those data and understanding that so I want you to think about this in 2 levels one you know, for ODP for DHS for the Commonwealth for the General Assembly, the, we, you know, we, I think we need to show that the, the investment and the effort, the direction that we're taking is one that is working.

01:07:10:21 - 01:07:22:18

That these are the right investments that we have reduced the turnover rate. So that we're retaining, staff that we have reduced the vacancy rates that we have of DSPs over time.

01:07:22:18 - 01:07:35:18

And again, you know, this is We know this is multi-fold. This is everything from the quality of somebody's supervisor, whether or not they leave again, hence why we're focusing on frontline supervisors.

01:07:35:18 - 01:07:48:21

This is about wage, this is about all sorts of stuff. It's about agency culture. So you can see we've tried to hit on a lot of these but at the end of the day we're going to need to have an understanding of it's making an impact or not.

01:07:48:21 - 01:08:04:03

So we have 3 measures aimed at making sure we have some visibility into this. So we've got reporting of both frontline supervisor and DSP voluntary and involuntary turnover rate.

01:08:04:03 - 01:08:16:18

That's going to apply across the board to all all tiers of providers. We have reporting the percentage of contracted staff in DSP and front line supervisor positions.

01:08:16:18 - 01:08:40:17

This is an area, you know, we don't have a lot of insight into is the extent to which providers have turned to and have had to rely on contracted staff not I'm not talking on the clinical side behavioral support nursing but on the DSP and front line supervisor,

01:08:40:17 - 01:08:55:03

We know that particularly that, you know, there was some of this occurring before the pandemic, certainly, you know, during the pandemic and coming out of it that providers have had to rely on this more than they had previously.

01:08:55:03 - 01:09:01:18

So this is, you know, we want some visibility into what extent, you know, are we moving the needle enough?

01:09:01:18 - 01:09:11:18

In terms of our workforce support and health that as a system we can be less reliant on those contracted staff.

01:09:11:18 - 01:09:30:16

At the DSP in front line, supervisor level. The 3rd measure here is, using national core indicators data that work for a survey, which is a very, you know, it's a pretty extensive survey, but that will help us validate the turnover and other workforce data.

01:09:30:16 - 01:09:38:18

Again, really helping us inform if what we're doing is working where it's working better than others. So next slide.

01:09:38:18 - 01:09:46:19

The other, thing I would say here is for providers who aren't familiar with the NCI days.

01:09:46:19 - 01:09:52:18

So there's a couple things here. The associations always do a compensation survey that looks a lot of these same measures.

01:09:52:18 - 01:09:59:18

So you can kind of see by, you know, position within. Our service system. What?

01:09:59:18 - 01:10:07:18

What we've got in terms of vacancy, what we've got in terms of turnover, what we've got in terms of wages.

01:10:07:18 - 01:10:26:18

And NCI does the same thing. You can look at race, gender, length of time on the job and I think for an agency trying to really understand your workforce if you're not familiar and you don't have a sense of how do I come to other providers in Pennsylvania?

01:10:26:18 - 01:10:31:04

How do I compare to other providers my size in Pennsylvania?

01:10:31:04 - 01:10:41:14

NCI is a good place to start to have an understanding of, you know, do I do better? Am I doing better at retaining staff than my peers?

01:10:41:14 - 01:10:50:18

Or is my performance below that? And then, you know, trying to, inform your practices and procedures based on that.

01:10:50:18 - 01:10:55:18

So I also give you again, you know, starting wage, it'll give you. Average wage.

01:10:55:18 - 01:11:02:18

So there's a number of things that will give you a comparison to peers through NCI.

01:11:02:18 - 01:11:12:18



And again, the associations, they just released one last week. There's compensation survey that's got some of those data as a provider.

01:11:12:18 - 01:11:21:18

It's, it's important if you're not familiar, you know, pull that stuff up and start taking a look to see how you compare with your peers.

01:11:21:18 - 01:11:37:18

Alright, so the first, first, standard here is that demonstrated workforce stability strategy to reduce and manage turnover in vacancy rates for both those frontline supervisors and DSPs.

01:11:37:18 - 01:11:47:18

How are we gonna, you know, start demonstrating this? We're gonna start by reporting by, counting and reporting that back back in.

01:11:47:18 - 01:11:57:18

So you've got the data and then ODP has the data that we will publish and then you will have a very good sense of where you fall amongst your peers.

01:11:57:18 - 01:12:10:18

So there will be. Annual survey to include your total number of front line supervisors DSPs and we wanna know if they left employment.

01:12:10:18 - 01:12:16:23

Whether that's voluntary or involuntary within that past 12 months to help us really look at that turnover rate.

01:12:16:23 - 01:12:32:18

So this is one we had identified it will have a validation data source. So we're, we're gonna rely on you to provide those data to us and we will use the labor and industry data to help us validate those data.

01:12:32:18 - 01:12:38:18

Alright, this is not an area for pay for performance. Alright, next one.

01:12:38:18 - 01:12:45:23

This is the one I noted about contracted staff. Again, this is something we wanna know from all providers.

01:12:45:23 - 01:12:58:07

We want to have a sense of how heavily reliant we are as a system and providers are, as, employees versus or on contractors versus employees.

01:12:58:07 - 01:13:06:18

Again, this is another area. Most of you probably don't have a lot of visibility into and would probably be helpful for you to have a sense of where you stand.

01:13:06:18 - 01:13:16:18

In terms of your peers. This one will also be collected through provider survey. And we'll validate to the extent we can through the, labor and industry data.

01:13:16:18 - 01:13:21:18

All right, next slide.

01:13:21:18 - 01:13:35:18

Alright, and then the 3rd one here is for the select and clinically enhanced providers. Again, to have a really good handle on data, beyond just the vacancy, that, kind of turnover rate.

01:13:35:18 - 01:13:42:21

We are going to want that more, in depth data that is available through NCI.

01:13:42:21 - 01:14:00:19

So we would expect that providers that meet these select and clinically enhanced standards. Our submitting their data to NCI and then they are releasing that NCI data to us to be able to validate turnover and other workforce data.

01:14:00:19 - 01:14:13:18

And again, that's a very, very rich data source tells us a ton about our workforce. I think can give us some real opportunities to think about our workforce where we might be missing opportunities.

01:14:13:18 - 01:14:24:10

In terms of recruitment and outreach. Where we have you know spots that we need to be doing some different interventions perhaps.

01:14:24:10 - 01:14:39:18

So this again a great source of data and we would expect that providers in those 2 tiers would be able able to submit all of the required data and that they would release that to the Commonwealth.

01:14:39:18 - 01:14:42:18

Alright, next.

01:14:42:18 - 01:14:51:14

So take some Q&A on those 3 workforce measures related to Having better data.

01:14:55:14 - 01:15:04:24

Yeah, I have one Kristin as you. One theme, that I've seen kind of come through as you get, acclimated to some of these questions.

01:15:04:24 - 01:15:16:18

And it had to do with, our program specialists considered front line supervisors and how does that kind of factor in.

01:15:16:18 - 01:15:28:08

My best suggestion for. For your organization. Is really to go back to that, that operational definition that we, that we shared at the beginning.

01:15:28:08 - 01:15:38:18

Kristin cited NCI and I'll just reread it to you. So a front line supervisor are the 1st line of management in human service organizations.

01:15:38:18 - 01:15:49:06

These are staff who supervise direct support professionals working with adults with intellectual and developmental disabilities and often also engage in direct support as part of their duties.

01:15:49:06 - 01:16:01:18

So again, I think it's probably going to be specific to each organization. But if you think that your, your program specialist meet the spirit or letter of that definition.

01:16:01:18 - 01:16:10:09

I would certainly include them. In that in that category.

01:16:13:18 - 01:16:34:18

Jeremy, another, question here, on the contracted versus employed. And yes, the distinction here is that you have direct support professionals or frontline supervisors that you contract with another agency for attempt agency, a staffing agency.

01:16:34:18 - 01:16:53:18

They are not employees of your organization. So that's the the distinction that we're looking for there between employees of your agency versus contracted or temporary agency staffing agencies.

01:16:53:18 - 01:16:57:18

And I'll take, there's a few questions that are kind of getting at the same thing.

01:16:57:18 - 01:17:16:18

I'll paraphrase here. So, there were questions about essentially, you know, I think from both a little bit from both perspectives here, but, this kind of idea that, you know, as an agency, you got there, you invest in, credentialing.

01:17:16:18 - 01:17:25:18

And then another agency is effective at recruiting staff away from you saying, I'll give you a thousand dollar bonus.

01:17:25:18 - 01:17:35:18

If you have credentials to sign on with our agency. So there a couple of, a couple of notations, like that, and that is definitely something that we've heard along the way.

01:17:35:18 - 01:17:41:18

You know, if I'm select or clinically. Enhanced I'm able to pay more.

01:17:41:18 - 01:17:52:18

Am I going to be drawing, a providers, drawing DSPs from other agencies who don't have the enhanced rates and aren't able to pay that.

01:17:52:18 - 01:17:58:17

So a couple of things on that. I mean, I think this is, it's a concern today.

01:17:58:17 - 01:18:08:07

We have from, the, you know, serving that we have related to wages already.

01:18:08:07 - 01:18:20:18

There is a pretty big disparity, between some agencies, some agencies in the same localities, you know, starting wages of, you know, \$4 difference per hour.

01:18:20:18 - 01:18:27:01

Some of that is, you know, differences in benefit packages and kind of what the whole compensation package is.

01:18:27:01 - 01:18:40:23

So there's already some of this that is very much going on. During the pandemic. Use, you know, with the release of ARPA funding, we definitely saw providers who were putting out bonus opportunities

01:18:40:23 - 01:18:54:18

we had bought you know providers doing retention bonuses we had providers doing recruitment bonuses we had providers doing both of those so I I think to some extent you are already happen and and do compete with each other

01:18:54:18 - 01:19:02:18

in this space for a workforce, where we have, you know, a 22% vacancy rate.

01:19:02:18 - 01:19:10:18

You already competing. Is what, you know, is in performance based contracting going to contribute that.

01:19:10:18 - 01:19:27:18

It may, it may not. If you also think about the, individuals that, the clinically enhanced providers will be supporting enlarged because we have set, you know, the average needs level healthcare level.

01:19:27:18 - 01:19:38:00

That those providers will be supporting in some cases these are different jobs with really different requirements. So I do think there's some balance there.

01:19:38:00 - 01:19:50:18

And, and to some extent this is already a space you guys are trying to navigate.

01:19:50:18 - 01:19:54:18

Alright, any, Jeremy, if you've seen any more anybody else, I'm trying to scroll through you.

01:19:54:18 - 01:20:13:18

Yeah. Sure, an opportunity for a clarification around, language that we're using. So in workforce 3.2, the, measure is report the percentage of contracted staff in a direct support professional or front line supervisor positions.

01:20:13:18 - 01:20:21:18

And that applies to primary select and clinically enhanced. So the question is by contracted, you mean agency or temporary staff.

01:20:21:18 - 01:20:27:01

And yes, that's what we are referring to.

01:20:30:00 - 01:20:34:18

Okay, another one here.

01:20:34:18 - 01:20:43:18

The the formula there's a question whether we could share the formula used to determine turnover rate and vacancy rate so providers are using the same formula.

01:20:43:18 - 01:21:06:18

The surveys we have sent out, so many of you have already participated in plenty of surveys either the NCI staff stability survey, the Provider Association compensation survey that goes out, ODP has sent you, you know, surveys over the years.

01:21:06:18 - 01:21:17:18

You will be asked very specific questions with definitions in it so that you're, we're, essentially calculating, that, that, formula.

01:21:17:18 - 01:21:27:18

So, that will be, standardized either by definition or by precisely, how and what data we are collecting.

01:21:27:18 - 01:21:32:18

So you shouldn't have to worry about that.

01:21:35:18 - 01:21:46:01

I mean, when I move on here. Again, I think we'll probably have some time to come back to some of the other ones we've missed here, but I wanna make sure we get through the next set here.

01:21:48:18 - 01:21:50:07

Yes.

01:21:51:18 - 01:22:03:18

Okay, so the last set of standards that are the last set of performance measures that we'll take a look at are related to diversity, equity and inclusion.

01:22:03:18 - 01:22:20:19

And the standard that we're looking at is demonstrated commitment to enhance DEI. And we have, you know, just some examples that we've cited as, we have received input from different stakeholders about how to how to go about this.

01:22:20:19 - 01:22:41:18

So examples like line item budgets and dedicated staff and policies and procedures. Just to, spark some interest and, get your minds thinking about, how, you will demonstrate that commitment, within your organization.

01:22:41:18 - 01:22:55:18

So for the First, performance measure. This is the, the only performance measure in this set that applies to primary providers.

01:22:55:18 - 01:23:04:18

So workforce 4.1. Is submission of policy in place to address DEI for workplace.

01:23:04:18 - 01:23:18:18

So again, that applies to primary select and clinically enhanced. 4.2 to 4.5 All are only applied to our select and clinically enhanced providers.

01:23:18:18 - 01:23:29:18

So 4.2 is organization has a strategic plan that includes DEI. 4.3 is that the organization has a commitment to staff focused on DEI.

01:23:29:18 - 01:23:50:18

4.4 is that training for staff should be relevant to the employee's own culture and language. And work force 4.5 is that agency plan includes recruitment and advancement activities for staff with culturally and linguistically different backgrounds.

01:23:50:18 - 01:23:56:18

So let's go to the next slide and we'll take a look at this 1st one.

01:23:56:18 - 01:24:16:18

Okay. Very simply put, really what we would be looking for, for, this performance measure is that primary select and clinically enhanced providers submit an agency policy to demonstrate commitment to enhance DEI.

01:24:16:18 - 01:24:30:18

It's likely that many of your organizations have already addressed this. As this has become fairly standard across, you know, multiple industries.

01:24:30:18 - 01:24:34:18

Let's go to the next slide.

01:24:34:18 - 01:24:43:18

Okay, so this is, oh, this, strategic plan is applying just specifically to our select and clinically enhanced providers.

01:24:43:18 - 01:24:53:18

Just to reiterate that. So looking for, select clinically enhanced providers to complete a department, develop survey.

01:24:53:18 - 01:25:01:18

And a strategic plan outlining DEI strategies. Within their agency.

01:25:01:18 - 01:25:10:18

So, you know, when we think about strategic plans, it could be through the lens of a quality management initiative.

01:25:10:18 - 01:25:36:18

Where an agency is getting much more finite and including some specific goals and benchmarks that there that they would be looking to to obtain it or it you know it could go in and really many different directions to meet your organization's particular needs.

01:25:36:18 - 01:25:42:18

So let's go to the next slide.

01:25:42:18 - 01:25:55:22

So for this next standard, 4.3, organization has a committee, staff focused on DEI, select select and clinically enhanced providers, to complete a department survey.

01:25:55:22 - 01:26:04:18

Identifying committee focused on DEI makeup of management staff, DSPs, and individuals supported.

01:26:04:18 - 01:26:23:09

So how, are organizations, organizing to address DEI? One way, that we have identified, you know, through the residential strategic thinking work that that ODP completed

01:26:23:09 - 01:26:36:15

is that committee work that could really help organizations organize around this provide another platform for for voices to be heard and and for ideas to be shared.

01:26:38:18 - 01:26:43:18

Let's go to the next slide.

01:26:43:18 - 01:26:53:18

Workforce 4.4. Is around training. And again, this applies to select and clinically enhanced.

01:26:53:18 - 01:27:02:18

So those providers, will complete a survey outlining, their staff. Training plan for for DEI.

01:27:02:18 - 01:27:20:21

Again, likely connected back to those areas that we just talked about. Any committee work that is going on, you know, connected back to any type of plan or strategic plan that an organization is has developed or is in the process of developing.

01:27:20:21 - 01:27:24:04

Related to DEI.

01:27:24:18 - 01:27:29:18

And then lastly.

01:27:29:18 - 01:27:41:18

Next slide. Workforce 4.5 agency plan includes recruitment and advancement activities for staff with culturally and linguistically different background.

01:27:41:18 - 01:27:58:18

So for selecting clinically enhanced providers, complete survey on just that, your recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.

01:27:58:18 - 01:28:09:18

Okay, cool. Look, looks like we have, just about a half an hour left in our session, which puts us in really good.

01:28:09:18 - 01:28:17:02

Standing to get through the remainder of the questions that we haven't responded to yet.

01:28:25:10 - 01:28:36:18

Number question, Jeremy, will you catch up on these a number of questions related to timing for the survey.

01:28:36:18 - 01:28:50:18

Timing for the attestations. So a couple of timing notes here. One. Hopefully everyone saw that we published the provider agreement.

01:28:50:18 - 01:29:10:18

So you should have a copy of that. And that will be due back to us, the residential provider agreement that will be required to participate after January, the 1st as residential provider for ODP, we will need those signed and returned to us by the 31st of July.

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The survey, where we will be collecting, gathering the information that's noted here.



01:29:19:16 - 01:29:31:18

That will be published by July, the 1st and will be due back to us by July 31st same with the attestation.

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So you would have all of that. In, the month of July and we're going to be looking for all of that to be submitted back to us.

01:29:39:09 - 01:29:47:18

At the end of July. I think I hit all the timing questions related to the different documents here.

01:29:47:18 - 01:29:53:18

Now it looks like, folks are really starting to think about this and how it might apply to their organizations.

01:29:53:18 - 01:30:02:07

So we have a question, if we already have a recruitment and retention committee, could we incorporate DEI into that and meet the standard.

01:30:02:07 - 01:30:14:18

So certainly, right, we're looking to grow capacity. We're, and, you know, to, meet that standard, just simply looking at, you know, some details around that.

01:30:14:18 - 01:30:29:13

When. Another question that I think really strikes at the heart of Why? Why stakeholders and why HDP have selected DEI as something to pay attention to and something to.

01:30:29:13 - 01:30:40:18

Focus our efforts on. While DEI is important, how do we balance this with individuals we serve where cultural and language differences could be a barrier for service?

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And again, it really just drives at the heart of this. It's, about supporting, workforce.

01:30:47:18 - 01:30:56:18

It's about supporting the people that we serve. To to better understand their culture and language.

01:30:56:18 - 01:31:03:13

We know that again just thinking about the people we support and care about in this industry.

01:31:03:13 - 01:31:12:01

We know about 30% of those individuals don't have a formal communication system and we know the type of work.

01:31:12:01 - 01:31:32:18

That we really drive that to support individuals. You know the same thing should be true with our workforce, really setting up policy and practice to be able to engage them with materials and think approaches that are culturally sensitive.

01:31:32:18 - 01:31:43:08

So it, you know, that there is no Easy answer on how you balance that, but I think that's the work that we're asking, agencies to engage in.

01:31:49:18 - 01:32:14:18

Questions here related to DSPs working for multiple agencies. So there was some questions about the credentialing and who gets the count the credentialing so We will be asking, you know, as part of the reporting you will do to ODP.

01:32:14:18 - 01:32:29:18

You will be reporting the number of staff that you have credentialed we will be able to validate those data through, NADSP.

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So. Do the depending on the number of staff that you sort of share. I do think we will we may have a little bit of.

01:32:41:18 - 01:33:01:19

A visibility issue there because I presume an NADSP is only going to give us a sort of a primary or who the individual was initially associated with so you're raising a good question just about where we may We may have some folks that it might be hard to clarify.

01:33:01:19 - 01:33:05:18

If they're working for more than one agency, both of you get to count that they're credentialed.

01:33:05:18 - 01:33:11:18

They are part of your staff. You know, if you're if you're shooting for that 5%.

01:33:11:18 - 01:33:15:18

And you get, you know, few staff who are shared with other agencies and happen to be credentialed.

01:33:15:18 - 01:33:35:18

They still count for you. I think the key for us will be figuring out how if a DSP works for more than one agency, how we're making sure to, sort of validate and credit that, credentialing, is, is associated with more than one agency.

01:33:35:18 - 01:33:50:18

And certainly if any of you have suggestions, we would be happy to look at those suggestions for easy we would ideally like to do things that are easier in terms of tracking.

01:33:50:18 - 01:33:59:13

And I know some of you don't always necessarily know. Who you are DSPs work for if they're working for other agencies as well.

01:34:05:18 - 01:34:14:14

And like question timing here, providers will need to attest that they'll meet these standards effective 11 or by 7 31.

01:34:14:14 - 01:34:40:18

So your your attestations the attestations cover a lot of ground so attestations are going to be everything from I attest that the information I am providing to you related to criminal background of you know our board members, our licensing status in other states our conflict of interest that that is

01:34:40:18 - 01:34:48:18

all accurate and true. You are also going to be attesting to things that you are committing to put into place.

01:34:48:18 - 01:34:59:01

So we are going to be asking all of you to attest that you will have a system for tracking referrals and discharges in place by 11 25.

01:34:59:01 - 01:35:09:18

So the attestations really will vary. We are going to look to have the attestations returned to us by the end of July.

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But in terms of the scope of things and the time frames that the attestations cover, some of them are testing to something being accurate and true.

01:35:19:16 - 01:35:29:12

Some of them are attesting to, activities you're committed to doing, often by 11 25.

01:35:44:18 - 01:35:49:18

Just scanning through there's a lot of questions here.

01:35:49:18 - 01:36:06:18

Yeah, I just wanted to jump in and not necessarily, there's been a lot of questions, like, Deputy Secretary Ahrens just said, but, there's been a lot of questions that, really are pretty specific to the NADSP, a badge curriculum.

01:36:06:18 - 01:36:17:18

And so, I would recommend, and have called out for, couple of people as we've been answering questions as they come they've come in.

01:36:17:18 - 01:36:31:18

There is a handbook. Relative to both DSP. Credentialing and front line supervisor credentialing that is super easy to find just by a quick Google search.

01:36:31:18 - 01:36:40:18

That will answer a lot of these, very specific questions around sort of how much time does it take, to obtain.

01:36:40:18 - 01:36:51:11

An e-badge credential. Who's eligible for example there were some questions about just a DSP is eligibility.

01:36:51:11 - 01:37:05:02

There have been questions around does a front line supervisor who's seeking credentialing do they need to also complete the DSP curriculum.

01:37:05:02 - 01:37:18:18

So you can find all of those answers and I'm sure plenty more of your questions will be answered just by taking a look at that e badge handbook that is available like I said from the NADSP website.

01:37:30:18 - 01:37:39:18

Number of questions here on the DEI. Requirements and a couple of things here. There's a couple questions that kind of get at.

01:37:39:18 - 01:37:53:18

What about my geographic area? So on the one hand, that there's a question about like if my geographic, the area that I cover is essentially has a large diverse.

01:37:53:18 - 01:38:01:16

Number of ethnicities, cultures, etc. Does my plan have to address them all?

01:38:01:16 - 01:38:09:18

There's another question sort of at the other end, which was if I don't live in an area that's particularly diverse, you know, how do I handle that?

01:38:09:18 - 01:38:24:18

So this really is the submission We providers should be thinking about this, right? And we heard, when ISAC was reviewing our strategies on a qualified workforce.

01:38:24:18 - 01:38:50:18

This over this past year, one of the discussions that we had was you know, that, we have a pretty diverse workforce and, sometimes, you know, it is a matter of a provider really taking the standardized materials and delivering that in a way that's going to make sense for their particular workforce.

01:38:50:18 - 01:39:06:18

And that, you know, sometimes that, you know, having some ages sit at a computer and, view these materials isn't translating into practice with the individuals that they're supporting.

01:39:06:18 - 01:39:14:18

So this really is at a provider level. You know the communities that you're working in, you know your workforce.

01:39:14:18 - 01:39:35:18

So, you know, I think, you know, what we're looking for here is develop a policy that suits your organization, the sort of footprint, the workforce that you have, the workforce that you are attracting, come up with something that gets at these needs.

01:39:35:18 - 01:39:43:15

Another, question here was, this is really important. I suspect we'll see this in the public comments as well.

01:39:43:15 - 01:39:56:18

DEI is really important. Like you look at the workforce, that ODP has and we know the DEI is important based on the demographic data that comes back to us.

01:39:56:18 - 01:40:03:18

So. Why isn't this a requirement? Why, do we have greater requirements for select than clinically enhanced?

01:40:03:18 - 01:40:10:16

Than we do for primary. So I'm sure we'll we will see that as well in the comments that come back.

01:40:10:16 - 01:40:24:18

What I want to remind people here is that, you know, part of the balance that ODP has been trying to strike and I know some of you will say we didn't strike it the requirements are still too much.

01:40:24:18 - 01:40:36:18

Is that getting getting this off the ground is kind of trying to find a balance of how much is doable in the kind of timeframes that we're looking at.

01:40:36:18 - 01:40:44:18

So at least set a floor, you know, all agencies should be looking at this. What is my geographic footprint?

01:40:44:18 - 01:40:56:18

You know, who am I attracting into, my workforce? Am I meeting the needs of them in terms of DEI for clinically enhanced and select?

01:40:56:18 - 01:41:04:18

All these standards are a little bit higher. We're expecting a little bit more. in almost, you know, all regards related to performance for select and clinically enhanced.

01:41:04:18 - 01:41:12:05

So in this case, We don't just want that policy. We wanna see what's your strategic plan.

01:41:12:05 - 01:41:19:04

We're gonna see that you've got kind of agency organization that is dedicated to supporting this work.

01:41:19:04 - 01:41:27:18

We want to see that you've got, you know, the, training that's relevant on its specific training is relevant to culture and language.

01:41:27:18 - 01:41:36:01

So, and that you're looking at advancement within your organization. Again, this is something we can see in, DEI.

01:41:36:01 - 01:41:42:18

We know this from surveying that's been done in pencil, sorry, not from DEI, from NCI.

01:41:42:18 - 01:41:53:18

When we, can see that we have, you know, workforce that is, largely made up of minorities in terms of race.

01:41:53:18 - 01:42:14:18

At the DSP level when you get into upper management we're not seeing that as an organization is that something that applies in your organization or have you already surpass that to make sure that those DSPs have that opportunity for advancement all the way to the top of your organization.

01:42:14:18 - 01:42:23:13

And, you know, if not, what does that look like? How are you addressing it? So, you know, this is part of setting that foundation for continuous quality improvement.

01:42:23:13 - 01:42:30:18

This is an area we've got to focus on and at least, you know, getting, our foot in the door to get that started.

01:42:30:18 - 01:42:35:06

But really, really appreciate the question and thoughtful comments on this.

01:42:37:14 - 01:42:44:05

Alright, I'm gonna keep reading somebody else wanna jump in and answer some here.

01:42:49:16 - 01:42:57:16

I'll take a, question. There's a question around, NADSPs, capacity.

01:42:57:16 - 01:43:06:01

So I'll take a this opportunity to kind of talk a little bit about the conversations and the direction that we're going.

01:43:06:01 - 01:43:19:16

You know, clearly this is an investment of time and energy, at all levels, it's an investment most directly for our residential providers.

01:43:19:16 - 01:43:25:06

And again, we're hopeful that, it is, it is fruitful for, for your organization.

01:43:25:06 - 01:43:38:18

In addition, you know, this is going to be additional work and capacity for the office. And likely, counties as well as, for NADSP itself.

01:43:38:18 - 01:43:55:16

So a question around infrastructure. One of the stopgap measures or the steps that ODP is taking in the short run is to try to identify ODP staff.

01:43:55:16 - 01:44:08:16

That will really lead these efforts statewide to provide some support and technical assistance to providers. As they're exploring.

01:44:08:16 - 01:44:21:16

Plans and developing their plans, as, as well as, working back with NADSP, you know, for example, we're kind of picking this off as like one off.

01:44:21:16 - 01:44:30:16

At the moment. So for example, in, one of our pre, in our last session on the 3rd I think there was a question.

01:44:30:16 - 01:44:41:16

Maybe this was during a public comment session that, you know, NADSP only works with agencies that have either 20 or 25.

01:44:41:16 - 01:44:57:16

DSPs. So, you know, we were able to link that provider directly with an NADSP and, and those concerns were being addressed and that provider was being supported, to kind of move that forward.

01:44:57:16 - 01:45:10:12

So There will be. Support. In the future state for providers as they navigate in a NADSP.

01:45:12:16 - 01:45:27:16

Questions here about program specialists. I think, yeah, some trying to sort kind of the difference between program specialists and front line supervisor.

01:45:27:16 - 01:45:53:16

So I, you know, I think for smaller agencies, and I'm, please, you know, type, type in, for those of you who feel that I don't, I don't have this right, but I think program specialists is defined in regulation in

our licensing regulations we also have you know site stepping ratios of individuals program specialists there's a lot

01:45:53:16 - 01:46:08:16

of very specific responsibilities for program specialists. I suspect in some smaller agencies you have people who are, fulfilling more than one role, the program specialist and frontline supervisor.

01:46:08:16 - 01:46:21:06

In in the houses if they are performing the function of a frontline supervisor, then in that case, we would want to see them going through front line supervisor, training.

01:46:21:06 - 01:46:28:16

We would want to see them going through that credentialing so that they are effective in supporting those DSPs.

01:46:28:16 - 01:46:44:16

There's another question here related to program specialists, which was something along the lines of, a program specialists shared between agencies and the effectiveness of those.

01:46:44:16 - 01:46:56:16

I guess I would concur with the assessment that, for the, I guess, more of a comment than a question, for agencies that are sharing programs specialists among themselves.

01:46:56:16 - 01:47:06:20

I would also, be concerned about the effectiveness, but I think, it's not necessarily something we've addressed in performance based contracting.

01:47:06:20 - 01:47:24:16

I think we would probably be more likely to see. Performance coming out in things like some of the outcomes that we're looking at if there are ineffective program specialists but that is not an area that we've we've addressed in terms of credentialing.

01:47:24:16 - 01:47:34:16

Or, sort of expectations in, terms of, the ability to, share program specialists across agencies.

01:47:36:16 - 01:47:43:02

Lot of very specific questions Jeremy about an ADSP and seats. Give some suggestions, Jeremy, about any DSP and seats.

01:47:43:02 - 01:47:49:16

Give some suggestions here. I know some of the associations have had an NADSP in recently.

01:47:49:16 - 01:47:59:02

Do a good resource to, if we haven't shared it already, that we can share so people have a sense of the, process with them.



01:48:00:19 - 01:48:11:16

Yeah, I'm wondering if we could reach out to NADSP in either invite that in to do kind of a general orientation.

01:48:11:16 - 01:48:24:16

And kind of open that up to all of our providers or they presented at everyday lives this year back in January.

01:48:24:16 - 01:48:34:16

Capturing that slide deck and being able to share that widely. So, you know, let us, organize a little bit around that.

01:48:34:16 - 01:48:46:16

And to that, and Jeremy, there's actually a question about capacity for NADSP and that that is also a question concern that's come up.

01:48:46:16 - 01:48:53:19

It's actually something we talked with NADSP about. And I think we're, you know, we have an agreement with them.

01:48:53:19 - 01:49:00:16

We are organizing around some additional support for providers, related to NADSP credentialing.

01:49:00:16 - 01:49:10:16

So, I think stay tuned on that, but I think we've got something worked out that will be helpful in that regard as their agency certainly grows.

01:49:10:16 - 01:49:19:16

We are not the only state, we're one of probably 2 states that's, sort of rapidly growing our, credential staff.

01:49:19:16 - 01:49:26:24

No, kind of quick ish question here. I think, is there an option to not be credentialed?

01:49:26:24 - 01:49:40:21

Or is it mandated across the board? You have an option to not credential staff, but I would advise you as part of your business plan as a residential agency.

01:49:40:21 - 01:50:00:16

That the commonwealth is moving toward credentialing we want composite competency based credentialing we want a career ladder for DSPs we want to see DSPs 1 2 3 as a Commonwealth we want to be able to attach you know wage skills to those different credentials.

01:50:00:16 - 01:50:10:17

So if you are not preparing for that as a future for your agency, I think you're gonna, you might be, you might find yourself in a tough spot.

01:50:10:17 - 01:50:29:16

Years from now. And I think you've probably already heard some of the other agencies already talking about, you know, concern that, you know, a DSP with the credential is going to be something very desirable for other agencies to hire so you certainly it is not mandated at this point.

01:50:29:16 - 01:50:53:22

I think it's probably going to be some time before we are mandating it. But I would just advise if you have a board or you are, you know, sole proprietor LLC that you really think about your long-term business strategy here because the our system is moving toward credentialing.

01:51:08:19 - 01:51:11:16

Trying to work through through these Jeremy. Okay.

01:51:11:16 - 01:51:17:20

Hey, same. Yeah. Typing a few and. Thinking about responding to others.

01:51:17:20 - 01:51:24:16

So just confirmation having an NADSP come in and present to providers would be very helpful.

01:51:24:16 - 01:51:31:04

So thank you for that feedback. We will. We'll organize around that.

01:51:37:16 - 01:51:54:22

So this is, this is a question not specific to credentialing. This is just generally about ODP, and what we are committing to the federal government in terms of the B 4 application.

01:51:54:22 - 01:52:06:16

And to review kind of high level here when. When a state elects to use the B for selective contracting waiver.

01:52:06:16 - 01:52:14:16

One of the things that we have to do is commit to the federal government how we are assuring access.

01:52:14:16 - 01:52:23:21

And you know, some of the things that ODP has said is we're going to look at the, we're gonna look by geography.

01:52:23:21 - 01:52:33:16

How many providers that we have spread across geography to make sure they're sort of enough residential homes.

01:52:33:16 - 01:52:48:16

And enough capacity residential capacity. Statewide so that's 1 thing we'll be looking at one of the other things that we'll be looking at is how many days on average people wait for residential service.

01:52:48:16 - 01:53:07:08

So from that referrals are out there from the day that a provider accepts that person is service to the day they are served is another measure we have said to the federal government that we will assure access within 90 days for residential rehabilitation, 180

01:53:07:08 - 01:53:21:16

days. For, supported living and life sharing because we know those situations tend to take a little more, individualized planning, you know, matching with a life share, securing an apartment, with someone's income.

01:53:21:16 - 01:53:35:16

So those are other standards. We have also said that we will be watching utilization data. So we will overall watch our, utilization data across the Commonwealth.

01:53:35:16 - 01:53:46:23

So we'd be watching that on aggregate. We can obviously drill down. And this is something that we can do through our quality assessment and improvement process.

01:53:46:23 - 01:53:54:23

And then we can intervene if we have issues with utilization, we can intervene at a provider level.

01:53:54:23 - 01:54:01:23

We can intervene at an AE level, to be able to do that.

01:54:04:16 - 01:54:13:16

It's not gonna take an opportunity, to take a little, Calculator risk care with with our audience.

01:54:13:16 - 01:54:26:16

So we have a question about workforce 4.4 and the question is ODP going to offer training and other languages, specific to like medication, administration.

01:54:26:16 - 01:54:47:05

So, you know, in the spirit of this work around performance based contracting, really the intent is to, you know, raise all votes by raising, I think that there are plenty of opportunities for the Office of Developmental Programs to enhance how we're offering training.

01:54:47:05 - 01:54:59:16

You know, and more specifically to, to language. As new technologies have come on board, I think that there are going to be

01:54:59:16 - 01:55:08:17

More direct ways for us to do this. In some of our more, Pro traditional ways of translation.

01:55:08:17 - 01:55:19:10

They're, usually time consuming and costly. I think with the use of artificial intelligence and and some other technologies that we're gaining access to.

01:55:19:10 - 01:55:36:16

We very well may be able to do some more real time translation. For example, we have made the transcript for, our session, that was held our preparedness summit session that was held on the 3rd

01:55:36:16 - 01:55:45:16

And other languages and we likely will do that for for each of these sessions. We know that you have.

01:55:45:16 - 01:55:57:23

Staff that need to understand this information that we're sharing around performance based contracting. So it is a very small step in trying to use the technology.

01:55:57:23 - 01:56:09:16

We have available to us and kind of kind of walking the walk a bit as we provide information in other languages.

01:56:09:16 - 01:56:19:16

Okay, providing a time check, just to wonder if you're gonna take another question or 2 or perhaps offer closing comments.

01:56:19:16 - 01:56:26:24

Oh, I'm gonna quick too. Deputies prerogative here. There was a question.

01:56:26:24 - 01:56:50:03

Do workforce 0 1 0 3 and workforce. A 1 0 4 overlap They they do in that the only way that we will be able to know if the standard 4 4 is met, that a provider has increased the percentage is if we have baseline data.

01:56:50:03 - 01:56:59:16

So we're going to need all providers to give us that reporting. Where are you today on 7 1? How many DSPs do you have credentialed?

01:56:59:16 - 01:57:23:16

How many frontline supervisors do you have credentialed so that when we go and we are looking at data in December of 26, that we, that we have, sorry, December of 25 that we know what the how what that percentage increase is we won't know that unless we collect that data upfront.

01:57:23:16 - 01:57:33:16

So those 2 are very much related. We will need all providers to, give us that reporting so that we have that comparative data.

01:57:33:16 - 01:57:44:16

One here is, someone just noted that you know they've done staff credentialing in the past and it's not easy, the process isn't easy.

01:57:44:16 - 01:58:05:04

It isn't. This is, competency-based training. If you listen to the folks at NADSP, you know, they will share that literally every DSP that is credentialed is an outcome because that's kind of the process of the competency credentialing.

01:58:05:04 - 01:58:22:16

And we concur with that. It is not easy. None of this is easy. But the credentialing process is really a lift and it's a lift and that we're not just asking you to even do this sort of in isolation, but we're saying.

01:58:22:16 - 01:58:30:24

Think about how you embed this in your agency. How do you embed it in your practice so that you've got front line supervisors reinforcing everything.

01:58:30:24 - 01:58:46:10

At that level, the DSP level in your residential homes and out in the community with folks that you have your specialists and other management reinforcing what the frontline supervisors have learned and are doing with the DSPs at that level

01:58:46:10 - 01:58:54:16

that you've really built into your organizational structure and culture, all the support that is needed to do this.

01:58:54:16 - 01:59:06:16

So no, this is a heavy lift. We do not question that we see that we understand it, but to stabilize our workforce to get at the kind of quality that individuals deserve.

01:59:06:16 - 01:59:17:16

The kind of competencies that they should have in all of these residential homes. We've, structured this financially, to be supportive of this.

01:59:17:16 - 01:59:30:16

We think that we've, you know, laid this out in a time frame that is reasonable to achieve, in terms of that 5% increase at 10% increase, primary providers just, you know, what, what is your plan?

01:59:30:16 - 01:59:44:16

We'll get some, certain performance, some paper performance to help support this. The idea is let's slowly and thoughtfully start building structure around credentialing, but appreciate this this is a lift.

01:59:44:16 - 01:59:53:16

It is absolutely lift and it is a lift that we think will pay off over time. And certainly our providers that have been doing this.

01:59:53:16 - 02:00:04:16

Have some pretty good evidence that that is the case so I would really encourage you to just start thinking about how you structure and embed this.

02:00:04:16 - 02:00:14:16

This isn't, this isn't simply a requirement, you know, you contract and get the staffing then it really is something that your agency will have to support on the whole.

02:00:14:16 - 02:00:21:16

So, appreciate the comment and the question and, everybody's engagement today.

02:00:21:16 - 02:00:27:05

And we will see you again on Wednesday. All right. Thanks everybody.