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00:00:10:05 - 00:00:12:05
Good afternoon and welcome to the Provider

00:00:12:05 - 00:00:15:05
Preparedness Summits for Performance based Contracts.

00:00:15:05 - 00:00:20:15
This is the third of four sessions
providing details on all proposed performance standards

00:00:21:01 - 00:00:24:13
for performance based contracting for residential services.

00:00:24:24 - 00:00:27:24
Today's session is scheduled for 2 hours.

00:00:28:04 - 00:00:31:16
The format for today's session is an ODP lead presentation

00:00:31:22 - 00:00:34:22
that will allow for scheduled Q&A breaks.

00:00:34:22 - 00:00:39:12
Participants are encouraged
to type your questions into the Q&A at any time.

00:00:39:12 - 00:00:42:12
During the presentation, ODP staff

00:00:42:12 - 00:00:45:12
will be responding to questions submitted through the Q&A.

00:00:45:19 - 00:00:50:18
Due to the large audience, audience
size will not be opening microphones during the session

00:00:53:24 - 00:00:56:24
and just kind of put something in the chat.

00:00:59:09 - 00:01:00:14
A copy of ODP's

00:01:00:14 - 00:01:05:08
opening presentation is available for download
using the link that was just placed into the chat.

00:01:05:19 - 00:01:10:11
Also in the chat is a link to the course
where the recording of these sessions will be posted.

00:01:11:01 - 00:01:14:03
Today's session will be recorded and posted to my ODP

00:01:14:06 - 00:01:17:06
and available after three business days.

00:01:17:15 - 00:01:20:02
Today's ODP presentation presenters

00:01:20:02 - 00:01:23:02
are Deputy Secretary Kristin Ahrens.

00:01:23:05 - 00:01:26:05
Dr. Gregory Cherpes, Medical Director

00:01:27:01 - 00:01:30:22
Tara Giberga,
Director, Quality Assurance and Risk Management

00:01:31:10 - 00:01:34:10
and Jarred Ebert, Statewide Transition Coordinator.

00:01:38:24 - 00:01:41:24
And Kristin, you may begin.

00:01:42:06 - 00:01:47:03
All right, thanks, Karen, and welcome
everybody to our third of the summits.

00:01:47:09 - 00:01:51:23
I'm just going to do a reminder here

at the top of the session

00:01:52:13 - 00:01:55:22
that what we're going to be going through
today is still based.

00:01:55:22 - 00:01:58:04
We have not made any alterations yet.

00:01:58:04 - 00:02:02:15
We are still working through
a pretty good volume of public comment.

00:02:02:15 - 00:02:07:08
We do expect that we will have some changes,
but everything that we will be covering

00:02:07:08 - 00:02:10:09
today is still based on what was proposed.

00:02:11:02 - 00:02:13:19
You can go ahead to the next slide here Karen.

00:02:15:09 - 00:02:18:03
And so today is a very low today.

00:02:18:03 - 00:02:20:21
We've got quite a few of the measures here.

00:02:20:21 - 00:02:25:23
So we're going to be going through risk management,
the sections specific to health risk screening.

00:02:26:11 - 00:02:29:12
We're going to be going through the quality
improvement measures,

00:02:30:02 - 00:02:35:07
all of the complex needs, dual diagnosis and the medical,

00:02:35:13 - 00:02:39:23
the clinical sorry, the clinical and the medical for complex

00:02:39:23 - 00:02:43:14
needs from some of the public comment and feedback.

00:02:43:24 - 00:02:46:19
I suspect this is an area where we may have

00:02:46:19 - 00:02:49:19
quite a bit of dialog and discussion.

00:02:50:03 - 00:02:55:00
I do want to say I think, you know, the last two sessions,
for those of you who participate here,

00:02:55:01 - 00:02:59:15
which I hope is all of you, we had quite a bit of time

00:02:59:15 - 00:03:02:20
kind of in between each section to do some Q&A.

00:03:03:06 - 00:03:08:13
If we are running short on time
and we're not giving sort of enough time and giving this

00:03:10:00 - 00:03:12:08
the the attention that it needs,

00:03:12:08 - 00:03:17:15
we will move some of these if we don't get to everything,
we will move it to the next session.

00:03:18:05 - 00:03:22:09
So regardless, you know, hopefully we won't have to do that.

00:03:22:09 - 00:03:25:17
But it is possible depending on the volume of questions

00:03:25:17 - 00:03:28:17
that we may have to move some things to next time.

00:03:29:08 - 00:03:31:21
And with that, go to the next slide.

00:03:31:21 - 00:03:35:14
But I'm pretty sure I am turning it over to Dr.

00:03:35:14 - 00:03:36:21
Tripp's at this point.

00:03:36:21 - 00:03:37:05
All right.

00:03:37:05 - 00:03:40:05
Thanks, everybody.

00:03:42:05 - 00:03:43:09
Thank you, Christine.

00:03:43:09 - 00:03:44:19
And good afternoon, everybody.

00:03:44:19 - 00:03:47:03
Thank you for joining today.

00:03:47:03 - 00:03:49:01
It's real pleasure to be here.

00:03:49:01 - 00:03:52:13
And also to be starting this off with risk management.

00:03:52:13 - 00:03:55:16
You know, as a physician, I've always been clear that

00:03:55:24 - 00:04:00:03
risk management is part of good quality health care.

00:04:00:03 - 00:04:05:20
And these measures are going to help to reinforce,
we hope, the use of tools

00:04:05:20 - 00:04:09:22
to help to ensure the health and wellness of recipients

00:04:10:05 - 00:04:14:24

and the three of the three performance measures
that we're going to be talking about. Our

00:04:16:19 - 00:04:22:00
a current HRST is in place for all individuals,
including applicable assessments

00:04:22:14 - 00:04:25:04
as indicated by the HRST protocol,

00:04:25:04 - 00:04:28:13
and this will apply to all three tiers primary through

00:04:29:14 - 00:04:32:14
clinically enhanced providers collect data on

00:04:33:19 - 00:04:37:04
calendar year 2025 HEDIS measures

00:04:37:15 - 00:04:41:06
as well as to demonstrate
the use of data and recommendations

00:04:41:06 - 00:04:44:10
to improve individual health outcomes.

00:04:44:15 - 00:04:50:09
Now, these last two areas are applicable to select providers
and enhance providers.

00:04:50:09 - 00:04:56:12
So let's take a little closer look at what
each of these indicate and go to the next slide.

00:04:56:12 - 00:04:58:09
Please.

00:04:58:09 - 00:05:00:11
So for the first measure,

00:05:00:11 - 00:05:04:16
the current health screenings in place for all individuals,

00:05:05:06 - 00:05:08:11
as indicated by the HRST Protocol here,

00:05:09:07 - 00:05:13:05
the process is that the provider will complete the health
risk screening tool

00:05:13:05 - 00:05:16:05
for each individual receiving residential service

00:05:16:18 - 00:05:19:18
with the provider for at least three months.

00:05:20:06 - 00:05:24:05
The HRST for each individual
being served will remain current,

00:05:24:12 - 00:05:27:14
meaning that there has been an initial screening
or an updated

00:05:27:14 - 00:05:30:16
screening within the past 365 days.

00:05:30:16 - 00:05:33:23
That is the minimum requirement to remain current

00:05:34:13 - 00:05:37:24
If the clinical review component of the HRST is required,

00:05:37:24 - 00:05:42:12
meaning that a person scored three or higher on their health

00:05:42:12 - 00:05:45:12
care level in the screening

00:05:45:16 - 00:05:50:05
that the clinical review must be completed For
that HRST to be considered.

00:05:50:05 - 00:05:50:15

Current

00:05:51:20 - 00:05:54:15
providers will be able to access this data

00:05:54:15 - 00:05:58:21
for their own residents through a standard report

00:05:58:21 - 00:06:02:19
available in HRST by going to the Standard Report menu

00:06:03:09 - 00:06:06:09
and on the person's service

00:06:06:14 - 00:06:08:09
page,

00:06:08:09 - 00:06:12:03
the pathway is to go then from the person served.

00:06:12:18 - 00:06:15:09
They'll be a standard report.

00:06:15:09 - 00:06:21:08
You drop down from there as compliance
and then a report called Record Activity with Provider.

00:06:21:14 - 00:06:26:21
This is a standard report that was created
just for ODP and it will

00:06:27:11 - 00:06:31:19
or for Pennsylvania
and it will show a record activity report

00:06:32:08 - 00:06:36:08
with the name of the individual,
their health care level provider name

00:06:36:23 - 00:06:43:11
that the SCO of the last health care
screening to health for screening update

00:06:43:19 - 00:06:46:24
last medication update and the last diagnosis update.

00:06:47:12 - 00:06:52:08
Any time a blank value comes up in one of those fields,
it means that has not been updated.

00:06:52:13 - 00:06:54:20
It's not been recorded or updated.

00:06:54:20 - 00:07:00:09
ODP will use the this data, set this this information

00:07:00:17 - 00:07:03:16
and we will look at a review of data

00:07:03:16 - 00:07:06:22
that we pool on June 30th, 2024.

00:07:07:05 - 00:07:10:13
This is not a pay for performance measure.

00:07:11:08 - 00:07:14:02
I just want to look very quickly at some data.

00:07:14:02 - 00:07:16:20
As we have seen in the past.

00:07:16:20 - 00:07:18:11
On the next slide, please.

00:07:20:21 - 00:07:23:00
This shows that of the

00:07:23:00 - 00:07:25:22
14,313 individuals

00:07:25:22 - 00:07:29:10
eligible for screening at the time,
this was pulled in April on

00:07:29:12 - 00:07:33:05
13,421, had been screened

00:07:33:14 - 00:07:37:03
and there were close to 300 that were being updated

00:07:37:03 - 00:07:40:22
and a little over 200 that had never been screened.

00:07:41:05 - 00:07:45:21
Now, I can
I can say that the numbers for June look pretty similar.

00:07:45:21 - 00:07:50:16
I don't have a graph for that,
but it is overall pretty similar.

00:07:51:08 - 00:07:54:08
So we can go on to the next slide.

00:07:55:16 - 00:07:59:03
This looks at screening compliance,
the total screenings with a health care

00:07:59:03 - 00:08:04:04
level of three or greater, almost 8000 individuals.

00:08:04:13 - 00:08:07:22
The total records are not updated in 365 days.

00:08:07:22 - 00:08:14:02
So this is a key component here, 2267 as of April 24th.

00:08:14:08 - 00:08:19:10
Happy to say that that number has decreased
by about 400 by the beginning of June.

00:08:19:10 - 00:08:24:04
So it's now less than under 2000 individuals

00:08:24:04 - 00:08:28:19
not updated in 365 days and had a health care level of three

00:08:28:19 - 00:08:33:07
or greater, close to 1000 in
that these are people who are at higher risk.

00:08:33:07 - 00:08:35:21
So what they want to make sure people are focusing on

00:08:36:21 - 00:08:38:09
staying up to date here

00:08:38:09 - 00:08:41:24
and then folks that had health care level of three
or greater

00:08:42:04 - 00:08:46:19
or greater than three, rather, and no clinical review
and not update

00:08:47:19 - 00:08:50:20
365 days of 125.

00:08:50:24 - 00:08:53:24
Again, these are areas of concern.

00:08:54:02 - 00:08:56:03
Going on to the next slide, please.

00:08:56:03 - 00:09:00:17
And finally, just a quick look at the number of providers

00:09:01:09 - 00:09:04:10
who do not have either a rater or a screener.

00:09:07:11 - 00:09:11:24
So no rater is 27 providers.

00:09:13:07 - 00:09:17:16
There are no providers with no review or there were 47.

00:09:17:24 - 00:09:21:01
And then the overlap there is 23.

00:09:21:09 - 00:09:25:03
So 23 providers had neither a a rater

00:09:25:04 - 00:09:28:04
or a clinical reviewer.

00:09:32:00 - 00:09:33:05
Okay, So we're going to go on

00:09:33:05 - 00:09:38:18
and look at the next of the measures, which again
applies only to select and clinically enhanced providers

00:09:39:19 - 00:09:43:01
to collect data in the calendar year 2025.

00:09:43:07 - 00:09:48:00
This measure related to access
to preventative and ambulatory care.

00:09:48:18 - 00:09:53:03
So this measure will be looking at individuals years

00:09:53:09 - 00:09:58:00
20 and older to be in line with the highest measure

00:09:59:04 - 00:10:01:19
and that they will have had access

00:10:01:19 - 00:10:05:18
to an ambulatory
or preventive care visit during the measurement year.

00:10:06:01 - 00:10:09:05
And the denominator here that would be looking at
is all the individuals

00:10:09:05 - 00:10:12:09
20 years of age and older who are served by the provider.

00:10:12:18 - 00:10:15:18

And the numerator is the number of individuals,

00:10:16:02 - 00:10:19:02
20 years of age or older who are served by the provider

00:10:19:02 - 00:10:22:02
who had an ambulatory or preventative

00:10:22:04 - 00:10:24:22
care visit in the past calendar year

00:10:24:22 - 00:10:29:00
plus 30 days of the we will use

00:10:30:03 - 00:10:33:05
the Medicare and Medicaid claims data and encounter data

00:10:33:17 - 00:10:36:23
based on the appointment codes

00:10:37:12 - 00:10:41:22
referred to as CPT codes or there's no type of CPCs

00:10:42:11 - 00:10:46:23
less commonly used, but we will use those codes now.

00:10:47:13 - 00:10:53:07
I didn't want to write out all of these names here,
but you can look these up what they

00:10:53:20 - 00:10:58:01
to what they are with a website that's CPT lookup codes.

00:10:59:10 - 00:11:01:13
But suffice it to say that

00:11:01:13 - 00:11:05:09
these represent the range of ambulatory

00:11:06:00 - 00:11:08:22
and preventative care appointments that a person

00:11:08:22 - 00:11:11:22
can be coded for with their appointment.

00:11:12:06 - 00:11:14:10
So it's a very broad

00:11:14:10 - 00:11:16:03
range.

00:11:16:03 - 00:11:19:19
This also is not a pay for performance measure.

00:11:21:09 - 00:11:23:22
We'll go on to the next to the final of the

00:11:23:22 - 00:11:29:13
I'm sorry, there's again,
just to sort of get a sense here of the importance

00:11:29:21 - 00:11:35:13
individuals with hypertension, 28% of individuals in HRST

00:11:35:14 - 00:11:38:15
who had diagnosis codes, diagnoses entered

00:11:40:09 - 00:11:43:14
a diagnosis of hypertension for diabetes.

00:11:43:19 - 00:11:48:04
15% of individuals had some type of diabetes

00:11:48:04 - 00:11:52:01
listed as an enter diagnosis in HRST.

00:11:53:05 - 00:11:55:06
As of May,

00:11:55:06 - 00:11:57:23
I took the next slide

00:11:57:23 - 00:12:00:04
and finally,

00:12:00:04 - 00:12:02:24
the measure is to prevent demonstrate use of data

00:12:02:24 - 00:12:06:13
and recommendations to improve individual health outcomes.

00:12:06:17 - 00:12:09:14
And as we'll see with the next quality improvement

00:12:09:14 - 00:12:14:22
measures, these are connected to the next set of data,
but by use of a provider, survey

00:12:15:14 - 00:12:18:01
will describe the use of data

00:12:18:01 - 00:12:22:18
and recommendations from available sources,
including HRST and data,

00:12:22:18 - 00:12:27:17
and the recommendations
generated by HRST to improve health outcomes.

00:12:28:04 - 00:12:31:12
The provider survey will detail the types of data used

00:12:31:16 - 00:12:35:08
as well as the manner in which the data has been applied

00:12:35:15 - 00:12:38:21
in pursuit of improved health outcomes.

00:12:39:05 - 00:12:44:15
Know that given that's a very broad statement
and is intentionally so, to really give

00:12:44:15 - 00:12:50:05
a lot of latitude here
as to what the providers may choose to look at

00:12:50:13 - 00:12:54:14
as we go into the quality improvement measures

00:12:55:15 - 00:12:57:19
and and get more

00:12:57:19 - 00:13:00:19
in-depth with that in just a moment.

00:13:01:20 - 00:13:03:20
Take a moment now here,

00:13:03:20 - 00:13:08:01
just to say that this would be provided by a survey

00:13:08:01 - 00:13:11:01
and this is not a pay for performance measure.

00:13:17:11 - 00:13:18:05
Okay.

00:13:18:05 - 00:13:20:06
So we have a moment for some questions.

00:13:20:06 - 00:13:22:02
It looks like

00:13:22:02 - 00:13:25:02
the deputy is going to answer a few of these questions.

00:13:27:03 - 00:13:31:06
I'm going to answer a few
and I'm going to volunteer you to answer one of them.

00:13:31:06 - 00:13:34:06
But okay,

00:13:34:15 - 00:13:36:05
there's a number of questions

00:13:36:05 - 00:13:40:05
about the the essentially the applicable assessments.

00:13:40:20 - 00:13:45:08
And so I will I dropped it in the answer pane,

00:13:45:08 - 00:13:48:08
but let me put it in the chat as well.

00:13:48:08 - 00:13:52:24
The HRST protocol outlines all of the assessment.

00:13:52:24 - 00:13:55:23
So I will drop the document in there.

00:13:55:23 - 00:13:56:07
But Dr. Cherpes

00:13:56:07 - 00:14:00:20
do you want to walk through
what the basic outline is for the applicable assessments

00:14:01:13 - 00:14:04:23
and the A-plus assessments cycle for HRS?

00:14:05:24 - 00:14:07:09
Sure.

00:14:07:09 - 00:14:09:21
So, again, this is all contained

00:14:09:21 - 00:14:13:07
within the Pennsylvania protocol for HRST,

00:14:13:07 - 00:14:16:16
which was last updated in November of 2022.

00:14:17:14 - 00:14:22:02
And it requires that individuals
who are served by a provider

00:14:23:02 - 00:14:25:19
through waiver funding

00:14:25:19 - 00:14:29:03
receive a health risk screening tool

00:14:30:10 - 00:14:32:13
that the the

00:14:32:13 - 00:14:38:11
the measure here says within the first three months
for people who have served for three months or more,

00:14:38:11 - 00:14:42:08
I guess is a better way of saying
that they need to be screened now

00:14:42:22 - 00:14:46:24
once the first health screening is performed,

00:14:46:24 - 00:14:50:20
a health care level is generated, 22 questions are answered.

00:14:51:02 - 00:14:54:14
Those the responses to those questions generate
a health care

00:14:54:14 - 00:14:58:19
level of one through six Individuals who score a three

00:14:58:19 - 00:15:02:23
or higher are required to have a clinical review performed,

00:15:03:03 - 00:15:06:20
which is a review that must be performed by a nurse.

00:15:07:08 - 00:15:09:24
And a nurse has either employed

00:15:09:24 - 00:15:13:08
or contracted by the provider or the intellect ability.

00:15:13:08 - 00:15:17:00
The owner of that HRST can provide

00:15:17:01 - 00:15:20:01
nurses to perform that clinical review for a charge.

00:15:20:01 - 00:15:23:15
So everybody who has three or higher must have a

00:15:24:08 - 00:15:27:01
a clinical review performed.

00:15:27:01 - 00:15:29:11
Then at a minimum to to remain

00:15:29:11 - 00:15:32:15
up to date, an individual has to be there.

00:15:32:15 - 00:15:37:16
Screening has to be updated within one year, 365 days time

00:15:38:00 - 00:15:40:18
or in the event of various trigger

00:15:40:18 - 00:15:44:12
events such as hospitalizations,

00:15:44:19 - 00:15:50:13
injuries, significant new medication
changes, significant new diagnoses.

00:15:50:19 - 00:15:54:12
There's a list of them in the protocol,
and it isn't an all inclusive list.

00:15:54:17 - 00:15:58:04
Anything that is suggestive of a significant change

00:15:58:10 - 00:16:02:00
should be followed by an update in HRST.

00:16:02:12 - 00:16:05:12
And I will say that although not yet

00:16:06:02 - 00:16:09:24

down the road,
we look forward to sort of being able to match

00:16:11:08 - 00:16:12:23
data, encounter data with

00:16:12:23 - 00:16:17:01
hospitalizations and updates in HRST.

00:16:17:01 - 00:16:21:12
But for the first round, we will be looking at updates

00:16:21:12 - 00:16:24:12
within the calendar year.

00:16:28:06 - 00:16:32:06
Now, there was one other one
I can grab while you want to take a look

00:16:32:06 - 00:16:35:24
at the other questions coming in, there were questions

00:16:35:24 - 00:16:39:14
about whether or not ODP will be providing

00:16:40:00 - 00:16:42:23
pulling the data for the heat list measures
or whether that is

00:16:42:23 - 00:16:45:23
the responsibility of providers.

00:16:46:00 - 00:16:48:23
You'll see today we're going to go through

00:16:48:23 - 00:16:52:01
there's three different measures that include

00:16:52:13 - 00:16:55:06
heat wear, referencing heat as measures.

00:16:55:06 - 00:16:59:16

So this one and then two of them related to follow up
care post inpatient care,

00:17:00:15 - 00:17:02:24
and we will be pulling those data.

00:17:02:24 - 00:17:06:20
So we have access to Medicare and Medicaid claims data

00:17:07:15 - 00:17:09:23
and we will be pulling all of those.

00:17:09:23 - 00:17:12:02
You will not have a responsibility to do that.

00:17:15:16 - 00:17:16:24
A question comes in Does this

00:17:16:24 - 00:17:21:20
mean that based individuals
won't count for anything for performance based contracting?

00:17:22:00 - 00:17:23:08
The answer to that is no.

00:17:23:08 - 00:17:28:18
As we'll talk about moving forward,
there are a number of measures here that involve

00:17:28:24 - 00:17:34:08
wellness activities
that are not reliant on participation in HRST

00:17:37:10 - 00:17:38:00
occasionally.

00:17:38:00 - 00:17:43:06
Most recently yesterday we have consolidated
wade for individuals dropped off our HRST

00:17:43:06 - 00:17:45:01
list completely.

00:17:45:01 - 00:17:47:01
How do we get them added back?

00:17:47:01 - 00:17:49:01
We know that that does occur.

00:17:49:01 - 00:17:52:01
That most likely occurs when a

00:17:52:13 - 00:17:55:10
an isp is open for revision

00:17:55:10 - 00:18:00:15
and at the time that the data is pulled
that the ISP is still open

00:18:00:15 - 00:18:05:02
so it doesn't load into the HRST system.

00:18:05:09 - 00:18:07:22
We're looking at ways at

00:18:07:22 - 00:18:11:22
becoming more efficient
in getting folks back on once they drop off.

00:18:11:22 - 00:18:15:03
So they should be back on with the next update.

00:18:15:24 - 00:18:18:08
But we do recognize that as an issue

00:18:18:08 - 00:18:22:13
that is continuing to get attention on a resolution.

00:18:25:16 - 00:18:28:19
Are the assessments answering the reading areas?

00:18:28:19 - 00:18:31:19
And HRST, this sounds like, okay, I'm sorry.

00:18:31:19 - 00:18:34:19
Yes, I think we did answer that question.

00:18:37:01 - 00:18:40:01
We should probably move on to the next section.

00:18:40:01 - 00:18:43:19
And given how much we've got to cover,
we'll keep we'll try to answer these

00:18:44:02 - 00:18:47:02
by typing them in.

00:18:47:10 - 00:18:50:21
Yes. And I will also circle back after I'm done speaking

00:18:50:21 - 00:18:55:06
and to answer some questions that that process
I trouble doing both at the same time.

00:18:55:10 - 00:18:58:07
So next we're going to go through the quality

00:18:58:07 - 00:19:02:14
of one of the quality improvement
measures set that have to do

00:19:02:14 - 00:19:07:11
with a demonstrated commitment
to wellness of individuals through targeted activities.

00:19:07:22 - 00:19:14:01
Here you'll see we have four measures
and rather than read these each through,

00:19:14:01 - 00:19:20:20
I think we'll just go through the list to save some time,
I think to understand how they are related.

00:19:20:20 - 00:19:26:06
So we'll go on to the first measure of this for measure set,
which is description

00:19:26:06 - 00:19:29:21
of how the provider coordinates wellness activities,
including the use of

00:19:30:17 - 00:19:32:21
data for residential

00:19:33:23 - 00:19:35:00
program participants.

00:19:35:00 - 00:19:38:00
And next slide, please. Karen.

00:19:38:02 - 00:19:40:11
So here are the description of how

00:19:40:11 - 00:19:43:22
the process by which wellness activities are coordinated.

00:19:44:11 - 00:19:47:06
This is what we provided by survey,

00:19:47:06 - 00:19:51:10
and the description will include the use of data
in determining

00:19:51:10 - 00:19:55:12
and executing wellness activities for residential programs.

00:19:55:19 - 00:19:58:08
Participants. This applies to primary providers.

00:19:58:08 - 00:20:01:18
Only the next three will be a little bit more specific

00:20:01:18 - 00:20:07:00
for the select and clinically enhanced providers,
but I want to circle back to the fact

00:20:07:00 - 00:20:11:14
that there's really a lot of latitude here as to

what could be chosen

00:20:12:05 - 00:20:14:19
as a wellness activity

00:20:14:19 - 00:20:19:22
if there is an issue with overweight or obesity
within the House,

00:20:19:22 - 00:20:24:07
you may choose to follow weights and and nutritional status.

00:20:24:13 - 00:20:27:10
You may want to measure that

00:20:27:10 - 00:20:31:12
hemoglobin a1c or a fraction of blood sugar regulation

00:20:31:18 - 00:20:35:15
for everybody in the house and follow that over time
based on an intervention.

00:20:35:15 - 00:20:38:06
There's there's really so many things to do.

00:20:38:06 - 00:20:42:12
And if you're having a strong start,
you can always sort of reach out and

00:20:43:13 - 00:20:45:20
get some guidance there.

00:20:45:20 - 00:20:48:20
This is not a pay for performance measure.

00:20:49:01 - 00:20:52:01
Go to the next.

00:20:52:10 - 00:20:55:15
The provider is utilizing the individuals collective HRST

00:20:55:15 - 00:20:59:14

Is two data to create and conduct
wellness programs and activities.

00:21:00:04 - 00:21:04:12
And so this is these next three measures all go together.

00:21:05:03 - 00:21:08:10
That provider survey will detail the use of aggregate data

00:21:08:10 - 00:21:11:12
to identify trends and concerns

00:21:11:12 - 00:21:14:22
which may limit wellness of the individuals
served by the provider.

00:21:15:08 - 00:21:17:23
And the information may be identified using the

00:21:17:23 - 00:21:20:20
HRST by a standard reports for persons.

00:21:20:20 - 00:21:25:17
I. I including but not limited to sections on diagnoses,
distribution,

00:21:26:21 - 00:21:29:21
health, the health tracker medications,

00:21:31:09 - 00:21:32:19
special conditions.

00:21:32:19 - 00:21:35:20
The provider may also use custom reports to generate

00:21:36:06 - 00:21:42:12
looking at various other aspects of the HRST,
such as swallowing concerns, falling concerns

00:21:43:12 - 00:21:46:12
to identify other data to assess.

00:21:47:08 - 00:21:49:22
This is not a pay for performance measure,

00:21:49:22 - 00:21:52:22
but go ahead onto the next

00:21:54:00 - 00:21:55:19
on the provider's survey.

00:21:55:19 - 00:21:59:03
So that measure is implementing directed wellness program

00:21:59:16 - 00:22:04:19
for things
such as nutrition, hypertension, mental health, diabetes,

00:22:05:03 - 00:22:11:16
heart disease, again, as indicated by insurance data,
and so by a survey.

00:22:11:16 - 00:22:15:23
The providers will detail process
by which concerns or trends identified

00:22:16:10 - 00:22:19:08
in the previous measure are being addressed through wellness

00:22:19:08 - 00:22:22:08
related quality improvement initiatives.

00:22:23:06 - 00:22:26:15
Alternatively, the provider may detail participation

00:22:26:15 - 00:22:31:03
and engagement of individuals in wellness programs
that are available in the community

00:22:31:20 - 00:22:34:16
such as healthy food choices,

00:22:34:16 - 00:22:38:20
physical activity, including involvement in the Move Your Way

00:22:38:20 - 00:22:42:01
campaign, which ODP is promoting

00:22:43:00 - 00:22:46:07
tobacco and nicotine use cessation, health literacy.

00:22:46:07 - 00:22:48:01
So again, really a broad set.

00:22:48:01 - 00:22:53:20
And then finally, the last measure here is looking
at how that's going to be monitored.

00:22:53:20 - 00:22:54:22
Go ahead on to the next.

00:22:57:12 - 00:22:58:24
And so

00:22:58:24 - 00:23:03:12
the demonstrating that there is monitoring progress
on the wellness

00:23:03:12 - 00:23:08:11
related initiatives
that were established in the in the previous measure.

00:23:08:18 - 00:23:11:14
So again, through the survey, riders

00:23:11:14 - 00:23:14:21
will detail the process
by which the concerns are trends being addressed

00:23:15:10 - 00:23:20:18
for the set of measures are being monitored
for change over time based on measurable factors,

00:23:20:24 - 00:23:24:15
including, as we mentioned before, hemoglobin a1c body

00:23:24:15 - 00:23:27:23
mass index, a reduction in polypharmacy,

00:23:27:23 - 00:23:31:24
or the total number of medications
that people are exposed to for tobacco use.

00:23:32:11 - 00:23:37:04
Alternatively, the provider may detail
the extent of engagement of individuals in wellness

00:23:37:04 - 00:23:42:12
programs, including
but not limited to healthy food choices, physical activity.

00:23:42:12 - 00:23:47:17
Again
being away campaign tobacco cessation or health literacy.

00:23:48:08 - 00:23:55:14
This will all be provided by or submitted by survey,
and it is not a pay for performance measure.

00:24:00:05 - 00:24:01:20
It's just going to.

00:24:01:20 - 00:24:06:17
I think the only question I'm seeing at the moment
is if a clinical review back is required,

00:24:06:17 - 00:24:10:14
does this need to be completed
within 365 days to be in compliance.

00:24:10:20 - 00:24:11:24
Great question.

00:24:11:24 - 00:24:15:06
I neglected to be clear about that before.

00:24:15:14 - 00:24:20:15
If a clinical review is required after a screening is done

that actually has to be completed

00:24:20:15 - 00:24:25:10
within 14 days of the screening being done,
the purpose being to make sure

00:24:25:10 - 00:24:30:05
that that screening is accurate
and to make sure that a nurse level

00:24:31:12 - 00:24:34:12
individual is taking a look at

00:24:35:07 - 00:24:38:07
the person's health risks.

00:24:39:23 - 00:24:41:00
On the question,

00:24:41:00 - 00:24:45:13
what is the logic used to determine
these are not pay for performance.

00:24:47:12 - 00:24:50:12
I don't know if one of my colleagues might have a

00:24:51:02 - 00:24:53:17
Yeah, I'm happy to jump in here.

00:24:53:17 - 00:24:59:14
These are not pay for performance because these are already
required and have been required for some time.

00:25:00:17 - 00:25:03:17
Thank you.

00:25:05:24 - 00:25:09:01
I think that's all the active questions right now.

00:25:09:01 - 00:25:13:19
Again,
I will keep an eye on these as we transition over to Tara

00:25:14:09 - 00:25:17:09
for the next set.

00:25:21:03 - 00:25:22:04
All right.

00:25:22:04 - 00:25:24:11
Good afternoon, everyone. I'm Tara Dibrugarh.

00:25:24:11 - 00:25:28:07
I am ODP Quality Management Division director,
and I'm going to walk you

00:25:28:07 - 00:25:31:07
through the next couple of sets of standards

00:25:31:13 - 00:25:34:01
related to quality improvement.

00:25:34:01 - 00:25:38:18
So on the slide in front of me, the summary slide,

00:25:39:04 - 00:25:41:21
the definition of standard is

00:25:41:21 - 00:25:44:21
demonstrated commitment to continuous quality improvement

00:25:44:21 - 00:25:50:15
and demonstrated embracing of building a culture of quality
which is represented by continuous learning

00:25:50:15 - 00:25:55:20
and best use of data to assess progress
towards quality management plan goals and action plan.

00:25:55:20 - 00:25:57:17
Target objectives.

00:25:57:17 - 00:26:00:17
So there are four performance measures under this standard.

00:26:00:23 - 00:26:05:15
Three of the four performance
measures are applicable to all residential providers,

00:26:06:12 - 00:26:10:23
while one of the four is only applicable for select
and clinically enhanced tiers

00:26:11:11 - 00:26:14:03
and all our reporting measures,

00:26:14:03 - 00:26:17:05
and I won't dig into them
individually here on the summary slide,

00:26:17:12 - 00:26:21:17
we'll move to the next slide
and talk about each one a little more clearly.

00:26:24:14 - 00:26:27:05
So performance measure AQI two.

00:26:27:05 - 00:26:31:19
One is report the number of staff that have ODP,

00:26:31:19 - 00:26:35:20
QM certification, including the number of leadership staff.

00:26:36:20 - 00:26:39:16
And so by way of a provider survey, residential providers

00:26:39:16 - 00:26:44:11
will annually report the total number of their staff,
including names and titles

00:26:44:23 - 00:26:47:17
that have current ODP QM certification,

00:26:47:17 - 00:26:50:22
and of those the number of staff
who are in a leadership role,

00:26:51:16 - 00:26:55:21
the provider reported information will be confirmed
using the ODP QM

00:26:55:22 - 00:26:59:14
certified tracking spreadsheet that's maintained by ODP,

00:26:59:17 - 00:27:03:17
QM division and updated
after each new QM certification class

00:27:04:01 - 00:27:07:18
and at the beginning of each calendar year
to capture successively

00:27:07:21 - 00:27:10:23
QM re certifications.

00:27:11:21 - 00:27:14:07
If there's a discrepancy between provider reported

00:27:14:07 - 00:27:17:09
information and QM certified tracking spreadsheet,

00:27:17:18 - 00:27:22:16
the residential provider will be engaged
to reconcile the discrepancy and collaboration

00:27:22:16 - 00:27:28:16
with the Columbus Organization may be necessary to reconcile
any discrepancies discrepancies in some situations.

00:27:30:06 - 00:27:32:00
So as indicated, this is a provider

00:27:32:00 - 00:27:37:07
survey data source with confirmation from ODP information

00:27:37:22 - 00:27:41:04
and it's not a pay for performance measure.

00:27:44:05 - 00:27:46:21
This performance measure is applicable

00:27:46:21 - 00:27:49:21
to all residential providers and tiers.

00:27:50:07 - 00:27:55:14
And just a little bit about the intent of let's
go back to the first one.

00:27:55:14 - 00:27:57:19
Karen.

00:27:57:19 - 00:27:59:15
The intent really is

00:27:59:15 - 00:28:03:13
for providers to begin
if they're not already doing so, tracking and paying

00:28:03:13 - 00:28:07:13
attention to who is
and remains certified in their organization.

00:28:08:02 - 00:28:11:02
And just a little bit of anecdotal data

00:28:11:04 - 00:28:14:17
or actually not anecdotal, it's quantitative data
for reference,

00:28:15:13 - 00:28:19:09
as of May 20, 24, a total of 1468

00:28:19:09 - 00:28:23:19
people have been certified through our program.

00:28:24:02 - 00:28:28:13
And of those 1468, 990 of them

00:28:28:13 - 00:28:31:22
have been from provider agencies

at the time of certification.

00:28:33:05 - 00:28:36:05
Next slide

00:28:37:00 - 00:28:40:23
Performance measure q22 is a description of how data

00:28:40:23 - 00:28:44:05
is utilized to monitor progress towards QM plan goals.

00:28:45:15 - 00:28:49:05
It's applicable to all providers and tiers,

00:28:50:06 - 00:28:54:05
and the process details include by way of a provider survey.

00:28:54:20 - 00:28:56:18
Again, this is a reporting measure.

00:28:56:18 - 00:29:00:07
Residential providers will initially provide
a written, detailed description

00:29:00:07 - 00:29:03:07
of how data is utilized to monitor progress

00:29:03:11 - 00:29:06:11
towards QM plan goals in their organization.

00:29:06:11 - 00:29:09:15
Ideally, this should be a written policy that outlines

00:29:09:15 - 00:29:13:01
how the organization uses data to improve quality

00:29:13:15 - 00:29:18:09
by way of ongoing data monitoring and analysis
and QM planning practices.

00:29:19:04 - 00:29:21:10
This policy should include, at a minimum

00:29:21:10 - 00:29:25:02
what data is used from which data sources, frequency

00:29:25:02 - 00:29:28:07
of data monitoring, review and analysis.

00:29:29:03 - 00:29:32:03
How opportunities for quality improvement are selected.

00:29:32:07 - 00:29:34:18
How person centered performance data is utilized

00:29:34:18 - 00:29:37:18
to develop the QM plan and its action plan

00:29:37:18 - 00:29:41:17
and to measure the progress
and performance measures are established

00:29:41:18 - 00:29:46:16
and the title The person who has generally responsible
for the organization's quality management plan.

00:29:48:00 - 00:29:51:19
Again, this is a provider survey reporting measure.

00:29:51:19 - 00:29:54:19
It is not a pay for performance measure.

00:29:56:04 - 00:30:01:13
So just a little bit regarding this measure, it's important

00:30:01:19 - 00:30:06:20
because policy having a policy in place that includes
all of these elements helps the provider to ensure

00:30:07:18 - 00:30:12:08
clear understanding of expectations by all staff
related to quality management.

00:30:12:08 - 00:30:17:16

And it's best practice towards communicating
and demonstrating a commitment to continuous quality

00:30:17:16 - 00:30:19:10
improvement.

00:30:19:10 - 00:30:22:20
Lastly, about this measure,
and we'll try this into the next one,

00:30:23:11 - 00:30:26:12
this is a going to quote,

00:30:26:20 - 00:30:29:20
kill two birds with one stone opportunity

00:30:30:10 - 00:30:35:00
as combining this measure
and the next measure into one policy

00:30:35:00 - 00:30:38:06
would need both measures with one document.

00:30:39:22 - 00:30:42:22
Next slide, please.

00:30:44:04 - 00:30:45:06
So performance

00:30:45:06 - 00:30:49:14
measure AQI two three is a description
of how person centered performance

00:30:49:14 - 00:30:53:18
data is utilized
to develop the quality management plan and its action plan.

00:30:55:10 - 00:30:56:21
And the

00:30:56:21 - 00:31:00:16
process details are again by way of a provider survey.

00:31:01:04 - 00:31:06:01
Residential providers will annually provide a detailed written description of how person centered performance

00:31:06:01 - 00:31:09:01
data is utilized to develop the Quality Management plan

00:31:09:05 - 00:31:12:05
and its action plan in their organization.

00:31:12:22 - 00:31:16:09
And again, kind of reiterating what I just said,

00:31:16:22 - 00:31:20:23
it should be a written policy that outlines the things and I'm not going to list them out again.

00:31:21:17 - 00:31:24:17
You do have access to the presentation and it is just what

00:31:24:23 - 00:31:27:23
covered in the previous slide.

00:31:27:23 - 00:31:30:23
This is not a paid for performance measure either.

00:31:31:15 - 00:31:35:22
These are actually things
we've been monitoring for a long time via the process

00:31:36:07 - 00:31:39:07
and teaching through the QM certification program.

00:31:39:21 - 00:31:43:10
So And again,

00:31:43:19 - 00:31:47:08
just a final reminder
that this measure, along with the previous one,

00:31:47:18 - 00:31:53:07

is an opportunity for providers
to meet key performance measures with one document.

00:31:56:00 - 00:31:59:00
Next slide here.

00:31:59:15 - 00:32:01:14
The final performance measure under this

00:32:01:14 - 00:32:04:22
standard is a QM certification requirement

00:32:04:22 - 00:32:08:22
of at least one member of executive leadership team
who has the authority

00:32:08:22 - 00:32:12:05
to adopt recommendations and direct activities.

00:32:12:19 - 00:32:16:16
This performance measure in this measure set only applies

00:32:16:16 - 00:32:19:16
to select providers and clinically enhanced providers.

00:32:20:10 - 00:32:23:15
And the process, again,

00:32:23:15 - 00:32:29:01
it kind of marries with the first measure in this set
by way of a provider survey,

00:32:29:01 - 00:32:34:04
residential providers will annually report the total number
of members of their executive leadership team,

00:32:34:22 - 00:32:39:05
including the name and titles
that have current QM certification

00:32:39:17 - 00:32:44:09
and who have the authority

to adopt recommendations and direct QM activities.

00:32:45:02 - 00:32:48:02
Executive leadership roles include

00:32:48:09 - 00:32:50:24
roles such as executive Directors, chief

00:32:50:24 - 00:32:53:24
Executive officers, Chief Operations officers,

00:32:54:05 - 00:32:57:05
Chief nursing officers, directors of nursing

00:32:57:07 - 00:33:02:00
Chief Clinical officers, directors of Clinical Services
and Quality Management,

00:33:02:00 - 00:33:07:19
and other directors who have the authority
to adopt recommendations and direct activities provided.

00:33:07:19 - 00:33:13:21
Reported information will be confirmed using the ODP
QM Certified Tracking spreadsheet maintained by the ODP QM

00:33:13:23 - 00:33:17:18
Division and updated after each new certification class

00:33:17:18 - 00:33:22:10
and at the beginning of each calendar year
to capture successful QM recertification.

00:33:23:01 - 00:33:24:11
If there's a discrepancy,

00:33:25:22 - 00:33:29:05
the ODP will engage the residential provider

00:33:29:05 - 00:33:32:21
and potentially Columbus organization may be necessary

00:33:32:21 - 00:33:35:21
to reconcile discrepancies.

00:33:37:09 - 00:33:41:04
The intent for this is again,
that providers should be tracking

00:33:41:04 - 00:33:45:11
and paying attention to who is and remains
QM certified in their organization,

00:33:45:24 - 00:33:49:09
including having someone in an executive leadership role

00:33:49:19 - 00:33:53:17
who has a keyword here unimpeded authority

00:33:53:17 - 00:33:56:17
to adopt recommendations and direct activities

00:33:57:14 - 00:34:01:06
happening
and an executive leader who understands and champions

00:34:01:06 - 00:34:05:22
quality management is critical
to the success of an organization's QM activities

00:34:06:11 - 00:34:09:23
and thus critical
to building and maintaining a culture of quality

00:34:09:23 - 00:34:12:23
and continuous quality improvement.

00:34:14:05 - 00:34:16:01
And so next slide.

00:34:16:01 - 00:34:16:12
Karen.

00:34:16:12 - 00:34:19:12

I believe we are going to launch our poll.

00:34:24:17 - 00:34:26:09
So there's a there's a poll in front of you.

00:34:26:09 - 00:34:29:22
If you could please answer the question accordingly.

00:34:29:22 - 00:34:32:10
We're kind of attempting to assess

00:34:34:03 - 00:34:35:13
whether the

00:34:35:13 - 00:34:39:00
what kind of demand we may have for potentially increasing

00:34:40:06 - 00:34:42:13
the number of QM certification classes

00:34:42:13 - 00:34:45:13
that we currently have available.

00:34:47:03 - 00:34:50:03
So if you want to just take a second and answer that,

00:34:59:18 - 00:35:02:20
we have about 43% participated.

00:35:03:07 - 00:35:06:07
Give it another few seconds,

00:35:07:00 - 00:35:07:10
Tara.

00:35:07:10 - 00:35:10:04
Now, Good afternoon, everybody else.

00:35:10:04 - 00:35:11:03
And maybe this is a good time.

00:35:11:03 - 00:35:13:19

Well, folks are taking the poll.

00:35:13:19 - 00:35:16:18
We had a lot of questions come in

00:35:16:18 - 00:35:19:18
the question pane while you were reviewing

00:35:19:18 - 00:35:23:11
these performance measures around will we be offering

00:35:23:11 - 00:35:27:08
additional quality management certification classes based on

00:35:27:08 - 00:35:31:24
what we anticipate is an increase in need and interest?

00:35:32:06 - 00:35:35:21
And so I answered a couple of them had alluded to.

00:35:35:21 - 00:35:41:07
We will be evaluating
not only through the utility of the pool here today,

00:35:41:21 - 00:35:44:15
but definitely we understand that there will be an increased

00:35:44:15 - 00:35:48:05
need to offer additional capacity in those classes.

00:35:53:19 - 00:35:54:02
Okay.

00:35:54:02 - 00:35:55:10
I think most people responded.

00:35:55:10 - 00:35:57:13
I'm going to go ahead and end the poll.

00:35:57:13 - 00:36:00:13
Okay.

00:36:03:17 - 00:36:07:13
And then I think next slide is questions

00:36:07:13 - 00:36:10:13
and answers regarding the set of measures.

00:36:11:21 - 00:36:14:03
So I believe I'm looking

00:36:14:03 - 00:36:16:17
at some of the questions leadership role.

00:36:16:17 - 00:36:19:17
I believe we've defined that,

00:36:19:19 - 00:36:21:04
listing that out in the process.

00:36:21:04 - 00:36:24:04
Details

00:36:26:21 - 00:36:28:10
what is the definition of leadership

00:36:28:10 - 00:36:31:10
as it relates to QM certification.

00:36:33:15 - 00:36:34:23
So we've defined

00:36:34:23 - 00:36:39:16
the executive leadership roles,
I guess in the in performance measure

00:36:39:24 - 00:36:42:24
to guide to for

00:36:43:12 - 00:36:46:13
the reference to leadership roles in the

00:36:47:09 - 00:36:50:09
I to one

00:36:50:23 - 00:36:54:24
is really kind of loosely defined.

00:36:55:08 - 00:36:58:05
We don't really want to define titles with that

00:36:58:05 - 00:37:02:09
performance measure in particular
because it's not necessarily an exact leadership role,

00:37:02:09 - 00:37:06:08
but it could be a manager, it would be anybody is

00:37:06:08 - 00:37:09:12
I would I would say supervising somebody,

00:37:10:08 - 00:37:13:16
any kind of a leadership role that supervising somebody.

00:37:14:18 - 00:37:15:15
Tara, that let me

00:37:15:15 - 00:37:19:19
let me jump in here, too,
because I want to reading through some of the questions

00:37:20:07 - 00:37:22:21
I just want to emphasize

00:37:22:21 - 00:37:25:13
a point here, which is, you know, part of

00:37:25:13 - 00:37:29:22
if you look at the totality of the performance measures

00:37:29:22 - 00:37:32:22
and think about the

00:37:33:04 - 00:37:37:06
what we're doing in terms
of moving to performance based contracting,

00:37:38:00 - 00:37:42:12
you know, we've talked about
we have some measures in here now that are you know,

00:37:42:13 - 00:37:45:20
that we're going to talk about the 1
to 10 staffing ratio leader.

00:37:46:07 - 00:37:49:19
We have a lot of things
where we're asking you to be reviewing

00:37:49:22 - 00:37:55:04
and using your own data and taking action
based on your own data,

00:37:55:11 - 00:38:00:12
understanding your own polypharmacy,
your own restraint, use your own restrictive procedures.

00:38:00:23 - 00:38:05:03
And so really, you know,
I think one of the things you've heard us talk about is

00:38:05:20 - 00:38:11:18
we are now we are very formally moving to a system
that is doing continuous

00:38:11:18 - 00:38:16:08
quality improvement, that we have cooked it
into the framework of how we do business.

00:38:16:08 - 00:38:19:15
And so attending the QM course

00:38:19:15 - 00:38:23:06
isn't a checkbox in any way, shape or form.

00:38:23:09 - 00:38:26:06
This is really going to be critical

00:38:26:06 - 00:38:31:00
that all of you as providers in your organizations sort of

00:38:31:01 - 00:38:36:13
have built into your under your whole approach,

00:38:37:08 - 00:38:43:01
both philosophically and organizationally and structurally

00:38:44:12 - 00:38:47:16
continuous quality improvement and that culture of quality.

00:38:47:16 - 00:38:51:14
So, you know,
that course is one one tool to help you get there.

00:38:51:14 - 00:38:54:19
But I really want to impress upon everybody
when you're thinking

00:38:54:19 - 00:38:57:19
about who attends that course,

00:38:58:03 - 00:39:01:04
think about the long term trajectory

00:39:01:04 - 00:39:04:09
here of your organization and what it will take

00:39:04:21 - 00:39:07:22
to be successful in in an environment

00:39:07:22 - 00:39:12:13
where we are going to be continually
looking at outcomes and outcome data

00:39:12:20 - 00:39:16:13
and trying to improve the quality of services for

00:39:17:02 - 00:39:20:02
for individuals and families.

00:39:26:03 - 00:39:27:03
All right.

00:39:27:03 - 00:39:31:19
In the interest of time,
I think I'll just plug one or two more questions from here.

00:39:32:21 - 00:39:36:02
There's with the title of compliance officer account,

00:39:36:02 - 00:39:39:17
assuming that they have the authority
to adopt recommendations, I would say yes.

00:39:41:23 - 00:39:44:13
Does Assistant Director work for this measure?

00:39:46:17 - 00:39:47:07
I would say

00:39:47:07 - 00:39:51:01
not for an executive leadership role,
because assistant implies

00:39:51:01 - 00:39:55:22
that they're really not in the executive role
and they have to

00:39:57:00 - 00:40:00:00
answer to or account to a director above them.

00:40:04:22 - 00:40:08:13
And I think we'll go on a move.

00:40:08:22 - 00:40:13:13
I think some questions are being answered
and we'll work on coming back to some of these.

00:40:13:13 - 00:40:16:13
I think some have already been addressed,

00:40:17:07 - 00:40:19:15

so we'll move on to the next set of measures.

00:40:19:15 - 00:40:22:15
Karen.

00:40:23:15 - 00:40:28:10
So this is these are also quality improvement measures.

00:40:28:10 - 00:40:34:03
The standard is demonstrated engagement of
and support to families,

00:40:34:11 - 00:40:38:00
which includes
providing adequate and appropriate communication options

00:40:38:09 - 00:40:41:09
and maintaining building relationships

00:40:41:11 - 00:40:44:22
in families is defined within the 6100

00:40:44:22 - 00:40:47:22
regulatory guidance.

00:40:50:15 - 00:40:54:17
There are two performance measures under this standard,

00:40:55:04 - 00:40:58:19
and both are applicable to all residential providers
and tiers.

00:40:59:07 - 00:41:03:20
One is a reporting measure
and the other will be collected by ODP via

00:41:03:20 - 00:41:07:13
a direct family satisfaction survey through ECM,

00:41:08:00 - 00:41:11:09
with implementation planned at a later date in 2026.

00:41:12:14 - 00:41:13:04
Next slide.

00:41:13:04 - 00:41:16:04
Karen.

00:41:16:14 - 00:41:20:03
So the performance measure three by three.

00:41:20:03 - 00:41:25:04
One is reporting on policies, procedures and activities
supporting family engagement.

00:41:25:19 - 00:41:28:19
Again, it applies to all providers and tiers

00:41:29:02 - 00:41:34:02
and simply by way of a provider survey,
a provider will report on

00:41:34:02 - 00:41:38:14
and submit policies, procedures and activities
supporting family engagement.

00:41:39:10 - 00:41:42:10
This is not a pay for performance measure

00:41:43:23 - 00:41:48:23
and I think that pretty much covers this one.

00:41:49:10 - 00:41:52:10
Let's move to the next one

00:41:54:02 - 00:41:56:10
and then 3.2

00:41:56:10 - 00:41:59:02
Beginning January 1st, 2025, ODP

00:41:59:02 - 00:42:02:13
collected data on family satisfaction
with provider engagement.

00:42:03:03 - 00:42:06:03
Again, this would apply to all providers in all tiers

00:42:07:02 - 00:42:09:08
and via the ECM system.

00:42:09:08 - 00:42:11:19
ODP will survey individuals and families

00:42:11:19 - 00:42:14:19
to measure their satisfaction with family engagement.

00:42:14:21 - 00:42:18:23
The measure will not be implemented
and implemented until January 2026.

00:42:20:18 - 00:42:22:22
ECM Survey Questions,

00:42:22:22 - 00:42:26:03
of course, and it's not a pay for performance measure and

00:42:27:18 - 00:42:30:24
I think we'll go to the next slide,
which is questions and answers

00:42:30:24 - 00:42:33:24
regarding the set of measures

00:42:44:14 - 00:42:48:23
and only see one question,

00:42:49:16 - 00:42:52:00
and I don't know this reference offhand,

00:42:52:00 - 00:42:55:19
if any other panelist, Julie, etc.

00:42:56:05 - 00:42:58:02
where's the 6100 ranks?

00:42:58:02 - 00:43:01:02
Does it define families?

00:43:04:14 - 00:43:07:11
And that answer is being given

00:43:07:11 - 00:43:10:11
by one of our panelists.

00:43:17:09 - 00:43:18:08
Please clarify

00:43:18:08 - 00:43:22:04
ODP will administer the ECM survey to families,
not providers.

00:43:22:21 - 00:43:24:19
That is correct.

00:43:24:19 - 00:43:27:11
The intent will be to target

00:43:27:11 - 00:43:30:11
individuals and families through the ECM system,

00:43:31:20 - 00:43:34:13
and it's just that I was struggling

00:43:34:13 - 00:43:39:12
to get my video camera on in terms of family engagement.

00:43:39:12 - 00:43:44:16
The 6100s have a number of places
where family engagement is.

00:43:44:16 - 00:43:48:09
There are provisions
related to the engagement of family members,

00:43:49:04 - 00:43:51:18
everything from involvement

00:43:51:18 - 00:43:56:05
in planning for the individual to what,

00:43:56:05 - 00:43:59:15
what if and what is communicated

00:44:00:02 - 00:44:02:16
with family members around incident management.

00:44:02:16 - 00:44:06:03
So there are a number of places in the 6100s

00:44:06:03 - 00:44:09:03
where family engagement is clearly expected.

00:44:09:04 - 00:44:14:09
Supporting individuals with family
relationships is also noted in there.

00:44:14:22 - 00:44:17:15
So you can see that Ron is probably writing

00:44:17:15 - 00:44:20:15
the specific citations from the 6100s,

00:44:21:04 - 00:44:27:07
but the 6100s do have some pretty strong provisions
about family engagement, but it's

00:44:29:07 - 00:44:31:13
one quick point of clarification.

00:44:31:13 - 00:44:33:21
Just for everyone's everyone's benefit.

00:44:33:21 - 00:44:36:21
We had a question just asking about clarifying

00:44:37:05 - 00:44:41:20
Columbus Organization and their role and wanted to make sure

00:44:41:20 - 00:44:45:02

that folks understand Columbus is our training vendor.

00:44:45:18 - 00:44:49:01
And so I think what Tara was referencing was

00:44:49:16 - 00:44:53:23
they also maintain documentation of all the lead

00:44:54:05 - 00:44:57:17
QM certifications that have been awarded.

00:44:57:24 - 00:45:01:07
And so we would validate through effectively

00:45:01:13 - 00:45:05:06
our training vendor
who supports us to offer the QM certification classes

00:45:05:24 - 00:45:09:20
and maintains effectively the database or repository

00:45:10:11 - 00:45:13:16
of those who have gone through the QM certification.

00:45:14:06 - 00:45:17:06
So we just want to make sure that we were clear about that.

00:45:19:17 - 00:45:22:17
Looks like

00:45:28:24 - 00:45:32:04
there was a question back to the set

00:45:32:04 - 00:45:36:24
regarding QM certification
as to whether QM cert is a one and done

00:45:36:24 - 00:45:39:24
or there's a recertification requirement

00:45:40:00 - 00:45:43:06
and there is a re certification requirement every two years,

00:45:44:10 - 00:45:45:08
but it doesn't happen.

00:45:45:08 - 00:45:49:13
It doesn't involve a class recertification is self-paced

00:45:49:21 - 00:45:53:03
review of recertification modules and a post-test

00:45:55:15 - 00:45:57:08
and you have the entire year

00:45:57:08 - 00:46:00:10
that you're to be recertified to get it done as well.

00:46:05:21 - 00:46:06:13
All right.

00:46:06:13 - 00:46:10:08
I think in the interest of time,
we will move on to our next set

00:46:10:08 - 00:46:13:08
of measures.

00:46:18:09 - 00:46:21:03
Hi, everybody.

00:46:21:03 - 00:46:24:17
My name's Jared Abbott, and I will be walking through

00:46:25:01 - 00:46:29:03
the complex needs section of today's presentation.

00:46:29:03 - 00:46:31:18
Thank you all again for taking the time joining us.

00:46:31:18 - 00:46:35:03
We have a lot to get through with these,
so we'll get started right away.

00:46:36:03 - 00:46:40:04
So this is complex
needs a dual diagnosis and behavioral health.

00:46:40:04 - 00:46:44:20
The first standard here will be looking at
is that providers will demonstrate

00:46:44:20 - 00:46:47:23
that the agency has integrated behavioral supports

00:46:48:08 - 00:46:51:08
through the use of employer contract, licensed

00:46:51:10 - 00:46:55:21
clinicians, behavior support professionals, and demonstrate
that training and support

00:46:55:21 - 00:46:59:11
are routinely provided in homes to individuals and teams.

00:47:00:07 - 00:47:04:03
So this standard includes three different measures.

00:47:04:19 - 00:47:07:20
However, a two of the measures are actually kind

00:47:07:20 - 00:47:10:20
of repeated here as they apply slightly differently

00:47:11:00 - 00:47:14:06
to select providers versus clinically enhanced providers.

00:47:14:12 - 00:47:17:18
So the first measure here on the summary slide,

00:47:18:19 - 00:47:21:03
which is a 1.1

00:47:21:03 - 00:47:24:13
involves an attestation
and we'll get into the details of it.

00:47:24:13 - 00:47:30:02
We get to the slide that applies only to select providers
and then a similar attestation

00:47:30:02 - 00:47:33:02
with different details for clinically enhanced providers.

00:47:34:02 - 00:47:36:04
So the next slide, please.

00:47:36:04 - 00:47:38:16
Yeah, Thank you.

00:47:38:16 - 00:47:38:23
All right.

00:47:38:23 - 00:47:42:24
So the the other two measures included in this same
standard.

00:47:43:20 - 00:47:47:15
The first 1.2 is another that's broken into two sections.

00:47:48:08 - 00:47:51:08
This one involves the minimum

00:47:51:17 - 00:47:55:09
amount of behavior support hours that are face to face time.

00:47:55:09 - 00:47:59:15
Again, we'll get into some of the details
on that on the slide itself.

00:48:00:01 - 00:48:04:19
But first, slide providers,
the measure is going to be 50% of the total behavior support

00:48:04:19 - 00:48:09:24
hours of face to face time, whereas for clinically enhanced
providers, the minimum will be 70%.

00:48:11:24 - 00:48:12:20
And then we'll get

00:48:12:20 - 00:48:16:16
into the third and final performance
measure for the standard,

00:48:17:06 - 00:48:20:09
which includes discussion around the intensive courses

00:48:20:09 - 00:48:23:12
and specialized training for individual diagnoses.

00:48:23:22 - 00:48:25:10
And again, we'll get more detail on that.

00:48:25:10 - 00:48:28:11
That one also applies only to clinically enhanced providers.

00:48:29:15 - 00:48:32:11
Next slide.

00:48:32:11 - 00:48:33:06
All right.

00:48:33:06 - 00:48:37:22
So within this standard, the first is simply an attestation.

00:48:38:01 - 00:48:40:17
You'll see a number of these we roll through.

00:48:40:17 - 00:48:42:17
Some indicate a need for an attestation.

00:48:42:17 - 00:48:48:14
Some will indicate the need for providing documentation
or reporting out on specific information.

00:48:49:02 - 00:48:52:02
And some will request specific actual data.

00:48:52:09 - 00:48:57:03

In this case,
it is an add to station that applies to select providers

00:48:57:03 - 00:49:01:08
only that starting July 1st of 2025,

00:49:01:08 - 00:49:05:09
all newly hired direct support professionals,
front line supervisors

00:49:05:21 - 00:49:11:06
and program managers
will complete training on autism spectrum disorders,

00:49:12:06 - 00:49:14:18
spectrum course or equivalent basic course

00:49:14:18 - 00:49:19:14
on effectively supporting people
with autism spectrum disorders within one year of hire.

00:49:20:02 - 00:49:24:11
So starting on that date, anyone hired afterwards
would need to be trained within that first year.

00:49:25:07 - 00:49:29:20
So for the process itself, again,
simply through attestation providers providing

00:49:30:11 - 00:49:33:00
or indicating that as of that date, all the newly

00:49:33:00 - 00:49:36:00
provided or newly hired DSP is epilepsies

00:49:36:01 - 00:49:39:22
as stated in
the measure, will be trained within that first year.

00:49:40:06 - 00:49:43:13
And this is not a paper form for performance measure.

00:49:44:14 - 00:49:44:21
All right.

00:49:44:21 - 00:49:47:21
Moving on to the next slide.

00:49:48:00 - 00:49:50:13
So again, this is the exact same language

00:49:50:13 - 00:49:54:09
adding in that you staff are completed
within one year of hire.

00:49:54:11 - 00:49:57:11
This one, however, applies to clinically enhanced providers.

00:49:57:19 - 00:50:01:11
It remains an attestation, but this one includes

00:50:01:11 - 00:50:04:20
that no later than December 31st, 2025.

00:50:04:21 - 00:50:10:07
All address for professionals, front line supervisors
and program managers employed by the agency

00:50:10:07 - 00:50:16:19
will have completed training on autism spectrum disorder
and then new staff will complete within one year of hires.

00:50:16:19 - 00:50:20:02
The difference between this one and the last one,
The last one was just

00:50:20:02 - 00:50:23:06
due staff being trained as they come in
within that first year.

00:50:23:24 - 00:50:27:01
This includes that all existing staff by the date

00:50:27:09 - 00:50:30:05

31st 2025 will be trained

00:50:30:05 - 00:50:33:12
as well as new staff
coming in within the first year of hire.

00:50:34:01 - 00:50:37:22
Again, this will be sourced by a provider attestation

00:50:38:12 - 00:50:42:14
process for that and is not a pay performance measure.

00:50:44:06 - 00:50:47:06
All right, The next slide, please.

00:50:48:18 - 00:50:49:00
All right.

00:50:49:00 - 00:50:53:06
So this is where we get into the behavior support
face to face hours.

00:50:53:15 - 00:50:58:21
This first portion of 1.2 applies only to select providers.

00:51:00:06 - 00:51:05:06
This demonstrate
a minimum of 50% of total behavior support hours

00:51:05:12 - 00:51:08:20
as face to face time that can be in-person or virtual

00:51:09:11 - 00:51:12:11
with behavior support staff across all settings.

00:51:12:22 - 00:51:17:03
And that can include interfacing with families, direct
support professionals, front line supervisors

00:51:17:03 - 00:51:19:01
and individuals.

00:51:19:01 - 00:51:22:06
So the way we're going to go about this,
as far as the process details

00:51:22:17 - 00:51:26:02
by way of the provider survey providers

00:51:26:03 - 00:51:30:19
will report on total behavior support hours
delivered on an annual basis.

00:51:30:23 - 00:51:33:23
The survey will delineate the specific time frame for that

00:51:34:14 - 00:51:38:19
with delineations for face to face time versus non
face to face time.

00:51:38:19 - 00:51:43:16
We'll then review that data to ensure
that at least 50% of the total behavior

00:51:43:16 - 00:51:47:23
support hours were delivered
as face to face time during that time period.

00:51:48:14 - 00:51:51:14
And then we'll talk about clinically enhanced
providers in a moment here.

00:51:52:17 - 00:51:54:17
The big question, though, around

00:51:54:17 - 00:51:57:17
what face to face means in this context,

00:51:58:01 - 00:52:02:13
face to face behavior support
time again can be in-person or virtual

00:52:03:02 - 00:52:05:14
and includes time in which

00:52:05:14 - 00:52:09:14
the person delivering behavior
support services is interfacing

00:52:09:14 - 00:52:13:13
with the individual themselves,
with their family, dress support professionals,

00:52:13:15 - 00:52:18:11
front line supervisors,
and really any other member of an individual support team.

00:52:18:12 - 00:52:21:11
So the time can include time spent training,

00:52:21:11 - 00:52:24:03
modeling interactions, coaching, collecting data

00:52:24:03 - 00:52:28:04
through direct observation,
and any other behavior support activity

00:52:28:04 - 00:52:31:11
which involves being present with the individual supported

00:52:31:17 - 00:52:34:17
and any other or any other member of their team.

00:52:35:02 - 00:52:38:06
And therefore then non face to face time includes
essentially anything else.

00:52:38:19 - 00:52:42:20
We've written that out as time
spent completing and reviewing assessment

00:52:42:20 - 00:52:46:04
tool data, plan creation and review

00:52:46:19 - 00:52:50:03
or completion of documentation where any of those activities

00:52:50:08 - 00:52:53:08
do not already meet the definition of face to face time.

00:52:53:23 - 00:52:57:11
So this will be completed as mentioned
previously through the provider survey.

00:52:57:21 - 00:53:00:13
If additional information is needed,

00:53:00:13 - 00:53:05:15
we will get some documentation
review done providers and reconcile that.

00:53:06:23 - 00:53:07:23
All right.

00:53:07:23 - 00:53:10:20
Next slide, please.

00:53:10:20 - 00:53:12:19
So this again, is essentially

00:53:12:19 - 00:53:17:00
the exact same text,
the difference being that the minimum here

00:53:17:15 - 00:53:22:14
that applies to clinically enhanced
providers is 70% of total behavior

00:53:22:14 - 00:53:27:14
support time as face to face time,
whereas we had 50 before for select providers.

00:53:28:01 - 00:53:30:19
But otherwise the definition of face

00:53:30:19 - 00:53:33:19
to face to non face to face time have not changed.

00:53:34:01 - 00:53:37:13
And again, we're going to review this through provider survey information

00:53:38:03 - 00:53:41:15
or direct contact with the provider if necessary.

00:53:42:14 - 00:53:45:14
This is not a pay for performance measure.

00:53:47:00 - 00:53:49:06
Next slide.

00:53:49:06 - 00:53:51:15
Thank you.

00:53:51:15 - 00:53:54:20
Okay, so this is the third and

00:53:57:05 - 00:54:00:20
final of the
the three measures that are within the standard.

00:54:02:02 - 00:54:04:19
This is documentation

00:54:04:19 - 00:54:07:19
required of intensive courses, conferences,

00:54:07:22 - 00:54:11:19
specialized training relative to individual diagnoses.

00:54:11:24 - 00:54:16:02
And some examples
given of that are product Willie syndrome, fetal alcohol

00:54:16:02 - 00:54:20:23
syndrome, autism spectrum disorders,
borderline personality disorders, etc..

00:54:22:02 - 00:54:24:10
So that is not limited to that list.

00:54:24:10 - 00:54:29:09
That is just examples of a specific diagnosis
as we want to include in the the performance measure itself.

00:54:30:07 - 00:54:32:11
The process details for this.

00:54:32:11 - 00:54:35:21
Again, this is going to be completed via
the provider survey.

00:54:36:13 - 00:54:39:17
Agencies will be asked to submit documentation

00:54:39:17 - 00:54:45:03
of specialized training relative to these diagnoses
which has been provided to the teams

00:54:45:03 - 00:54:48:15
that are working with the individual
affected by those diagnoses.

00:54:49:04 - 00:54:53:04
So survey responses will need to include specific trainings

00:54:53:04 - 00:54:56:08
provided as well as the number of staff trained.

00:54:57:03 - 00:55:00:03
And we'll going to source this again
from the provider survey

00:55:00:11 - 00:55:03:00
and there will be additional documentation review
if necessary.

00:55:03:00 - 00:55:06:00
And this is not a pay for performance measure.

00:55:07:07 - 00:55:09:10
So with that will pause and guess what?

00:55:09:10 - 00:55:12:15
Questions and answers.
I see the question and filling up here.

00:55:13:20 - 00:55:14:21
I've not had a chance to look

00:55:14:21 - 00:55:17:21
at these yet as we're talking, though,

00:55:19:03 - 00:55:19:23
I can help

00:55:19:23 - 00:55:23:09
get us started while you take a look
at some of the questions.

00:55:23:12 - 00:55:25:00
Come in.

00:55:25:00 - 00:55:28:06
So a question that we actually got a couple of times

00:55:28:14 - 00:55:31:14
and I think was included in sort of the description.

00:55:32:07 - 00:55:35:17
But a lot of folks asking does contact by phone.

00:55:36:05 - 00:55:38:17
You're having conversations, family members

00:55:38:17 - 00:55:42:01
with team members, with the individuals. Yes.

00:55:42:02 - 00:55:44:10
That is going to meet the requirement.

00:55:44:10 - 00:55:47:10
I think we put a pretty nice description of what

00:55:47:14 - 00:55:50:14
non face to face time looks like.

00:55:50:15 - 00:55:55:22
So again,
it's time spent that you'd be reviewing assessment tool data

00:55:56:06 - 00:55:58:22
writing plans like behavior support

00:55:58:22 - 00:56:01:22
plans, completing documentation.

00:56:02:05 - 00:56:06:07
But any time that you're interfacing
directly with individuals,

00:56:06:11 - 00:56:10:12
their team members, DSPs, frontline supervisors,

00:56:11:01 - 00:56:13:16
anyone sort of in that real time interaction,

00:56:13:16 - 00:56:17:11
that's that's what we're looking for in terms of that 50%

00:56:23:15 - 00:56:27:04
we see or a couple of other ones that came in here.

00:56:27:12 - 00:56:30:04
A question about

00:56:30:04 - 00:56:33:20
basically who's responsible for tracking this information.

00:56:34:11 - 00:56:38:13
So does a provider who contracts for behavioral supports,

00:56:39:12 - 00:56:44:05
are they required to track this
or is it reported by the contracted provider?

00:56:44:21 - 00:56:49:04
So as the residential provider,
your provider agency is responsible

00:56:49:12 - 00:56:53:05
for tracking this information, also, of course,

00:56:53:13 - 00:56:57:03
responsible for ensuring the work of that contracted entity,

00:56:57:09 - 00:57:02:21
making sure that that service is being rendered
according to the individual's ISP.

00:57:03:03 - 00:57:06:17
And now for providers who are looking

00:57:06:17 - 00:57:10:20
to meet those standards of select or clinically enhanced,

00:57:11:09 - 00:57:14:15
you also have to make sure that if some of your contracts

00:57:14:15 - 00:57:17:15
might need to be amended, if you have

00:57:18:06 - 00:57:21:06
not specified the number of face

00:57:21:06 - 00:57:25:09
to face hours or percentage of face to face hours

00:57:25:16 - 00:57:28:22
that need to be occurring with your contracted partners

00:57:29:13 - 00:57:32:15
now would be a good time to review some of the contracts.

00:57:37:16 - 00:57:39:14
Another question in here,

00:57:39:14 - 00:57:43:24

if you're behavior support specialist facilities, the mand

00:57:45:08 - 00:57:48:13
for the organization, does that count for 50%?

00:57:49:07 - 00:57:53:11
So this that's going to be likely
a little more difficult in terms of

00:57:53:19 - 00:57:56:20
how do you sort of account for the number of individuals

00:57:56:20 - 00:58:01:12
that will potentially be impacted by the utility?

00:58:01:12 - 00:58:04:01
Right. And the training there.

00:58:04:01 - 00:58:06:11
So something that we can take those feedback

00:58:06:11 - 00:58:09:18
into consideration, because it's not necessarily

00:58:09:18 - 00:58:14:08
training for one individual
that's happening at that time, likely training

00:58:14:08 - 00:58:17:18
that's happening for several individuals.

00:58:18:08 - 00:58:20:15
So how do we calculate that?

00:58:20:15 - 00:58:22:03
But thank you for that question.

00:58:22:03 - 00:58:26:07
We'll take that back in terms of consideration
for how we measure this.

00:58:27:02 - 00:58:30:13

And Lauren,
just to jump on to that for a second as well, the

00:58:30:19 - 00:58:35:07
the presupposition with this
is that the service being provided is behavior support

00:58:35:24 - 00:58:39:08
and would be billable hours
that are fall under that service definition.

00:58:39:21 - 00:58:44:14
I don't know that in a lot of cases
providing that training would fall under that service.

00:58:44:22 - 00:58:50:04
Whether or not it's a behavior specialist
that happens to be providing that training and makes sure

00:58:56:12 - 00:58:59:12
we did have a couple of questions asking about

00:59:00:21 - 00:59:03:18
autism training specifically

00:59:03:18 - 00:59:08:00
and if ODP has anything that would meet that requirement.

00:59:08:06 - 00:59:11:12
We do offer it's called spectrum 2.0

00:59:12:03 - 00:59:14:13
and it is available on MyODP.

00:59:14:13 - 00:59:17:05
Anybody is

00:59:17:05 - 00:59:20:02
it's free and available for folks to take

00:59:20:02 - 00:59:23:18
and that would meet that autism training requirement.

00:59:33:16 - 00:59:35:15
A question

00:59:35:15 - 00:59:39:11
for a provider to be qualified for select
or clinically enhanced.

00:59:39:11 - 00:59:41:03
Do they have to do both?

00:59:41:03 - 00:59:44:18
Do work and medically complex work?

00:59:44:18 - 00:59:47:23
Or can the provider choose one or the other?

00:59:48:17 - 00:59:51:14
This really is sort of an add or situation.

00:59:51:14 - 00:59:54:23
If you're a provider that is highly specialized in terms

00:59:54:23 - 00:59:58:06
of supporting folks with complex medical conditions.

00:59:59:09 - 01:00:02:09
And that is certainly something

01:00:02:17 - 01:00:05:17
we want to continue to reinforce.

01:00:05:22 - 01:00:10:01
And then similarly, if there is folks where your specialty

01:00:10:01 - 01:00:14:17
leans more to dual diagnosis specialty, then that's fine.

01:00:14:18 - 01:00:18:12
We're not necessarily saying you've got to do both

01:00:19:08 - 01:00:21:14

medical complexes and dual diagnosis.

01:00:31:07 - 01:00:32:00
Can I repeat the

01:00:32:00 - 01:00:35:00
training that meets the autism training requirement?

01:00:35:03 - 01:00:38:03
Yes, it's called Spectrum 2.00.

01:00:45:10 - 01:00:48:01
We might want to think about moving on

01:00:48:01 - 01:00:51:01
just for the sake of time here.

01:00:51:11 - 01:00:54:08
Yeah, we're about the halfway point.

01:00:54:08 - 01:00:59:10
All right, so moving into the second standard here.

01:01:00:05 - 01:01:03:08
This is simply demonstrating the use data

01:01:03:08 - 01:01:06:08
to impact individual outcomes.

01:01:06:08 - 01:01:08:15
There are

01:01:08:15 - 01:01:11:23
two performance measures within this.

01:01:12:23 - 01:01:14:15
Both are slightly complex.

01:01:14:15 - 01:01:20:08
So we'll talk more directly in there as we get into
the standards themselves for the measures themselves.

01:01:20:10 - 01:01:23:10
So the next slide.

01:01:25:16 - 01:01:26:05
All right.

01:01:26:05 - 01:01:32:18
So dual diagnosis, behavioral health
2.1 is broken into two pieces,

01:01:32:18 - 01:01:35:20
one of which applies to calendar year 2024,

01:01:36:01 - 01:01:39:18
and the other for the review period of calendar year 2025.

01:01:40:10 - 01:01:43:11
And both these are both sections of this apply

01:01:43:11 - 01:01:46:23
to all providers primary select and clinically enhanced

01:01:48:00 - 01:01:50:01
so that the measure itself

01:01:50:01 - 01:01:56:00
for the review period of calendar year 2024,
you'll report on the percentage of people

01:01:56:00 - 01:01:59:05
with restrictive procedures that have been evaluated

01:01:59:05 - 01:02:02:13
or are in current treatment within the past year

01:02:02:21 - 01:02:05:21
by a licensed psychiatrist, psychologist,

01:02:05:21 - 01:02:09:00
certified registered nurse practitioner,
licensed social worker,

01:02:09:15 - 01:02:12:21
and or has retreat received treatment by a professional

01:02:12:21 - 01:02:15:21
in a licensed outpatient behavioral health clinic.

01:02:16:06 - 01:02:20:15
So it's the 24 person portion of this,
which is just a report on the percentage

01:02:21:09 - 01:02:24:13
for the calendar year 2025 portion.

01:02:24:20 - 01:02:27:01
And moving on from there,

01:02:27:01 - 01:02:29:20
we're asking that you demonstrate 100%

01:02:29:20 - 01:02:34:05
of people with restrictive procedures
have been evaluated or in current treatment

01:02:34:12 - 01:02:39:04
within the past year
by a licensed psychiatrist, psychologist group LSW,

01:02:39:16 - 01:02:45:12
and or they have received treatment by a professional
in a licensed outpatient behavioral health clinic.

01:02:46:16 - 01:02:48:00
So, again, to

01:02:48:00 - 01:02:51:00
kind of break this out as far as the process details go

01:02:51:22 - 01:02:56:23
for calendar year 2020, for the first section of this,
this is a reporting measure only.

01:02:56:23 - 01:02:59:23

We are asking what you are currently doing.

01:03:00:05 - 01:03:03:07
So via the provider survey agencies

01:03:03:07 - 01:03:06:07
will report the number of individuals served

01:03:06:11 - 01:03:09:11
who have had a restrictive procedure plan written

01:03:09:13 - 01:03:12:13
and in use at any time during that calendar year.

01:03:12:21 - 01:03:16:21
Additionally, providers
will report the subgroup of those individuals

01:03:17:01 - 01:03:22:19
that have been evaluated within the past calendar year
by a professional as delineate the measure.

01:03:22:19 - 01:03:28:03
So the numerator then is the number of people
who have seen one of those professionals as delineated.

01:03:28:07 - 01:03:31:21
The denominator is the total number of people who have

01:03:33:05 - 01:03:36:05
received your procedure plans in their profile

01:03:36:10 - 01:03:38:22
and therefore will get the percentage based on that.

01:03:40:00 - 01:03:41:12
Then the second portion of that

01:03:41:12 - 01:03:44:12
for calendar year 2025,

01:03:44:16 - 01:03:47:15

the minimum threshold for the measure is 100%.

01:03:47:15 - 01:03:50:10
Providers will report by a provider survey again

01:03:50:10 - 01:03:53:10
the same way they did for calendar year 2024.

01:03:53:13 - 01:03:57:09
And then again, the numerator for the calculation
is going to be the number of people selected

01:03:57:22 - 01:04:01:10
or by the provider
with restricted procedure plans approved and enacted,

01:04:02:04 - 01:04:05:07
and who have also seen a professional
as delineated in the measure.

01:04:05:12 - 01:04:09:04
And the denominator will be the number of individuals served

01:04:09:23 - 01:04:12:24
who have had a restricted procedure plan enacted.

01:04:13:13 - 01:04:17:06
And again,
this will be collected through the provider survey

01:04:17:17 - 01:04:20:24
as well as review of documentation
for documentation as needed.

01:04:21:11 - 01:04:24:17
And this is not a pay for performance measure.

01:04:25:17 - 01:04:27:14
As we move on to the second one now.

01:04:27:14 - 01:04:28:10
Next slide, please.

01:04:30:01 - 01:04:30:14
All right.

01:04:30:14 - 01:04:33:14
So this slide contemplates then the demonstration

01:04:33:15 - 01:04:36:18
of use of data to impact individual outcomes.

01:04:37:07 - 01:04:40:07
And we're asking for that demonstration to

01:04:41:06 - 01:04:45:04
review to include all of these elements, law enforcement
research

01:04:45:04 - 01:04:48:20
procedures, inpatient hospitalization restraint,

01:04:49:10 - 01:04:53:00
confirmed abuse and neglect, polypharmacy, target

01:04:53:00 - 01:04:56:09
behavioral data and individual satisfaction with services.

01:04:57:06 - 01:05:02:10
And again, this one only applies to select providers
as well as clinically enhanced providers.

01:05:03:07 - 01:05:06:07
So the how and what of how we're getting at this

01:05:06:17 - 01:05:07:17
by the provider.

01:05:07:17 - 01:05:11:03
Survey agencies will submit information

01:05:11:03 - 01:05:14:21
on how they are using data
to impact these individual outcomes.

01:05:15:08 - 01:05:18:08
The survey information will include detailed information

01:05:18:08 - 01:05:23:08
regarding how the data was gathered
and how it was used to impact outcome areas,

01:05:23:20 - 01:05:26:11
which at a minimum will measure

01:05:26:11 - 01:05:29:14
reduction and frequency of law enforcement involvement.

01:05:29:24 - 01:05:33:18
A reduction in both the frequency
and duration of inpatient stays,

01:05:33:24 - 01:05:37:15
reduction in frequency and duration of physical restraints.

01:05:38:06 - 01:05:41:12
Restriction reduction of incidence of confirmed

01:05:41:12 - 01:05:44:17
abuse and neglect, reduction in polypharmacy

01:05:45:06 - 01:05:50:10
and then reduction overall incidence of identified target
behaviors per individual

01:05:50:24 - 01:05:55:10
and then increase in the individual's
overall satisfaction with services.

01:05:56:09 - 01:06:01:03
So each of those elements
there will be in the provider survey, we will ask

01:06:01:09 - 01:06:05:01
specific questions regarding those
and get that documentation back to the provider.

01:06:05:19 - 01:06:09:01
The documentation review will be necessary
if there's additional support

01:06:09:01 - 01:06:13:04
documentation needed
and this is not a paid for performance measure.

01:06:16:07 - 01:06:17:18
All right.

01:06:17:18 - 01:06:20:19
And then on to questions and answers for this section

01:06:26:12 - 01:06:29:15
as I'm going through the question pane here, looking for.

01:06:35:04 - 01:06:35:09
All right.

01:06:35:09 - 01:06:38:12
So we have a question here regarding

01:06:39:08 - 01:06:42:15
if an individual has an ongoing need for or procedures

01:06:43:05 - 01:06:46:04
due to a diagnosis such as Porter Willey,

01:06:46:04 - 01:06:49:06
but does not see a psychiatrist
or a behavioral health professional,

01:06:49:06 - 01:06:54:06
as they do not feel the need for that service,
how will that be addressed?

01:06:54:20 - 01:06:57:23
Again, as indicated in the measure itself,

01:06:58:14 - 01:07:02:15

we feel that it's important
that anybody who has restrictive procedures in their plan

01:07:02:21 - 01:07:05:17
have access to those services

01:07:05:17 - 01:07:08:16
and be able to see those again at least annually.

01:07:08:16 - 01:07:11:16
So that is what we're looking for in that section.

01:07:12:13 - 01:07:15:18
If anybody else has additional feedback on that,
feel free to jump in there.

01:07:15:24 - 01:07:17:04
As far as should the presenters go.

01:07:28:15 - 01:07:31:07
There's another question here

01:07:31:07 - 01:07:36:02
whether the the tier of use in the terminations
also will be based on calendar year

01:07:36:15 - 01:07:39:03
or will ODP post a list of various measure

01:07:39:03 - 01:07:42:03
dates, fiscal year versus calendar year?

01:07:42:09 - 01:07:45:09
And it's just in that
maybe all the review periods be the same.

01:07:46:06 - 01:07:50:05
Each measure is going to indicate within it
what the target dates,

01:07:50:09 - 01:07:53:14
whether it's point in time data, average data over a year

01:07:54:03 - 01:07:57:03
based on calendar or fiscal year are delineated.

01:07:57:18 - 01:08:00:00
So that should be clear within each measure.

01:08:00:00 - 01:08:04:19
And as we're reviewing public comment and looking at these
things as well, there's a solid chance that pieces end up

01:08:04:19 - 01:08:09:15
being more standardized to make it easier
not only for your data collection, but also for our review.

01:08:10:14 - 01:08:13:14
Yeah, and just to expand on that one a little bit, Jared.

01:08:14:04 - 01:08:16:14
So knowing that we're kind of

01:08:16:14 - 01:08:19:14
moving into performance based contracting

01:08:19:20 - 01:08:22:02
and a lot of what we're doing

01:08:22:02 - 01:08:26:07
initially is working to collect baseline data.

01:08:26:07 - 01:08:26:16
Right.

01:08:26:16 - 01:08:30:11
And so it really is
you'll see that many of the performance standards

01:08:31:06 - 01:08:34:06
are things like attestation and reporting,

01:08:34:20 - 01:08:37:20
not necessarily putting assigning a percentage

01:08:38:12 - 01:08:41:12
that has to be met for a lot of these measures,

01:08:41:15 - 01:08:44:15
especially in the case of primary providers.

01:08:44:16 - 01:08:47:09
And so really where we are looking to establish

01:08:47:09 - 01:08:51:01
baseline data at the outset and agree

01:08:51:07 - 01:08:55:00
with Jared statement that over time I think we'll be able to

01:08:56:07 - 01:08:57:08
line up

01:08:57:08 - 01:09:02:10
a little bit easier for everybody to say
if we're evaluating providers

01:09:02:10 - 01:09:05:10
and assigning tiers in January,

01:09:05:16 - 01:09:09:10
we will be looking at consistent periods of time

01:09:10:15 - 01:09:13:15
going forward after the initial

01:09:14:02 - 01:09:17:02
first 18 month period.

01:09:20:13 - 01:09:23:09
So similarly, there's a lot of varying

01:09:23:09 - 01:09:27:14
like individual specific sort of situations and questions
coming in about

01:09:28:05 - 01:09:31:05
this element around restrictive procedures.

01:09:31:11 - 01:09:33:07
And so

01:09:33:07 - 01:09:36:06
you did a really nice job sort of answering this question

01:09:36:06 - 01:09:39:06
and just want to make sure that

01:09:40:01 - 01:09:43:19
we reiterate that any restrictive measure.

01:09:43:19 - 01:09:46:19
Right, whether we're talking about

01:09:46:20 - 01:09:48:23
someone's privacy

01:09:48:23 - 01:09:53:17
because they may require some level of supervision

01:09:54:07 - 01:09:58:17
in order to be safe,
maybe on the Internet or that sort of thing,

01:09:58:23 - 01:10:01:23
maybe they have a particular diagnosis

01:10:01:24 - 01:10:04:18
or will It was something that was referenced already.

01:10:05:19 - 01:10:08:16
Generally, those folks,

01:10:08:16 - 01:10:13:21
if they're not in some sort of treatment
or service, are being evaluated

01:10:14:17 - 01:10:17:16

by a physician that we have

01:10:17:16 - 01:10:20:16
or the professional that's listed here

01:10:21:00 - 01:10:23:15
would definitely welcome some feedback.

01:10:23:15 - 01:10:26:15
I think we got some information through public comment.

01:10:26:19 - 01:10:30:12
Maybe they're not necessarily evaluated by a psychiatrist

01:10:30:12 - 01:10:34:17
or someone in the behavioral health field,
but medically, that medically,

01:10:34:17 - 01:10:38:22
these things are still required
to protect that person's health and safety.

01:10:39:15 - 01:10:42:01
So, number one, remember that we are still

01:10:42:01 - 01:10:45:01
working our way through the public comment period.

01:10:45:04 - 01:10:47:23
But again, we're really trying to reinforce

01:10:47:23 - 01:10:50:23
that when someone does have a modification to their rights,

01:10:51:13 - 01:10:55:06
especially when we're talking about things
like physical restraint

01:10:56:04 - 01:10:58:06
and needing to potentially be

01:10:58:06 - 01:11:01:23

physically restrained by caregivers who

01:11:02:05 - 01:11:05:08
they're interfacing with on a daily basis,

01:11:05:23 - 01:11:09:04
just then the trauma that that can,

01:11:09:13 - 01:11:12:13
quite frankly, sort of create and perpetuate

01:11:13:04 - 01:11:16:04
for people that are receiving our services.

01:11:16:04 - 01:11:20:04
And so we're really reinforcing the importance of folks
having that opportunity

01:11:20:24 - 01:11:25:03
to have professional supports in this capacity.

01:11:25:24 - 01:11:28:20
And along the same vein, have been seeing

01:11:30:00 - 01:11:31:17
some commentary around,

01:11:31:17 - 01:11:35:23
you know, it's difficult to sometimes provide
or to find these types of providers.

01:11:36:19 - 01:11:39:24
And I think two sessions ago,

01:11:40:17 - 01:11:42:24
two summers ago, we talked about having those

01:11:42:24 - 01:11:46:00
professional connections in the community

01:11:46:15 - 01:11:49:16
so that when you do need a resource,

01:11:50:02 - 01:11:54:23
you have an agency that you can go to and that you know

01:11:55:10 - 01:11:59:22
is going to be reliable and going to be sensitive
to the needs of the people that you're supporting.

01:12:00:07 - 01:12:04:05
So remember that all of these measures
really do work together

01:12:04:19 - 01:12:07:13
to be able to create an environment

01:12:07:13 - 01:12:11:02
where providers have these relationships with other entities

01:12:11:08 - 01:12:14:15
so that you know, that you can go get reliable

01:12:15:16 - 01:12:18:16
for people who might need them.

01:12:21:24 - 01:12:22:06
All right.

01:12:22:06 - 01:12:24:24
We do have another question here.

01:12:24:24 - 01:12:26:20
I think it's worth calling out.

01:12:26:20 - 01:12:32:02
The question is, if it clinically enhanced
provider has an increase in admissions, including more newly

01:12:32:02 - 01:12:37:04
diagnosed individuals, the data would likely show
increases in targeted behaviors, negative outcomes.

01:12:37:17 - 01:12:40:17

And asked how if you were going about evaluating this,

01:12:41:02 - 01:12:44:19
as you look at the measure itself,
this is referring back to 2.2.

01:12:45:08 - 01:12:48:12
We're asking for providers to demonstrate
how they're using data

01:12:48:12 - 01:12:52:17
to impact individual outcomes over a variety of places.

01:12:52:17 - 01:12:56:10
This comes down
to booking your data on a person by person basis

01:12:56:15 - 01:12:59:14
as a per capita rather than overall the agency.

01:12:59:14 - 01:13:04:11
But also really just we want you to be able to focus in on
what are you collecting

01:13:04:11 - 01:13:09:14
and how are you leveraging that, you know, whether or not
there is a degree of success at various times.

01:13:09:14 - 01:13:12:11
There's going to be ebb and flow
throughout all of these processes.

01:13:12:11 - 01:13:17:22
But how are you using that data in a way to try
to impact those outcomes, to try to address those concerns,

01:13:18:10 - 01:13:22:08
which we know people with complex
needs are going to struggle and you're going to do your best

01:13:22:08 - 01:13:25:08
to be able to meet those struggles

and to help people improve their lives.

01:13:25:08 - 01:13:30:21
Overall, we're just looking for how you're going
about doing those things and how that is faring over time.

01:13:31:08 - 01:13:35:19
This does not have specific measures
built into it of this percentage reduction

01:13:35:19 - 01:13:40:09
in that or those sorts of things,
and that is intentional in how it was put together.

01:13:52:08 - 01:13:54:01
Another question here.

01:13:54:01 - 01:13:57:22
Is there a minimum or maximum caseload
for behavior specialist

01:13:58:17 - 01:14:03:02
given the 50 to 70% face to face time being suggested?

01:14:03:20 - 01:14:06:20
And how does this work with varying SSIS level needs?

01:14:07:05 - 01:14:10:09
So we've not proposed a minimum or maximum

01:14:10:17 - 01:14:13:17
caseload for behavioral specialists

01:14:14:15 - 01:14:17:02
feel it's important that residential providers be able

01:14:17:02 - 01:14:20:23
to make those decisions and determinations on their own

01:14:21:19 - 01:14:25:07
and be able to meet the needs of the people
that they're supporting

01:14:25:07 - 01:14:28:07
with respect to behavior support.

01:14:28:08 - 01:14:30:22
I'm not sure if you want to put another question

01:14:30:22 - 01:14:33:22
in relative to six levels.

01:14:34:06 - 01:14:37:06
And if the question is kind of

01:14:37:19 - 01:14:39:18
if there are people who have

01:14:39:18 - 01:14:43:04
sort of an increased needs, more behavior specialist time

01:14:44:00 - 01:14:46:21
than potentially others, again,

01:14:46:21 - 01:14:51:22
that really, I think, still boils down
to the individual provider making decisions

01:14:52:17 - 01:14:57:18
about assigning cases in terms of who's
most appropriate to, render those services.

01:15:10:05 - 01:15:10:21
And again,

01:15:10:21 - 01:15:15:12
we're still getting a fair number of questions
around very specific elements

01:15:15:16 - 01:15:20:00
of what is restrictive
and whether or not this restrictive procedure would apply.

01:15:20:19 - 01:15:24:04

This measure is designed to apply
to all restrictive procedures

01:15:24:19 - 01:15:27:14
and will review kind of case by case as pieces are.

01:15:27:14 - 01:15:29:20
There.

01:15:29:20 - 01:15:31:15
But we can't go through all those

01:15:31:15 - 01:15:34:15
given the time we have for today.

01:15:36:01 - 01:15:37:02
Just looking to see this.

01:15:37:02 - 01:15:40:02
Anything else

01:15:40:07 - 01:15:43:07
to address here in the short term?

01:15:51:00 - 01:15:51:08
All right.

01:15:51:08 - 01:15:54:01
I think we're going to move on here.

01:15:54:01 - 01:15:57:09
We can circle back to some of these later on,

01:15:57:09 - 01:16:03:04
but we're going to get into the either
the third and final set of measures

01:16:03:20 - 01:16:06:24
around or a third party standard with measures

01:16:07:05 - 01:16:10:05
around to diagnosis, behavioral health.

01:16:10:11 - 01:16:12:24
So the standard that we're looking at here

01:16:12:24 - 01:16:15:07
definition is demonstrated capacity

01:16:15:07 - 01:16:18:07
to anticipate and de-escalate crisis

01:16:18:17 - 01:16:23:09
and when possible
and when not possible to respond swiftly and effectively.

01:16:24:12 - 01:16:25:23
So this has

01:16:25:23 - 01:16:31:07
three measures within it,
the first of which is a report measure

01:16:31:07 - 01:16:36:05
that applies to primary providers, select providers
and clinically enhanced providers.

01:16:36:23 - 01:16:41:21
The second is a documentation request
that applies only to select and clinically enhanced

01:16:41:21 - 01:16:47:09
providers, and the third is a documentation request
that applies only to clinically enhanced providers.

01:16:47:10 - 01:16:50:22
We'll get into the details of each
kind of as we move forward here.

01:16:51:14 - 01:16:54:14
So let's get into the next slide here.

01:16:55:05 - 01:16:56:08
All right.

01:16:56:08 - 01:16:59:22
So for 3.1 on the dual

01:16:59:22 - 01:17:03:00
diagnosis behavioral health section,
this applies to all providers.

01:17:03:21 - 01:17:07:17
The measure is that we are requesting a description

01:17:07:17 - 01:17:12:17
of agency capabilities for de-escalation
and how the provider anticipates

01:17:12:17 - 01:17:15:21
and responds to a crisis for individuals they support.

01:17:16:15 - 01:17:21:07
So we're looking for a description of support
and resources for direct support

01:17:21:07 - 01:17:25:05
professionals,
as well as front line supervisors for crisis situations.

01:17:25:18 - 01:17:30:01
Any curriculum based crisis response training
that's required for all program staff.

01:17:30:16 - 01:17:33:16
And the procedure for debriefing with staff

01:17:33:18 - 01:17:36:19
and individuals after engaging in a physical restraint.

01:17:37:22 - 01:17:38:04
So the

01:17:38:04 - 01:17:41:11
process details for this
how and what we're going about this.

01:17:42:03 - 01:17:46:04
So this, again,
will you responded to via the provider survey.

01:17:46:23 - 01:17:49:23
So we'll ask you to report the following items

01:17:50:11 - 01:17:52:13
as the survey will request

01:17:52:13 - 01:17:57:23
a detail of the overall capability of the agency
for de-escalating situations that have already arrived

01:17:58:04 - 01:18:04:08
at a crisis level, as well as methods for identifying
warning signs and anticipating crisis situations

01:18:04:14 - 01:18:07:22
and ensuring that adequate resources are available
in a timely manner

01:18:08:10 - 01:18:11:10
to teams that are supporting people that are in crisis.

01:18:11:12 - 01:18:16:06
The second element we're looking for here
is agency provided support and resources

01:18:16:06 - 01:18:20:22
for direct support professionals
and frontline advisors involved in crisis situations.

01:18:21:13 - 01:18:26:22
So this could include the types of support and resources
that are available, how they're able to be accessed

01:18:26:22 - 01:18:32:02
before, during or after a crisis event
so that can be brought to bear in those situations.

01:18:33:02 - 01:18:35:04
And then finally, the name

01:18:35:04 - 01:18:39:08
of what curriculum
based crisis response program is utilized by the agency.

01:18:39:20 - 01:18:42:20
If such a program is in use by the agency,

01:18:43:02 - 01:18:47:04
and then the agency's procedure for debriefing

01:18:47:04 - 01:18:51:02
with staff and individuals
following the use of physical restraint.

01:18:51:16 - 01:18:53:00
And then this details as well.

01:18:53:00 - 01:18:56:22
For the purposes of this measure,
we're referring to crisis situations from a mental health

01:18:56:22 - 01:19:01:23
perspective and defining that as a situation
involving one or more of the following elements

01:19:02:09 - 01:19:05:01
suicidal ideation or acts, self-injurious behavior,

01:19:05:01 - 01:19:09:17
physical aggression, elopement,
and any other situation which involves imminent

01:19:09:17 - 01:19:12:17
risk to health and safety for the individual
or for those around them.

01:19:13:12 - 01:19:17:08
The data gathering the data source for
this is the provider survey

01:19:17:08 - 01:19:20:08
and then any additional documentation review
which may be necessary.

01:19:20:16 - 01:19:23:09
And this is again, not a pay for performance measure.

01:19:25:14 - 01:19:26:24
I'm sure there'll be plenty questions about this.

01:19:26:24 - 01:19:29:24
We'll move on to the next one and get to that.

01:19:30:24 - 01:19:33:16
So this is a request for documentation

01:19:33:16 - 01:19:38:11
of specialized trauma,
informed training and activities for individuals and staff.

01:19:38:11 - 01:19:42:05
This applies to select providers
as well as clinically enhanced providers.

01:19:42:20 - 01:19:46:09
And again, we'll be collecting this via the provider survey.

01:19:47:04 - 01:19:51:12
Providers will submit documentation
indicating that specialized training

01:19:51:12 - 01:19:56:06
on the topic of trauma informed care has been made available
to and provided for both individuals

01:19:56:07 - 01:19:59:19
ordered by the agency,
as well as staff employed by the agency.

01:20:00:06 - 01:20:04:14
And again, the data source for this is going to be

the provider survey as well as documentation review.

01:20:05:01 - 01:20:08:01
And it is not a pay for performance measure.

01:20:10:17 - 01:20:13:17
And next slide, please.

01:20:14:12 - 01:20:19:04
The final performance measures year Behavioral Health 3.3

01:20:20:04 - 01:20:24:04
is a documentation for crisis prevention and de-escalation

01:20:24:04 - 01:20:28:02
training programs
that are made available and provided for all staff.

01:20:28:15 - 01:20:31:23
Examples of programs include you Karru

01:20:31:23 - 01:20:36:00
Positive behavioral interventions
and supports also known as PBIS,

01:20:36:15 - 01:20:39:00
KPIs, CPS met system,

01:20:39:00 - 01:20:42:02
nonviolent crisis intervention, training, etc.

01:20:42:02 - 01:20:44:12
and this applies only to clinically enhanced providers.

01:20:44:12 - 01:20:49:14
So again, by the provider
survey providers will submit documentation

01:20:50:08 - 01:20:52:14
involving the crisis prevention

01:20:52:14 - 01:20:55:15

and de-escalation training programs
that have been made available to their staff.

01:20:56:09 - 01:20:59:04
And then we have the example of the critically

01:20:59:04 - 01:21:02:05
accepted programs that are included in the measure.

01:21:02:12 - 01:21:06:00
Documentation will need to include the name of the program,

01:21:06:10 - 01:21:09:10
an overview of the topics and skills the program covers,

01:21:09:22 - 01:21:12:06
and the number of staff fully trained in the program.

01:21:12:06 - 01:21:15:06
As of July 1st, 2024,

01:21:15:13 - 01:21:18:03
and then what the agency's plan is to ensure

01:21:18:03 - 01:21:23:03
that not only are new staff trained after hire,
but existing staff are recertify

01:21:23:14 - 01:21:27:15
per whatever the individual program requirements are with
the program is being utilized.

01:21:28:17 - 01:21:31:17
Data source for this again, as I said, as a provider survey

01:21:31:20 - 01:21:35:01
as well as additional documentation
being provided as part of that survey.

01:21:35:10 - 01:21:38:10
And this is not a pay for performance measure.

01:21:39:09 - 01:21:43:18
And that brings us to
then questions and answers for section,

01:21:45:23 - 01:21:48:23
and I'll have a little bit of order.

01:21:50:04 - 01:21:53:07
So ahead of question and I Karen,

01:21:53:07 - 01:21:57:05
it might be helpful to go back to Slide 41

01:21:58:03 - 01:22:00:24
to describe this

01:22:00:24 - 01:22:03:24
and have it sort of as a visual for folks.

01:22:04:08 - 01:22:08:13
So curriculum,
the question is this curriculum based crisis response

01:22:08:13 - 01:22:13:08
training required for all the description
and the process seem to be in conflict.

01:22:13:08 - 01:22:18:19
So just a reminder that what we're looking for
for all providers

01:22:20:01 - 01:22:22:17
on that first one, Zone 3.1,

01:22:22:17 - 01:22:27:03
is reporting the current description of your agency's

01:22:27:03 - 01:22:31:08
capabilities
for crisis, de-escalation, response and debriefing.

01:22:31:11 - 01:22:36:17

And so again, we want to know descriptions
what support and resources might be available.

01:22:36:21 - 01:22:40:03
You may already be providing some of this curriculum

01:22:40:03 - 01:22:43:05
based crisis prevention and de-escalation.

01:22:44:17 - 01:22:46:17
But if you move down right

01:22:46:17 - 01:22:51:06
through the measures here,
it starts to get into more specifically.

01:22:51:20 - 01:22:55:14
And so for three point, two,
we're selected, clinically enhanced,

01:22:55:14 - 01:22:58:14
we're looking for documentation.

01:22:58:14 - 01:23:03:12
So again, evidence of specialized trauma,
informed training or activities for individuals and staff

01:23:03:21 - 01:23:09:01
and then for those clinically enhanced folks,
this providers 3.3 is worth a look.

01:23:09:01 - 01:23:12:18
This is where we're looking for documentation

01:23:12:18 - 01:23:16:24
that the provider is able

01:23:16:24 - 01:23:20:24
to support these programs
or is providing these programs to staff

01:23:21:13 - 01:23:26:01

with these more formal crisis
intervention and prevention programs.

01:23:26:01 - 01:23:29:23
So hopefully, going back to that slide, just a a visual

01:23:30:03 - 01:23:33:03
I think can be helpful.

01:23:39:12 - 01:23:40:14
Is there any consideration

01:23:40:14 - 01:23:45:00
to making 3.3 a paper performance
measure for primary providers

01:23:45:12 - 01:23:48:15
since this is a significant financial investment
in crisis prevention,

01:23:48:20 - 01:23:51:19
de-escalation training programs?

01:23:51:19 - 01:23:54:16
I think we definitely got some commentary as

01:23:54:16 - 01:23:57:16
public comment on the cost of

01:23:58:17 - 01:24:01:17
expenses for these types of trainings.

01:24:01:21 - 01:24:04:21
And so while we can't necessarily

01:24:05:17 - 01:24:08:15
confirm today whether or not we will be able to do that,

01:24:08:15 - 01:24:12:01
I think taking your comment and question

01:24:12:06 - 01:24:15:02

into consideration with the others

01:24:15:02 - 01:24:18:02
on a similar subject, we appreciate the

01:24:18:17 - 01:24:19:12
at this time.

01:24:19:12 - 01:24:25:02
It is not, as you know, as is proposed,
but we are still in the period of time

01:24:25:02 - 01:24:28:02
where we will be making changes.

01:24:28:10 - 01:24:32:22
But I think it's also worth noting that 3.3 only applies
to clinically enhanced providers.

01:24:33:09 - 01:24:35:13
So that's not looking for all staff.

01:24:35:13 - 01:24:38:13
They're all providers.

01:24:51:22 - 01:24:53:13
There's another question about whether the

01:24:53:13 - 01:24:58:12
the crisis plan that's part of the individuals
behavior support plan and staff training,

01:24:58:20 - 01:25:02:12
receiving training on that would qualify as preventative
and de-escalation training.

01:25:02:12 - 01:25:04:17
I think that's definitely part of the puzzle.

01:25:04:17 - 01:25:08:10
I think overall what we're looking for in 3.1 is a report of

01:25:08:17 - 01:25:12:23
your agency is generally doing in terms of de-escalation.

01:25:12:23 - 01:25:18:15
You know, it can come from your agency's philosophy,
from overall trainings that people get their intention

01:25:18:16 - 01:25:23:01
only kind of left wide open
so that anything your agency is doing toward

01:25:23:08 - 01:25:27:21
de-escalation, crisis response, debriefing,
any of those areas can really apply to this.

01:25:27:21 - 01:25:32:13
So this is will all be included,
as you put in your response to the provider survey.

01:25:37:11 - 01:25:38:04
And we are getting

01:25:38:04 - 01:25:42:00
close to that time on this as well
and there's quite a bit less to go.

01:25:42:00 - 01:25:45:00
So I think it's best we move on at this point.

01:25:47:07 - 01:25:47:17
All right.

01:25:47:17 - 01:25:53:01
So this is the last of the sections that I'll be going over.

01:25:53:18 - 01:25:56:18
This is complex needs clinical,

01:25:57:06 - 01:25:59:12
the definition of this standard,

01:25:59:12 - 01:26:02:12

which has five different performance measures within it,

01:26:03:03 - 01:26:06:03
is that the residential program has a demonstrated

01:26:07:02 - 01:26:09:05
employed or contracted

01:26:09:05 - 01:26:13:24
licensed clinical staff
and or staff credentialed in a nationally recognized ODP.

01:26:13:24 - 01:26:17:07
approved credentialing program that meets the needs

01:26:17:07 - 01:26:20:07
of the individuals being served in the program.

01:26:21:00 - 01:26:25:17
So none of these measures apply to primary providers.

01:26:25:21 - 01:26:30:20
Are the first three, which we'll get into in detail
in a moment here apply to select

01:26:31:02 - 01:26:35:10
clinically enhanced provider and the final to apply
only to clinically enhanced providers.

01:26:35:21 - 01:26:39:00
And we'll get into the details of each
as we get into each slide.

01:26:39:01 - 01:26:40:00
So next slide, please.

01:26:42:12 - 01:26:43:24
So first here,

01:26:43:24 - 01:26:47:15
performance measure 1.1 asks for providers to provide

01:26:47:15 - 01:26:53:19
the current ratio of licensed and credentialed full time
equivalents to the number of people

01:26:53:19 - 01:26:57:08
served to demonstrate
the adequacy of the agency clinical team.

01:26:58:02 - 01:27:01:13
Again, we're going to collect this primarily via
the provider survey.

01:27:02:01 - 01:27:05:17
So by way of that survey agencies
will report out the names and license

01:27:05:17 - 01:27:08:20
and credential information
of all their license and credential.

01:27:08:22 - 01:27:13:19
Clinical staff are employed by the provider
as of a specified date.

01:27:13:19 - 01:27:19:02
But actually part of that survey question
this information will be tabulated and compared to provider

01:27:19:02 - 01:27:24:12
census data to determine the ratio licensed
credential employees, the number of people served.

01:27:24:20 - 01:27:27:15
And again, this is purely a reporting measure,

01:27:27:15 - 01:27:30:15
just asking for what the current ratios are.

01:27:30:17 - 01:27:31:19
And again the data source.

01:27:31:19 - 01:27:34:14

There is a provider survey that we may look at just an

01:27:35:13 - 01:27:38:13
excess authorization utilization data as well as necessary.

01:27:38:19 - 01:27:41:19
This is not a pay for performance measure.

01:27:42:09 - 01:27:42:17
All right.

01:27:42:17 - 01:27:45:17
Next slide.

01:27:46:14 - 01:27:48:00
So see and see.

01:27:48:00 - 01:27:49:21
One point to our report.

01:27:49:21 - 01:27:53:10
Names and authors of clinical assessments currently in use,

01:27:54:01 - 01:27:58:21
the methodology determining in what circumstances
specific assessments are to be implemented

01:27:59:10 - 01:28:03:22
and the means by which adequate follow up from completed
assessments is assured.

01:28:04:20 - 01:28:07:21
This applies to select clinically enhanced providers only

01:28:08:14 - 01:28:13:03
and we will collect this by way,
the provider survey providers will report our information

01:28:13:03 - 01:28:16:23
on what assessments
they're using, their methodology for assessment

01:28:16:23 - 01:28:20:00
use as far as which

01:28:20:00 - 01:28:23:00
specific assessments are used in which circumstances

01:28:23:05 - 01:28:26:12
and how they're determining that
and in the process for follow up.

01:28:26:16 - 01:28:31:10
Ensuring that there is adequate application
after an assessment has been completed.

01:28:32:02 - 01:28:38:04
And again, we really want to make sure that providers
are using appropriate assessments, that they are ensuring

01:28:38:04 - 01:28:43:23
that their clinical staff are able to adequately assess
the needs of people as it comes to very specific situations.

01:28:45:00 - 01:28:46:08
So we will again review this

01:28:46:08 - 01:28:50:04
by provider survey primarily,
but there will be documentation review if necessary.

01:28:50:04 - 01:28:52:24
And this is not a pay for performance measure.

01:28:52:24 - 01:28:53:04
All right.

01:28:53:04 - 01:28:56:04
Next slide, please.

01:28:56:24 - 01:29:00:11
So for this section, there are two elements

01:29:00:11 - 01:29:04:16

to this performance measure, which again applies to select
and clinically enhanced providers.

01:29:05:12 - 01:29:10:07
So 1.3 indicates provide a plan and it to agency tracking

01:29:10:07 - 01:29:13:14
and use of data from the health risk screening

01:29:13:14 - 01:29:18:13
tool measure of interruption in daily activity
because of illness

01:29:19:00 - 01:29:22:00
referenced as clinical issues in the study

01:29:22:02 - 01:29:25:02
to inform health outcomes.

01:29:25:18 - 01:29:28:14
So first portion of this as far as data collection

01:29:28:14 - 01:29:32:02
goes, is by way of the attestation form
which we've discussed previously.

01:29:32:12 - 01:29:36:03
Providers will submit to attestation of the agency using

01:29:36:07 - 01:29:39:15
tracking and using HRST data as indicated in the measure.

01:29:40:05 - 01:29:42:20
And then through the provider survey, we're

01:29:42:20 - 01:29:47:09
requesting a detail plan
of how the agency is tracking that data

01:29:47:09 - 01:29:51:18
and how they're using it overall
and how it's being used to improve health outcomes.

01:29:52:15 - 01:29:53:20
So this is

01:29:54:24 - 01:29:56:22
in the first section

01:29:56:22 - 01:29:59:19
of the HRST Category one functional status

01:29:59:19 - 01:30:02:19
section E clinical issues affecting Daily life.

01:30:03:04 - 01:30:06:00
This reviews

01:30:06:00 - 01:30:09:15
how often issues related to physical, mental
or behavioral health

01:30:09:15 - 01:30:13:13
take the person away from doing
or enjoying typical daily activities.

01:30:13:21 - 01:30:17:20
That's what we're looking for review of here,
and that's what we're looking for.

01:30:18:08 - 01:30:21:08
Impact on health outcomes.

01:30:21:21 - 01:30:22:04
All right.

01:30:22:04 - 01:30:25:04
Next slide, please.

01:30:26:16 - 01:30:26:23
All right.

01:30:26:23 - 01:30:30:22
So this is applies only to clinically enhanced providers.

01:30:31:03 - 01:30:34:21
CMC 1.4, you must meet a 1

01:30:34:21 - 01:30:38:19
to 10 minimum minimum ratio of behavioral and mental health.

01:30:38:19 - 01:30:43:10
Clinical staff to all individuals in residential services
served.

01:30:44:01 - 01:30:47:01
We'll be collecting this again via the provider survey

01:30:47:18 - 01:30:50:16
in which agencies report out the number of FTE

01:30:50:16 - 01:30:55:09
Behavioral Mental health clinical staff
employed by the agency as a specific date,

01:30:56:04 - 01:30:59:04
and then the provider will report the

01:30:59:17 - 01:31:02:14
that that will be the numerator number, but the denominator

01:31:02:14 - 01:31:08:01
will be provider census as of the same date
and the outcome of the equation,

01:31:08:01 - 01:31:11:20
there has to be a minimum of 1 to 10 to qualify
for clinically enhanced status

01:31:12:08 - 01:31:15:08
or we'll collect this again by the provider survey

01:31:15:17 - 01:31:18:03
with any supporting documentation as necessary.

01:31:18:03 - 01:31:21:08

And this is not a pay for performance measure.

01:31:23:10 - 01:31:23:16
All right.

01:31:23:16 - 01:31:25:17
Next slide, please.

01:31:25:17 - 01:31:25:23
All right.

01:31:25:23 - 01:31:30:07
And then the final performance measure within this again

01:31:30:07 - 01:31:33:07
applies only to clinically providers.

01:31:33:17 - 01:31:37:08
And this is at the population
served in residential has an average

01:31:37:08 - 01:31:42:06
needs level of 4.5 or greater and an average health care

01:31:42:06 - 01:31:47:03
level of 3.5 or greater for the total population served.

01:31:47:24 - 01:31:51:15
So this breaks into two sections
as far as how we're going to go about calculating

01:31:51:15 - 01:31:55:23
this one with the needs level, the other with the HRST

01:31:57:01 - 01:31:58:08
health care level.

01:31:58:08 - 01:32:03:14
And this will be as of July 1st, 2024,
the first portion, the normal rater.

01:32:03:17 - 01:32:06:19

The numerator will be the total needs level of all persons

01:32:07:11 - 01:32:10:11
served by the provider as of that date.

01:32:10:11 - 01:32:15:24
The denominator will be the total people supported by
the provider and residential services as at the same date.

01:32:16:20 - 01:32:20:11
In the second portion,
the health care level will be very similarly measured.

01:32:21:09 - 01:32:26:00
First of all, for the be measured
as indicated earlier in the presentation,

01:32:26:07 - 01:32:29:18
all HRST for screenings must be up to date

01:32:29:18 - 01:32:33:00
as per the HRS Protocol as of that date.

01:32:33:00 - 01:32:37:08
And then we'll be looking at the total health
care level of all persons

01:32:37:08 - 01:32:41:09
supported by the provider as of the date
and then the denominator with the total number

01:32:41:09 - 01:32:45:00
of people supported by the provider in residential services
as of the same date.

01:32:45:07 - 01:32:49:12
And again, looking for that being a 3.5 or greater
for the health care level

01:32:49:19 - 01:32:52:19
or four point, five or greater for the needs level.

01:32:53:13 - 01:32:57:05
And then we will be collecting this data through CIS,

01:32:58:11 - 01:32:59:24
HRST. We

01:32:59:24 - 01:33:03:12
can pull other data sources
such as pulse, light, hexes, etc.

01:33:04:04 - 01:33:07:13
and this is not a pay for performance measure.

01:33:08:21 - 01:33:12:06
And then that brings us to questions

01:33:12:06 - 01:33:15:06
and answers for this section.

01:33:23:01 - 01:33:23:17
All right.

01:33:23:17 - 01:33:26:17
I'll jump in while Geri gets caught up here.

01:33:27:14 - 01:33:29:17
And so lots of questions

01:33:29:17 - 01:33:32:17
in this section, which we absolutely anticipated,

01:33:33:12 - 01:33:38:22
first of which is does the ratio of individuals
to clinical staff include all individuals in residential

01:33:38:22 - 01:33:43:14
or only those individuals with the need for behavior
support plans?

01:33:43:14 - 01:33:46:14
This is all individuals in residential

01:33:46:20 - 01:33:49:20
are included in this ratio.

01:33:51:19 - 01:33:54:19
Another question around clinical assessments.

01:33:54:23 - 01:33:57:16
The question is the assessments that are used

01:33:57:16 - 01:34:00:16
are these at the discretion, discretion of the behaviors

01:34:01:09 - 01:34:05:00
or are there other recommended assessments
that are to be used?

01:34:05:06 - 01:34:09:01
So I just remember this is a reporting measure

01:34:09:16 - 01:34:12:05
and what we're looking for here

01:34:12:05 - 01:34:15:05
is they certainly could be assessments that are either

01:34:15:11 - 01:34:19:07
generated by or recommended by a behavioral specialist,

01:34:19:21 - 01:34:24:01
but these could include recommended assessments from other

01:34:25:11 - 01:34:28:11
professionals that are supporting that individual.

01:34:29:03 - 01:34:32:04
And so if there's a specialty assessment

01:34:32:04 - 01:34:36:04
that maybe a psychiatrist is recommending or a clinician

01:34:36:04 - 01:34:39:04
is recommending, then we would ask that you report out

01:34:39:20 - 01:34:43:22
and then ensure that those are completed as well.

01:34:49:24 - 01:34:51:06
A couple of things,

01:34:51:06 - 01:34:56:05
Jared, presented on the population served

01:34:57:12 - 01:35:01:02
having a particular health care level and needs level.

01:35:01:07 - 01:35:04:17
And these are other areas where we've gotten some

01:35:06:13 - 01:35:09:13
high volume of public comment.

01:35:09:24 - 01:35:13:14
So again, keep in mind there are some areas that be

01:35:14:16 - 01:35:17:04
that may change based on public comment.

01:35:17:04 - 01:35:20:04
Just want folks to keep that in mind as well.

01:35:21:08 - 01:35:22:14
I believe in the self.

01:35:22:14 - 01:35:24:02
I'm sorry, go ahead.

01:35:24:02 - 01:35:29:09
I'd say the definition of behavioral health
and mental health clinical staff was requested

01:35:29:20 - 01:35:35:08
from the the self assessment, the toolkit that was
and I can read that out.

01:35:35:08 - 01:35:36:12
I have it in front of me.

01:35:36:12 - 01:35:37:00
Accepted.

01:35:37:00 - 01:35:42:04
Behavioral mental health professionals are licensed
psychiatrists, psychology professional counselor,

01:35:42:18 - 01:35:46:19
behavior specialist, BCBA, BCABA, NADD Dual

01:35:46:19 - 01:35:50:23
Diagnosis Specialist, Certified Peer Specialist LCSW,

01:35:51:05 - 01:35:55:02
Registered Behavioral Technician Behavior
and any Behavior support professional

01:35:55:02 - 01:35:58:17
that meets ODP waiver qualification requirements

01:35:59:14 - 01:36:02:00
and that will need documentation

01:36:02:00 - 01:36:05:18
of those licenses from the provider
as per the specified time.

01:36:06:06 - 01:36:07:16
So refer back to that tool kit.

01:36:07:16 - 01:36:11:14
There's a bunch of really good information in there,
including that specific blurb

01:36:11:21 - 01:36:14:16
for what we mean by behavioral mental health clinical staff.

01:36:30:24 - 01:36:31:20
A lot

01:36:31:20 - 01:36:35:19
of the questions I think we're getting
are repeat questions that we answered out loud.

01:36:35:24 - 01:36:39:17
I did drop into one of the questions about

01:36:40:11 - 01:36:43:07
which credentials

01:36:43:07 - 01:36:46:07
would meet the requirements for clinical staff.

01:36:46:11 - 01:36:48:07
So folks should have that.

01:36:48:07 - 01:36:51:18
But also Ledger and referenced those are in

01:36:53:04 - 01:36:56:04
the self-assessment tool as well.

01:37:02:01 - 01:37:05:24
A question here
when counting clinical and credentialed staff,

01:37:06:15 - 01:37:09:15
are we listing together behavioral behavioral

01:37:09:15 - 01:37:12:15
credentials and medical credentials?

01:37:12:20 - 01:37:16:09
And so when we're looking at performance

01:37:16:09 - 01:37:19:09
measure CMC 1.4,

01:37:20:07 - 01:37:23:14
these are looking at specifically we've got listed out

01:37:23:22 - 01:37:26:22
behavioral health professionals.

01:37:26:22 - 01:37:29:11
I believe there is another measure

01:37:29:11 - 01:37:33:12
that we have discussed
where we talk about medical credentials.

01:37:33:24 - 01:37:36:24
So those are separate in

01:37:37:18 - 01:37:40:18
the performance measures

01:37:45:06 - 01:37:46:16
and there have been a couple of questions

01:37:46:16 - 01:37:49:20
along the kind of frame of

01:37:51:06 - 01:37:52:17
what if you don't support folks

01:37:52:17 - 01:37:58:05
that are medically complex or truly diagnosed
or have those clinical challenges

01:37:58:23 - 01:38:01:05
that I think refers back

01:38:01:05 - 01:38:05:20
to the minimum health care
level and average needs level for your population,

01:38:05:20 - 01:38:09:11
If you're not supporting those support folks,
you wouldn't qualify under that measure.

01:38:10:03 - 01:38:11:21
So that's kind of clear.

01:38:11:21 - 01:38:14:21
Within that, I believe.

01:38:19:13 - 01:38:22:20
Can we just have Karen or Carmen

01:38:22:20 - 01:38:26:22
drop the slide deck in the chat one more time?

01:38:26:22 - 01:38:29:12
I think when folks join late,

01:38:29:12 - 01:38:31:21
they don't see the old chap.

01:38:31:21 - 01:38:36:22
We had a request for the slides more time
and we should probably keep going.

01:38:36:22 - 01:38:40:02
Yeah, yeah.

01:38:40:02 - 01:38:42:06
So thank you all for the time.

01:38:42:06 - 01:38:44:13
With that, I'll turn over to Dr.

01:38:44:13 - 01:38:47:13
Cherpes to close out the afternoon.

01:38:50:05 - 01:38:50:16
Okay.

01:38:50:16 - 01:38:51:09
Thank you, Jarrad.

01:38:52:08 - 01:38:52:21
So we have

01:38:52:21 - 01:38:56:19

two more sections to go through,
which I think will probably be able to cover.

01:38:56:19 - 01:39:04:07
If not, we will push the last section
into the final session, which I believe is next Thursday.

01:39:05:10 - 01:39:08:22
So when stay in here now, with complex

01:39:08:23 - 01:39:13:08
needs clinically focused for the final set of standards,

01:39:14:01 - 01:39:19:00
with the definition of the standard of,
a demonstrated ability to support individuals

01:39:19:08 - 01:39:22:24
to access necessary physical health and behavioral health

01:39:22:24 - 01:39:26:03
treatments, There are three measures within this standard

01:39:26:21 - 01:39:30:10
the first applying to all three tiers, the second

01:39:30:10 - 01:39:34:20
to select in clinically enhanced
and the third to clinically enhanced.

01:39:35:04 - 01:39:42:15
Okay, so let's go to the next slide and look at the measure,
which is report

01:39:42:15 - 01:39:46:13
current description of professional relationships
to support individuals,

01:39:46:20 - 01:39:50:01
for example, relationships
with a local mental health provider,

01:39:50:08 - 01:39:55:04
certified peer specialist
and or primary care health or medical provider

01:39:55:04 - 01:39:59:18
that has training experience in autism
or developmental disabilities.

01:39:59:18 - 01:40:04:21
At least this will be a data source of the provider survey,

01:40:05:04 - 01:40:09:23
and the providers will report information
relating to any professional relationships

01:40:09:23 - 01:40:13:09
that the provider agency maintains in order to support

01:40:14:06 - 01:40:16:24
individuals with medical and behavioral health needs.

01:40:16:24 - 01:40:20:13
Again, this applies to
everybody will just be reporting what you have

01:40:21:21 - 01:40:23:04
in place.

01:40:23:04 - 01:40:26:13
And it is not a pay for performance measure.

01:40:28:22 - 01:40:30:05
The next standard.

01:40:30:05 - 01:40:34:17
A lot of words on the screen here on the next slide,

01:40:35:14 - 01:40:38:00
but we'll sort through it.

01:40:38:00 - 01:40:41:11
There are two parts of this standard, actually.

01:40:41:19 - 01:40:45:22
One part applies to both select and clinically enhanced.

01:40:46:05 - 01:40:49:04
The second part applies to only clinically enhanced.

01:40:49:04 - 01:40:52:11
And these are based on going back to the HEDIS.

01:40:52:11 - 01:40:54:18
And I realized I apologize.

01:40:54:18 - 01:40:58:23
Initially I used an abbreviation
that I didn't have written out and that is the HEDIS.

01:40:58:23 - 01:41:03:12
And he just stands for health care
effectiveness data and information set.

01:41:03:12 - 01:41:07:13
It is a nationally established set of metrics

01:41:07:13 - 01:41:11:14
by which health care providers are measured.

01:41:11:14 - 01:41:14:13
And we talked about this
measure early. This is another one of

01:41:15:15 - 01:41:16:18
those measures.

01:41:16:18 - 01:41:20:13
And this looks at follow up after hospitalization

01:41:20:13 - 01:41:24:18
for mental illness occurring within 30 days,

01:41:25:08 - 01:41:28:08
a minimum of 75% the time.

01:41:28:11 - 01:41:31:17
So this will apply to individuals six years of age

01:41:32:10 - 01:41:37:08
and older, again, to align with the just measures
who have been discharged from an acute

01:41:38:00 - 01:41:41:05
setting with the primary diagnosis of discharge

01:41:41:07 - 01:41:44:07
for mental illness or intentional self-harm.

01:41:44:18 - 01:41:47:04
And this measure will assess rates of follow up

01:41:47:04 - 01:41:51:02
with the mental health provider within 30 days of discharge

01:41:51:07 - 01:41:56:07
by way of review of claims
for the previous calendar year, plus 30 days.

01:41:56:23 - 01:42:00:15
Now, when we reference a mental health provider,

01:42:00:21 - 01:42:05:10
this again is the same set that is used in the just measures
and it would include

01:42:05:10 - 01:42:10:10
clinical social worker, marriage and family therapist,
mental health, occupational therapist,

01:42:12:01 - 01:42:15:18
neuropsychologist, professional counselor,
psychiatric or mental health.

01:42:15:18 - 01:42:20:22
Nurse practitioner, clinical nurse,
specialists, psychiatrists, psychoanalysts, psychologists.

01:42:21:16 - 01:42:24:00
So here the denominator is individuals

01:42:24:00 - 01:42:28:11
served by the provider who are six years or older,
who've been discharged

01:42:28:11 - 01:42:31:11
from an acute inpatient stay with

01:42:31:16 - 01:42:34:15
within the previous calendar year plus 30 days.

01:42:34:15 - 01:42:38:05
And the principal diagnosis of discharge

01:42:38:07 - 01:42:41:08
must be a mental illness or intentional self-harm.

01:42:41:19 - 01:42:47:22
And then the numerator is that same set
and those who have had a follow up with an appropriate

01:42:47:22 - 01:42:53:22
professional with one of those specialists
that we mentioned within 30 days of this will, again,

01:42:53:22 - 01:42:58:15
the question was is
this are these that the providers will need to use?

01:42:58:15 - 01:43:00:22
We will be

01:43:00:22 - 01:43:03:18
using Medicaid and Medicare data

01:43:03:18 - 01:43:07:14
claims and encounter data
as well as what's called the P three

01:43:07:14 - 01:43:11:18
and or the Pennsylvania patient and provider network,

01:43:11:23 - 01:43:15:23
which is a the statewide health information exchange that.

01:43:16:04 - 01:43:20:09
We would have access to the mental illness diagnoses.

01:43:20:09 - 01:43:23:11
Codes that will be looked for are included there.

01:43:23:11 - 01:43:28:08
The X's mean
that there are sort of any number of additional numbers

01:43:28:08 - 01:43:32:22
that follow that to be more specific
about particular diagnoses.

01:43:33:16 - 01:43:37:02
And then the follow up codes again are are listed there.

01:43:37:07 - 01:43:42:05
And just to mention that these codes
may be subject to change as they are as

01:43:42:19 - 01:43:45:06
codes get updated over time.

01:43:46:20 - 01:43:49:02
And then finally, for

01:43:49:02 - 01:43:53:06
this measure on the on the next slide is again,

01:43:53:07 - 01:43:56:06
essentially the same information,

01:43:56:06 - 01:44:00:09
but it's looking more specifically at follow up
within seven days

01:44:00:18 - 01:44:04:06
of a discharge from an acute inpatient

01:44:04:06 - 01:44:08:16
settings, the primary diagnosis of mental illness
or self-harm.

01:44:09:06 - 01:44:11:02
Now, if

01:44:11:02 - 01:44:14:05
a measure I'm sorry,

01:44:14:05 - 01:44:17:23
we back up
so that this measure is that follow up after hospitalization

01:44:18:05 - 01:44:22:05
for mental illness occurs
within seven days of minimum of 40% of the time

01:44:23:08 - 01:44:27:09
and again within 30 days minimum 75% of the time.

01:44:28:05 - 01:44:33:03
So this has a lower standard than the 30 days, of course.

01:44:33:03 - 01:44:36:24
And if a up is does occur

01:44:36:24 - 01:44:41:01
within seven days,
that would count also towards the 30 day follow up.

01:44:41:09 - 01:44:44:09
So it would need both

01:44:45:13 - 01:44:50:02
the same set of specialists that would be involved.

01:44:50:19 - 01:44:56:24

The numerator and denominator are as discussed again
this time go within seven days follow up.

01:44:57:06 - 01:44:59:20
Same set of mental health diagnoses.

01:44:59:20 - 01:45:03:04
Codes will be matched against the same set of

01:45:05:04 - 01:45:08:04
procedure codes for four follow up visits.

01:45:09:13 - 01:45:10:19
Now not a paper

01:45:10:19 - 01:45:13:19
performance measure, and it's the same data set

01:45:15:06 - 01:45:17:15
that would be used Medicare medical

01:45:17:15 - 01:45:19:21
aid claims as well as encounter data

01:45:19:21 - 01:45:22:21
and access to AP three and

01:45:27:00 - 01:45:30:16
and let me take a look here at the question,

01:45:30:16 - 01:45:33:16
see what, if anything, has come in.

01:45:36:01 - 01:45:37:15
I can jump in, Doctor,

01:45:37:15 - 01:45:40:15
while you take a look at some of the questions.

01:45:41:01 - 01:45:45:15
And so at think we had a question around

01:45:46:02 - 01:45:48:22
what qualifies as follow up.

01:45:48:22 - 01:45:54:15
Does this include telehealth or a phone call
with the provider, or does it need to be an in-person visit?

01:45:54:15 - 01:45:56:14
What is the what?

01:45:56:14 - 01:45:58:19
What if the individual is discharged

01:45:58:19 - 01:46:01:19
without orders or recommendations for followup?

01:46:02:02 - 01:46:05:02
So there's a lot to unpack, but we'll do our best.

01:46:05:02 - 01:46:07:16
So we have listed the

01:46:08:23 - 01:46:10:17
CPT codes

01:46:10:17 - 01:46:13:17
that would capture this kind of data.

01:46:13:17 - 01:46:17:01
When we talk about follow up or a follow up visit.

01:46:18:03 - 01:46:22:03
And so those procedure codes or those CPT codes

01:46:22:12 - 01:46:26:16
believe are also billed when people have telehealth visits.

01:46:26:23 - 01:46:29:23
So we'll be able to capture that information.

01:46:30:03 - 01:46:34:02
And then really the more concerning I think piece is folks

01:46:34:02 - 01:46:39:18
being discharged from these settings
without ordering or recommendations,

01:46:39:24 - 01:46:43:11
because these are oftentimes

01:46:43:11 - 01:46:46:18
they are requirements of managed care organizations.

01:46:46:18 - 01:46:49:21
And really this is critical when someone has been

01:46:50:09 - 01:46:54:09
hospitalized for psychiatric reasons that they do have

01:46:54:23 - 01:46:57:23
appropriate follow up after their discharge.

01:46:58:05 - 01:47:01:07
And so that would certainly be a situation where

01:47:01:16 - 01:47:06:03
if a hospital is recommending discharge
or has already discharged

01:47:06:19 - 01:47:09:17
for the provider or others

01:47:09:17 - 01:47:15:21
to support that individual relative to advocacy
and making sure that they do have follow up

01:47:15:21 - 01:47:21:04
care after the hospitalization and after trip,
is that there's additional you wanted to add?

01:47:22:08 - 01:47:24:07
Yes. Just

01:47:24:07 - 01:47:28:09

to agree and to say that there might be additional modifiers

01:47:28:09 - 01:47:31:18
that are used for a telehealth visit and that would
and that would count count.

01:47:38:02 - 01:47:40:20
Another question, is it being taken into consideration

01:47:40:20 - 01:47:45:21
that provider agencies do not have control of follow up
provider availability?

01:47:46:04 - 01:47:50:01
It's rare that these appointments
able to be scheduled within 30 days.

01:47:50:17 - 01:47:53:05
So definitely we appreciate that

01:47:53:05 - 01:47:56:05
there can be challenges in terms of

01:47:56:06 - 01:47:58:11
getting on calendars.

01:47:58:11 - 01:48:00:06
Post-Discharge.

01:48:00:06 - 01:48:03:06
However, it is also in part

01:48:03:12 - 01:48:08:01
sort of the shared responsibility
in terms of hospitals need be assured that they're

01:48:09:03 - 01:48:12:05
referring folks to providers who have availability

01:48:12:12 - 01:48:16:05
and residential providers that are required by licensure

01:48:17:01 - 01:48:20:11
to be sure that folks are attending those follow up visits.

01:48:21:08 - 01:48:24:15
And so the other piece that I wanted to add here was

01:48:24:20 - 01:48:28:10
we have actually studied this data that is available to us.

01:48:29:01 - 01:48:32:09
And so we have set these thresholds

01:48:33:00 - 01:48:36:08
for our selected clinically enhanced providers

01:48:37:14 - 01:48:39:01
well within,

01:48:39:01 - 01:48:42:05
I think, achievable standards in terms of what we can see

01:48:42:05 - 01:48:45:05
is currently happening.

01:48:46:11 - 01:48:47:19
And while you were speaking, Lauren,

01:48:47:19 - 01:48:50:19
I flipped back and I don't remember all the numbers, but

01:48:50:22 - 01:48:53:21
that 98966 is a telehealth code.

01:48:53:21 - 01:48:56:21
So that because listed doing

01:48:57:15 - 01:49:00:15
telehealth already

01:49:12:12 - 01:49:14:10
Question if you live near a state line,

01:49:14:10 - 01:49:19:16
can you seek follow up with providers in neighboring states
assuming they accept Medicaid?

01:49:20:01 - 01:49:23:01
We've the answer to that would be yes.

01:49:29:10 - 01:49:32:16
Question
If there is a licensed professional within the agency

01:49:32:16 - 01:49:37:22
who would not go for the service of seeing an individual
after a hospitalization, does that qualify?

01:49:38:07 - 01:49:40:03
I think that would

01:49:40:03 - 01:49:43:17
depend on whether or not the person employed by

01:49:43:17 - 01:49:47:24
the agency was providing
follow up care and service to the individual.

01:49:47:24 - 01:49:51:16
It wouldn't be enough to just be licensed
and see the individual.

01:49:51:21 - 01:49:56:04
It has to be providing follow up
and there would need to be documentation of that.

01:49:59:10 - 01:50:00:04
But if that were the

01:50:00:04 - 01:50:03:04
case, then then that should be able to apply

01:50:03:11 - 01:50:06:18
and we would need to look at how we would capture that.

01:50:06:24 - 01:50:09:16
If that's some thought.

01:50:09:16 - 01:50:12:16
And sort of in a similar vein, we have a question here

01:50:12:22 - 01:50:16:19
how we capture private pay relative to HEDIS measures.

01:50:16:19 - 01:50:19:19
If There is not a claim generated

01:50:20:03 - 01:50:24:02
so like Doctor Cherpes is explaining that if there are others

01:50:24:18 - 01:50:27:09
where there's documentation there's evidence

01:50:27:09 - 01:50:30:09
to show that this person has been seen post follow up.

01:50:30:18 - 01:50:34:07
And again,
remember that we have set these sort of thresholds

01:50:34:20 - 01:50:39:10
within achievable standards and talking about averages.

01:50:40:01 - 01:50:44:13
And so as long as not every single one of the folks
that you're supporting

01:50:45:13 - 01:50:48:13
are privately paying their psychiatric services,

01:50:49:02 - 01:50:51:17
one person will likely not

01:50:51:17 - 01:50:54:07
impact the data in a significant way.

01:50:57:06 - 01:50:57:23

All right.

01:50:57:23 - 01:50:58:21
And Dr.

01:50:58:21 - 01:51:02:00
Cherpes, as you said,
we have one more section to get through. Yes.

01:51:02:00 - 01:51:04:15
And it's a pretty small one.

01:51:04:15 - 01:51:07:15
I think that we could at least present it.

01:51:08:17 - 01:51:12:10
And it is relating to complex needs, medical.

01:51:12:22 - 01:51:19:06
And the definition of the standard
is that the residential program has a demonstrated ratio

01:51:19:21 - 01:51:22:21
employed or contracted of licensed clinical staff

01:51:22:21 - 01:51:26:20
and or credentialed staff in a national recognized
and state approved

01:51:26:20 - 01:51:30:16
credentialing
to meet the needs of individuals served in the program.

01:51:30:24 - 01:51:34:05
And this complex medical needs applies

01:51:34:06 - 01:51:37:19
only to a clinically enhanced providers.

01:51:38:22 - 01:51:42:00
And there are two measures only.

01:51:42:11 - 01:51:43:11
The first you can go to.

01:51:43:11 - 01:51:47:04
The next slide is an attest that the provider meets the

01:51:48:13 - 01:51:53:13
medically complex standards as identified in the 1915.

01:51:53:13 - 01:51:55:13
See waiver definition

01:51:56:15 - 01:51:58:08
for supporting

01:51:58:08 - 01:52:02:17
individuals with medical comp medically complex needs.

01:52:02:17 - 01:52:05:12
And so that's not simple provider attestation.

01:52:05:12 - 01:52:09:11
It is not a pay for performance measure.

01:52:11:01 - 01:52:13:17
And then finally,

01:52:13:17 - 01:52:16:12
on the next slide,

01:52:16:12 - 01:52:19:12
for children with medically complex conditions,

01:52:19:16 - 01:52:22:14
demonstrated use of targeted resources

01:52:22:14 - 01:52:27:09
such as pediatric complex
care resource centers, health care quality units,

01:52:27:18 - 01:52:32:21
home care support systems for families,

and the use of a family facilitator.

01:52:33:03 - 01:52:35:23
I'm noticing here that there is a check mark makes missing.

01:52:35:23 - 01:52:40:05
There should be a check
mark under it applies to clinically enhanced providers

01:52:40:05 - 01:52:45:14
and that check mark
only the slide two slides ago was accurate.

01:52:45:15 - 01:52:48:09
This one is just missing that check mark and the process.

01:52:48:09 - 01:52:53:16
Again, this is going to be by provider survey
and the provider will detail the use targeted resources

01:52:53:16 - 01:52:57:00
for supporting children with medically complex conditions.

01:52:57:10 - 01:53:02:10
This is not mandating
or stating specific ones, merely identifying

01:53:02:18 - 01:53:06:03
what range of resources are being accessed

01:53:06:11 - 01:53:09:11
to support children medically complex conditions.

01:53:09:12 - 01:53:11:08
Again, no options there.

01:53:11:08 - 01:53:13:11
That is not an all list.

01:53:13:11 - 01:53:18:02
We would encourage additional resources to be submitted.

01:53:18:12 - 01:53:23:04
So again, provider survey
and not a paid for performance measure.

01:53:29:23 - 01:53:30:22
And that was actually the

01:53:30:22 - 01:53:34:23
final of the whirlwind here that we've been going.

01:53:35:03 - 01:53:36:21
Thank you, everybody, for joining in.

01:53:36:21 - 01:53:39:21
Let's take a look here at questions.

01:53:48:13 - 01:53:50:13
And I didn't see any questions.

01:53:50:13 - 01:53:51:03
Okay.

01:53:51:03 - 01:53:54:22
Now the they are, I think, starting to come in relative to

01:53:56:07 - 01:53:59:07
maybe that last section

01:54:04:05 - 01:54:08:18
and it's

01:54:10:04 - 01:54:12:06
not necessarily specific to last question.

01:54:12:06 - 01:54:15:06
I think they all have them look like
they're sort of general questions.

01:54:15:17 - 01:54:20:22
And so I think that's actually probably
a good way for us to wrap up today.

01:54:21:17 - 01:54:24:22
So we had two individual questions

01:54:25:21 - 01:54:29:23
come in about when we're talking about an agency plan,

01:54:30:12 - 01:54:33:12
for example, we talk a lot about an agency plan

01:54:33:12 - 01:54:37:02
for credentialing or for different activities.

01:54:37:23 - 01:54:40:17
And so the question is, should we be preparing

01:54:40:17 - 01:54:43:20
a singular document that's called agency plan

01:54:44:17 - 01:54:47:17
or are these plans going to be captured

01:54:47:17 - 01:54:50:17
elsewhere, like through the survey tool?

01:54:50:21 - 01:54:54:13
So who's likely is going to look a little bit
like both, right.

01:54:54:13 - 01:54:57:04
We will be asking a lot of questions in the survey

01:54:58:18 - 01:55:00:24
that have been described

01:55:00:24 - 01:55:04:15
throughout the last three summits the past two weeks.

01:55:05:03 - 01:55:08:07
But there are instances where we are going to be looking for

01:55:08:19 - 01:55:12:12
more specific details in that agency plan.

01:55:12:12 - 01:55:18:22
So I think in terms of what makes sense,
whether it's one document that describes

01:55:19:04 - 01:55:22:01
each of these particular performance
standards and performance

01:55:22:01 - 01:55:25:01
areas and answers some of the questions

01:55:25:04 - 01:55:27:20
that we're looking for around

01:55:27:20 - 01:55:30:22
what activities is the agency carrying out.

01:55:31:12 - 01:55:35:15
This could also look like distinct and plans

01:55:36:02 - 01:55:39:15
with respect to each of these performance standards.

01:55:40:20 - 01:55:43:14
What I will say is

01:55:43:14 - 01:55:46:11
make sure that they're meaningful to your organization

01:55:46:11 - 01:55:50:07
and that just for the sake of having a plan

01:55:50:07 - 01:55:53:07
or having something to submit in July.

01:55:53:10 - 01:55:56:10
But providers really

01:55:56:10 - 01:56:00:22
are thoughtful about the way in which they write these plans

01:56:01:18 - 01:56:05:10
to make sure that they make sense for where you're at.

01:56:06:10 - 01:56:08:10
In terms of

01:56:08:10 - 01:56:12:09
the submission for if you if you do intend to seek

01:56:13:11 - 01:56:16:09
clinically enhanced or select status.

01:56:16:09 - 01:56:19:23
But regardless, even where we're looking for plans

01:56:20:16 - 01:56:26:10
from primary providers, just to be sure that it is in a plan
for the sake of creating a plan.

01:56:26:11 - 01:56:28:02
Right.

01:56:28:02 - 01:56:31:02
And then another question just sort of around

01:56:31:11 - 01:56:35:10
submission timeframe in July
and what that process looks like.

01:56:36:04 - 01:56:39:03
A lot of what we'll be asking for

01:56:39:03 - 01:56:41:13
will be provider attestation.

01:56:41:13 - 01:56:44:08
And so we're working on compiling

01:56:44:08 - 01:56:47:05
basically all of the areas that you see

01:56:47:05 - 01:56:50:24

in the performance measures where we talk about attestation.

01:56:50:24 - 01:56:57:00
We're going to have one attestation line by line
where providers are attesting

01:56:57:01 - 01:57:00:17
to each of these performance areas
where that has been requested

01:57:01:19 - 01:57:03:03
that will be available

01:57:04:17 - 01:57:07:13
here probably in the next week or so.

01:57:07:13 - 01:57:10:00
And then another question around

01:57:10:00 - 01:57:13:03
who is reviewing this information at this time

01:57:14:01 - 01:57:16:10
will be reviewing the information.

01:57:16:10 - 01:57:20:13
So that part of the question asked
if administrative entities

01:57:20:13 - 01:57:24:03
will be assisting with this activity, they will not be.

01:57:24:12 - 01:57:29:02
This is exclusively a function that we're taking on.

01:57:29:10 - 01:57:33:15
We're assembling a team
internally to be able to do this work.

01:57:34:11 - 01:57:37:00
And then a follow up question

01:57:37:00 - 01:57:39:18
that will providers be contacted if there are questions?

01:57:39:18 - 01:57:44:22
And I would anticipate the answer to that is yes,
that if there are questions about your submission

01:57:45:15 - 01:57:48:15
to definitely anticipate some outreach from us.

01:57:49:06 - 01:57:52:16
So with that, we're right on time.

01:57:52:23 - 01:57:56:15
So appreciate all the really thoughtful questions
and feedback from today.

01:57:57:06 - 01:58:00:12
We will continue to compile all of the questions

01:58:00:12 - 01:58:04:04
and answers that we got from today's session.

01:58:04:11 - 01:58:08:01
Again, remembering that a lot of the sort

01:58:08:01 - 01:58:11:13
of performance measures may change based on public comment.

01:58:11:13 - 01:58:15:24
But appreciate that everyone is putting a ton of effort

01:58:16:14 - 01:58:19:14
into making sure that you'll understand

01:58:19:16 - 01:58:22:16
the measures and how we're going to be evaluating

01:58:22:21 - 01:58:28:03
each of these things moving forward
regardless of whether or not they're they change

01:58:29:09 - 01:58:30:02
over time.

01:58:30:02 - 01:58:33:17
But thank you again for your time this afternoon

01:58:34:04 - 01:58:37:04
and we'll see everybody next week, next Thursday.

01:58:37:11 - 01:58:37:23
Thank you.