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00;00;09;08 - 00;00;09;29
Welcome to the

00;00;09;29 - 00;00;14;05
Support Coordination
Organization Session of the Provider

00;00;14;05 - 00;00;17;29
Preparedness
Summit for Performance Based Contracts.

00;00;18;11 - 00;00;22;09
This session will provide information
on the proposed performance

00;00;22;09 - 00;00;27;14
based standards for performance based
contracting for residential services.

00;00;27;24 - 00;00;30;24
Today's session is scheduled for 2 hours.

00;00;30;24 - 00;00;35;06
The format for today's
session is an ODP led presentation.

00;00;35;20 - 00;00;39;24
You are encouraged to type questions
into the Q&A pane

00;00;40;01 - 00;00;44;18
at any time during the presentation
today. ODP staff

00;00;44;18 - 00;00;48;23
will be responding to questions
through the Q and A pane.

00;00;48;23 - 00;00;51;18
At the end of the presentation.

00;00;51;18 - 00;00;54;17
We will not be opening microphones during

00;00;54;17 - 00;00;57;16
today's presentation.

00;00;57;19 - 00;01;00;19
I am putting into the chat

00;01;00;19 - 00;01;03;26
a link to today's presentation

00;01;04;08 - 00;01;07;21
and to the course on home.MyODP

00;01;08;00 - 00;01;12;06
where all the recordings for
the summit sessions have been posted.

00;01;12;13 - 00;01;14;14
Today's session will also be recorded

00;01;14;14 - 00;01;18;16
and posted to My ODP and available
after three business days.

00;01;19;01 - 00;01;22;28
Today's ODP presenters are
Deputy Secretary Kristin Ahrens

00;01;22;28 - 00;01;28;08
and Lauren House, the Director
of the Bureau of Community Services.

00;01;29;20 - 00;01;32;20
And Kristin,
I think you're kicking us off.

00;01;32;25 - 00;01;35;20

I am. All right.
Good afternoon, everybody.

00;01;35;20 - 00;01;36;17
Thanks for joining us.

00;01;36;17 - 00;01;40;09
Looks like we've got quite a few of you
and more coming.

00;01;40;21 - 00;01;43;08
A couple of things about today.

00;01;43;08 - 00;01;48;28
First, we are this
session is focused on residential services

00;01;49;10 - 00;01;52;06
and we have time at the end
because we're not moving supports

00;01;52;06 - 00;01;55;29
coordination into performance
based contracting until

00;01;57;02 - 00;01;58;22
about next next year.

00;01;58;22 - 00;02;02;11
This time, we'll be having
these conversations about support,

00;02;02;12 - 00;02;06;12
coordination if we have time at the end,
which I imagine we probably will.

00;02;07;01 - 00;02;10;28
If you've got some additional questions
about what we're doing with support,

00;02;10;29 - 00;02;14;07

coordination and that movement
and to performance based contracting,

00;02;14;29 - 00;02;18;06
we will be happy to take those questions
then.

00;02;19;02 - 00;02;24;06
And please don't hesitate to put questions
in the Q&A pane.

00;02;24;29 - 00;02;29;00
Will, when we get to the end
here, will be responding,

00;02;29;00 - 00;02;31;11
and I'm sure
there are plenty of questions.

00;02;31;11 - 00;02;34;13
So we'll we'll try to get to as many
as we possibly can.

00;02;35;09 - 00;02;36;27
You can go ahead to the next slide.

00;02;39;08 - 00;02;42;08
So here's here's where we are.

00;02;42;17 - 00;02;46;07
And I imagine you're all pretty familiar
with this.

00;02;46;19 - 00;02;49;16
ODP will be submitting or applying

00;02;49;16 - 00;02;53;23
for what is known as a 1915 b4

00;02;54;11 - 00;02;57;00
waiver with the federal government,
with the Centers

00;02;57;00 - 00;02;59;04
for Medicare and Medicaid Services.

00;02;59;04 - 00;03;03;03
And what that means is that we have

00;03;03;11 - 00;03;06;11
in the federal government,
they call it selective contracting.

00;03;06;11 - 00;03;10;21
Those are their terms,
their official terms for what we're doing.

00;03;11;01 - 00;03;14;28
We will be calling it performance based
contracting in here in PA.

00;03;15;17 - 00;03;20;00
But essentially
what the B4 application does

00;03;20;00 - 00;03;24;21
is it allows Pennsylvania to say
we are not opening

00;03;25;09 - 00;03;29;08
residential services
to all willing and qualified providers.

00;03;29;16 - 00;03;31;11
We are only going to contract

00;03;31;11 - 00;03;34;26
with providers that meet quality standards
that we've set.

00;03;35;05 - 00;03;38;05
So the pool of providers will yes,
will be limited.

00;03;38;09 - 00;03;41;09
Yes, it will be limited
to quality providers.

00;03;42;03 - 00;03;45;21
And when we say residential services,
I want to be sure everybody knows

00;03;45;21 - 00;03;46;23
what we're talking about here.

00;03;46;23 - 00;03;47;17
So we're talking about

00;03;47;17 - 00;03;52;06
residential habilitation,
whether it's licensed or unlicensed,

00;03;52;21 - 00;03;55;07
supported living and life sharing.

00;03;55;07 - 00;03;59;16
Again, whether it's licensed or unlicensed,
that doesn't matter. If the service

00;03;59;29 - 00;04;03;01
that a person is receiving,
if this is what a provider's offering,

00;04;03;19 - 00;04;06;29
these are the services
that we are applying to have

00;04;07;21 - 00;04;11;16
that to manage under that 1915 b4.

00;04;12;05 - 00;04;15;27
So this these changes only impact

00;04;16;20 - 00;04;20;27
our community living waiver
because we've got some supported

00;04;20;27 - 00;04;22;27
living and life
sharing and community living

00;04;22;27 - 00;04;25;18
and the consolidated waiver
because obviously it has all

00;04;25;18 - 00;04;27;01
of the residential services.

00;04;28;18 - 00;04;32;03
So I think I've already explained this.

00;04;32;03 - 00;04;33;05
You can go on to the next one.

00;04;33;05 - 00;04;34;19
So that's we've got the b4

00;04;34;19 - 00;04;38;06
we put out for public comment,
we put out the 1915 c,

00;04;38;24 - 00;04;43;05
we had a few little adjustments
that we had to make in order

00;04;43;05 - 00;04;48;12
to be able to do performance based
contracting with residential providers.

00;04;48;18 - 00;04;52;11
We just finished that
public comment period, so we're preparing

00;04;52;11 - 00;04;55;11
those formal submissions
to the Federal Government.

00;04;56;19 - 00;04;59;16

So, you know, as I said, what

00;04;59;16 - 00;05;02;17
this new agreement
with the federal government

00;05;02;17 - 00;05;05;20
that we're confident that, you know,
they will approve,

00;05;06;01 - 00;05;10;17
allows us to do is set new standards
and in this case,

00;05;10;17 - 00;05;14;25
some quality and performance standards
for residential providers.

00;05;15;06 - 00;05;18;04
And then the responsibility on ODP

00;05;18;04 - 00;05;23;09
with county Partnership, just like,
you know, we manage the system generally

00;05;23;19 - 00;05;26;25
to monitor, support
and evaluate the provider

00;05;26;25 - 00;05;29;25
performance
in terms of meeting those standards.

00;05;30;02 - 00;05;33;02
So we will be the way this will work is

00;05;33;04 - 00;05;36;29
what each year this
this first contract will be longer.

00;05;36;29 - 00;05;39;29
It will be 18 months for most providers,

00;05;40;08 - 00;05;42;28
but after that we will be on an annual

00;05;42;28 - 00;05;48;03
basis evaluating provider performance
against a whole host

00;05;48;03 - 00;05;51;03
of performance measures
and then assigning them

00;05;51;25 - 00;05;54;25
a performance tier
based on their performance.

00;05;55;14 - 00;06;01;21
We will be issuing those final performance
standards by bulletin.

00;06;02;07 - 00;06;02;16
Okay.

00;06;02;16 - 00;06;05;20
So those are, you know, if you're familiar
with the bulletin format,

00;06;06;00 - 00;06;08;27
that's what will be coming out
and that's how we will publish

00;06;08;27 - 00;06;10;20
the actual performance standards.

00;06;10;20 - 00;06;14;18
Now that we've gone through public comment
and, you know, finalize

00;06;14;24 - 00;06;18;00
the adjustments
to what went through that comment

00;06;18;15 - 00;06;21;26
period, we'll get those published
formally in the PA Bulletin.

00;06;22;11 - 00;06;23;07
All right. Next slide

00;06;27;04 - 00;06;30;07
So some new terms.

00;06;30;21 - 00;06;33;28
I already introduced
selective contracting, which is literally

00;06;33;28 - 00;06;36;28
a formal federal term for what

00;06;36;28 - 00;06;39;28
we are calling
performance based contracting.

00;06;40;04 - 00;06;45;03
Another term that you will hear over
time is pay for performance.

00;06;45;18 - 00;06;50;00
So one of the things about selective
contracting in the federal authority

00;06;50;04 - 00;06;53;04
is it really allows us to do two things.

00;06;53;04 - 00;06;57;19
One, we can sort of
shut the door to new providers.

00;06;57;19 - 00;07;00;14
If we need new providers,
we need more providers.

00;07;00;14 - 00;07;04;16

We can put out a request for applications,
but it sort of stop this.

00;07;04;27 - 00;07;07;27
Anybody coming to the door
who qualifies can come in

00;07;09;11 - 00;07;12;07
and then you can set performance
standards, quality standards,

00;07;12;07 - 00;07;16;27
and that's how you're evaluating
your provider pool so that we are only

00;07;17;19 - 00;07;20;25
contracting with providers
that meet those quality standards.

00;07;21;07 - 00;07;25;26
The other thing that the 1915 b4 allows states to do

00;07;25;26 - 00;07;31;10
and we are going to take advantage of is
it allows us to pay differently.

00;07;32;03 - 00;07;33;18
So instead of what you are

00;07;33;18 - 00;07;37;13
all very familiar with,
because you plug all of this into the

00;07;38;15 - 00;07;42;18
the services section and in HCSIS is

00;07;43;11 - 00;07;45;20
it allows us to get away

00;07;45;20 - 00;07;48;21
from the sort of basics of

00;07;49;22 - 00;07;53;04
fee for service,
which is we pay the same amount.

00;07;53;04 - 00;07;54;00
And you know this, right?

00;07;54;00 - 00;07;57;27
We pay the same amount for a unit
of really good service

00;07;57;27 - 00;08;02;29
as we pay for a unit of really poorly
provided service like that.

00;08;02;29 - 00;08;05;12
Our rates are fixed.

00;08;05;12 - 00;08;08;13
Providers
get them regardless of where they fall.

00;08;08;14 - 00;08;11;16
On a scale of poor quality

00;08;11;16 - 00;08;14;16
to excellent quality.

00;08;14;21 - 00;08;15;29
Right now, under

00;08;15;29 - 00;08;20;08
our current agreement, we can only do that
kind of basic fee for service

00;08;20;08 - 00;08;24;03
paying off of a fee schedule
kind of payment.

00;08;24;11 - 00;08;27;26
What moving to a B4 lets us do is

00;08;27;26 - 00;08;30;28
use some value based payments
and alternative payments

00;08;31;22 - 00;08;36;28
and so if you've been kind of listening
and watching to how we're rolling

00;08;36;28 - 00;08;41;25
this out, there will be value
based payments in into two different ways

00;08;42;18 - 00;08;45;07
within the structure for residential.

00;08;45;07 - 00;08;50;02
So based on the performance tier
that residential providers fall in,

00;08;50;20 - 00;08;53;07
they have the opportunity
to have rate add ons.

00;08;53;07 - 00;08;58;27
So providers that fall in the select
or clinically enhanced tier will have rate

00;08;58;27 - 00;09;03;17
add ons on top of their
their typical fee schedule rates.

00;09;04;12 - 00;09;07;17
And the other thing that we can do
is we can pay for outcomes.

00;09;07;17 - 00;09;10;23
So, you know, some of the things
that we're really interested

00;09;10;23 - 00;09;14;04
in paying for is providers
that are meeting.

00;09;14;15 - 00;09;17;16
They're getting their direct support
professionals credentialed

00;09;17;16 - 00;09;20;22
through the National Alliance
of Direct Support Professionals.

00;09;21;04 - 00;09;23;08
We want to do some pay
for performance for that.

00;09;23;08 - 00;09;25;05
So that's outside of the rates.

00;09;25;05 - 00;09;26;18
They would have an opportunity

00;09;26;18 - 00;09;30;13
to earn sort of capacity
building or incentive funding.

00;09;30;24 - 00;09;34;06
When we do this and the support
coordination side, we will also be

00;09;34;06 - 00;09;37;08
doing some alternative payments.

00;09;37;08 - 00;09;40;07
So those will will use
the same opportunities

00;09;40;24 - 00;09;44;03
for supports, coordination
to invest in capacity building

00;09;44;13 - 00;09;48;11
and reward the kind of or incentivize
the kind of outcomes we're looking for.

00;09;49;02 - 00;09;52;03
So a couple of other terms
that you'll hear a lot

00;09;52;04 - 00;09;56;16
now that we're moving into,
you know, a system where we're going to be

00;09;56;16 - 00;10;00;25
doing performance based contracting,
you're going to hear performance area.

00;10;01;08 - 00;10;04;02
Performance area is

00;10;04;02 - 00;10;08;23
we have 13 sort of general areas
where we've got quality standards.

00;10;08;23 - 00;10;11;23
So this is from continuum of service.

00;10;11;23 - 00;10;12;25
We want residential

00;10;12;25 - 00;10;16;06
providers are looking at everybody
they serve and thinking like,

00;10;16;06 - 00;10;20;01
is this someone that could be better
served in life sharing

00;10;20;01 - 00;10;22;00
or better served in supported living?

00;10;23;01 - 00;10;25;14
So we've got continuous services,
we've got workforce

00;10;25;14 - 00;10;29;07

a lot of different measures
around credentialing of workforce,

00;10;29;27 - 00;10;34;06
providing data
to us about vacancy turnover rate,

00;10;35;01 - 00;10;38;10
how they're addressing the diversity
equity

00;10;38;18 - 00;10;42;27
inclusion needs of their workforce,
not of the participants

00;10;42;27 - 00;10;44;06
that's already in regulation.

00;10;44;06 - 00;10;46;07
This is of their workforce.

00;10;46;07 - 00;10;48;24
So we've got clinical support.

00;10;48;24 - 00;10;53;02
There's a huge area of risk management,
data management.

00;10;53;06 - 00;10;57;17
13 different areas
where we have established standards.

00;10;57;27 - 00;11;01;07
So this is some measurable,
you know, thing.

00;11;01;07 - 00;11;07;29
Demonstrate to us that you've got staff
that have competency based training

00;11;07;29 - 00;11;12;13

in the core areas of that are necessary
in terms of direct support.

00;11;13;19 - 00;11;16;18
And then so you've got the
the big performance areas,

00;11;16;18 - 00;11;19;23
you've got standards
that kind of spell out measurably

00;11;19;23 - 00;11;23;28
what we're looking for
and then the very specific measure.

00;11;23;28 - 00;11;27;00
So exactly
how are we going to evaluate this?

00;11;27;05 - 00;11;32;12
So what I just gave on workforce
and the example there is for

00;11;33;11 - 00;11;37;05
the select and clinically enhanced,
we are expecting those providers

00;11;37;05 - 00;11;40;05
to increase the number of direct support
professionals

00;11;40;18 - 00;11;45;16
that are credentialed by 5%
during that contract period.

00;11;45;16 - 00;11;48;16
And so each of them is going to have some,
you know, a measurable

00;11;49;16 - 00;11;50;10
sort of goal.

00;11;50;10 - 00;11;53;24
And then what the actual measure is,
how we are going to evaluate it

00;11;54;06 - 00;11;57;06
right next one.

00;11;57;18 - 00;11;58;22
And to give you

00;11;58;22 - 00;12;01;27
a little bit of a lay of the land
with what we have right now

00;12;01;27 - 00;12;05;09
in terms of residential providers
across the Commonwealth,

00;12;05;17 - 00;12;08;09
we have 390

00;12;08;09 - 00;12;11;23
providers
that provide residential rehabilitation.

00;12;11;23 - 00;12;14;10
Again, this is licensed and unlicensed.

00;12;14;10 - 00;12;17;14
We have 78 providers that provide licensed

00;12;17;17 - 00;12;20;17
and or unlicensed life sharing.

00;12;20;26 - 00;12;24;04
We have 28 providers
that provide supported living.

00;12;24;17 - 00;12;27;22
And when we look at providers
that provide two

00;12;28;04 - 00;12;33;06
or more of those residential services,
so they provide residential rehabilitation

00;12;33;06 - 00;12;37;10
and life sharing,
we have 90 providers that sort of

00;12;38;09 - 00;12;40;01
provide more than

00;12;40;01 - 00;12;43;06
two that provide two
or more of those residential services.

00;12;44;04 - 00;12;44;14
All right.

00;12;44;14 - 00;12;47;24
Next one to give you.

00;12;47;26 - 00;12;51;11
So we did public comment from April

00;12;51;11 - 00;12;54;10
20th to June 4th

00;12;54;21 - 00;12;58;01
received pretty high volume of comments,

00;12;59;26 - 00;13;01;25
at least 150

00;13;01;25 - 00;13;05;27
sort of distinct individuals
or groups that commented

00;13;06;19 - 00;13;11;10
many of the comments, very detailed
and ODP has has spent

00;13;11;10 - 00;13;14;21

since June 4th, well, since before that,
as they started coming in,

00;13;15;24 - 00;13;18;19
really cataloging, analyzing

00;13;18;19 - 00;13;21;22
and making decisions about changes
we're going to make

00;13;21;22 - 00;13;25;18
to the final program, the measures,

00;13;26;02 - 00;13;30;03
what we're sending to the federal
government, etc., and I want to give you

00;13;30;03 - 00;13;34;06
just some highlights for where
we had the most volume of comments,

00;13;34;29 - 00;13;38;20
a lot of comments related to we have

00;13;39;14 - 00;13;42;07
one of the measures is to be in select

00;13;42;07 - 00;13;45;07
or clinically enhanced those tiers.

00;13;45;26 - 00;13;49;11
ODP has said you've got to serve ten
or more individuals.

00;13;49;21 - 00;13;54;18
You know, part of what we're trying to do
here is make sure that individuals

00;13;54;29 - 00;13;59;03
who have high acuity needs,
who have clinical needs related

00;13;59;03 - 00;14;05;03
to behavior or a dual diagnosis
or medical needs or all of the above,

00;14;06;27 - 00;14;08;08
that those individuals that

00;14;08;08 - 00;14;12;12
we're putting resources into providers

00;14;12;19 - 00;14;15;19
that can really support those individuals.

00;14;15;21 - 00;14;19;09
And we want those providers
to be responsive

00;14;19;09 - 00;14;23;13
to when you are making referrals
that they are

00;14;23;15 - 00;14;27;23
really taking a look
and that they are accepting referrals

00;14;27;25 - 00;14;33;04
so that people actually have access
to residential services more timely.

00;14;34;08 - 00;14;38;08
And certainly for those folks
that, you know, you all are

00;14;38;17 - 00;14;42;13
probably struggling most with in terms
of trying to find a residential provider.

00;14;42;27 - 00;14;47;04
So we have said, you know,
you've got to have some size

00;14;47;16 - 00;14;50;21

to be able
to have the clinically enhanced services.

00;14;51;04 - 00;14;55;02
And that is really where we
we need an investment,

00;14;55;02 - 00;14;56;16
where we're going to have providers

00;14;56;16 - 00;15;00;17
who are able to take on more capacity
and take it on more quickly.

00;15;02;16 - 00;15;06;01
A lot of comments about we had included
employment

00;15;06;01 - 00;15;10;08
provisions in here for select
and clinically enhanced providers.

00;15;10;08 - 00;15;15;29
We had said you have to meet 19%
or better of individuals

00;15;16;07 - 00;15;19;06
working age, your residential program
have to be employed

00;15;20;00 - 00;15;22;27
or 4% for needs.

00;15;22;27 - 00;15;25;27
Group three and above

00;15;26;10 - 00;15;28;14
that received a lot of comments.

00;15;28;14 - 00;15;31;15
Residential providers
very concerned that they don't have.

00;15;31;15 - 00;15;34;10
There's so many variables with employment.

00;15;34;10 - 00;15;36;25
So that's a very, very high volume area.

00;15;36;25 - 00;15;41;05
The other one we received for
were to be in clinically enhanced.

00;15;41;05 - 00;15;43;28
We again,
we're we're putting a lot of resources in.

00;15;43;28 - 00;15;46;28
There's a significant add on 8%

00;15;47;03 - 00;15;50;01
rate add on on top of the fee schedule

00;15;50;01 - 00;15;52;29
for providers who meet the standards
for clinically enhanced

00;15;52;29 - 00;15;57;19
because we want them to have capacity
beyond what they're doing today.

00;15;58;03 - 00;16;02;20
We need them to have restorative,
therapeutic, structured homes

00;16;03;00 - 00;16;06;00
where people who have significant
clinical needs

00;16;06;04 - 00;16;09;10
can be successful, right
to be supported successfully.

00;16;09;22 - 00;16;14;22

So this measure is saying, you know,
if you to be a clinically enhanced

00;16;14;22 - 00;16;19;01
provider, you actually have to serve
people who have pretty complex needs.

00;16;19;23 - 00;16;22;07
And so we've looked at needs level

00;16;22;07 - 00;16;26;17
4.5 or above and health care
level 3.5 or above,

00;16;26;28 - 00;16;30;02
and said, you know, that's
that's sort of the floor for the average

00;16;30;18 - 00;16;33;27
your average health care levels
and needs levels

00;16;33;27 - 00;16;37;16
as a provider,
a lot of concern about that.

00;16;38;01 - 00;16;42;20
We had limited referrals for people
with more complex needs for enough

00;16;43;11 - 00;16;48;14
to select and clinically enhanced
ton of feedback on that one as well.

00;16;49;15 - 00;16;50;09
And then

00;16;50;09 - 00;16;56;04
generally the other sort of concerns
that came came back from all of the public

00;16;56;04 - 00;17;01;00

comment was concerns about the timeline
that it's a lot and it's fast.

00;17;01;00 - 00;17;04;21
You know, we're talking about,
you know, implementation beginning in July

00;17;05;11 - 00;17;08;25
and then just the sheer number
of measures, providers really concerned

00;17;09;04 - 00;17;11;29
about being able to implement

00;17;11;29 - 00;17;14;29
that many new performance areas.

00;17;15;09 - 00;17;15;18
All right.

00;17;15;18 - 00;17;18;18
Next.

00;17;20;26 - 00;17;24;14
So the we've we've got the link here.

00;17;24;14 - 00;17;28;21
And I know I mentioned
that these are available for you.

00;17;28;21 - 00;17;32;14
So this one will be available,
recorded all the

00;17;32;14 - 00;17;36;09
we did for sessions four providers
where we walk through each

00;17;38;10 - 00;17;41;09
in the summits, we walk through
every one of the performance

00;17;42;06 - 00;17;42;17
areas.

00;17;42;17 - 00;17;48;08
Each of the measures associated with
it did a lot of Q&A with providers,

00;17;48;08 - 00;17;49;13
making sure that, you know,

00;17;49;13 - 00;17;51;00
they could get their

00;17;51;00 - 00;17;54;02
questions answered and they really
understood what we were asking for, why we

00;17;54;02 - 00;17;54;28
were asking for it.

00;17;56;23 - 00;18;01;03
We are this is a little dated.

00;18;01;03 - 00;18;04;18
We're now sort of done
reviewing public comments.

00;18;05;15 - 00;18;09;27
We're in sort of the last stage
of making some changes.

00;18;10;04 - 00;18;13;29
We saw a couple lingering things,
but we're we're well along in our way

00;18;14;19 - 00;18;17;22
to making adjustments
based on the public comment.

00;18;18;12 - 00;18;18;18
All right.

00;18;18;18 - 00;18;21;18
Next one,

00;18;22;02 - 00;18;24;06
a couple

00;18;24;06 - 00;18;27;26
other notes here
for all of you to understand.

00;18;28;08 - 00;18;33;03
We ODP has been in a procurement process.

00;18;33;03 - 00;18;36;24
You know, one of the things,
if for any of you, we saw the performance

00;18;36;24 - 00;18;41;02
measures for residential saw the draft

00;18;41;16 - 00;18;44;16
that's out there for supports coordination

00;18;44;29 - 00;18;48;19
and if you haven't that is
you can certainly get that

00;18;48;25 - 00;18;53;14
I know all the associations have
and I'm guessing SCOs have that as well.

00;18;53;14 - 00;18;55;13
It's draft
like we're still working through it,

00;18;55;13 - 00;18;57;12
but it gives you
a sense of direction there.

00;18;58;10 - 00;18;59;18
Anyway, the

00;18;59;18 - 00;19;04;08
this is to say that moving to performance
based contracting means

00;19;04;20 - 00;19;08;07
that ODP will have to be reviewing
a lot of data

00;19;08;07 - 00;19;13;01
and making a lot of reviewing, collecting,
reviewing, analyzing a lot of data

00;19;13;13 - 00;19;17;17
to be making decisions on performance
related to those data.

00;19;17;17 - 00;19;23;03
So we are procuring the services
of a vendor to help us with that.

00;19;23;15 - 00;19;26;12
That procurement is still underway,

00;19;26;12 - 00;19;29;12
but that will be ultimately
you'll be hearing this term

00;19;29;17 - 00;19;34;05
performance analysis services vendor
and that's what that is.

00;19;34;05 - 00;19;38;26
It's basically a back office data
analytics for ODP.

00;19;39;21 - 00;19;42;21
I mean, next

00;19;43;24 - 00;19;47;02
in terms of the tier
assignments, the process here.

00;19;47;02 - 00;19;52;04
So right now and again, we're finishing up
public comment.

00;19;52;04 - 00;19;56;01
You are you are very likely
to see some adjustments here,

00;19;57;27 - 00;20;00;27
but we have the proposal

00;20;01;04 - 00;20;04;04
for performance based
contracting for residential was

00;20;04;09 - 00;20;08;10
that providers would be submitting
all of their information,

00;20;08;11 - 00;20;13;03
their documentation, we'd be reviewing
their data in the month of July

00;20;13;29 - 00;20;16;20
and then they'd submit it in July.

00;20;16;20 - 00;20;20;00
We would review it from August
through the end of October,

00;20;20;04 - 00;20;23;18
notify providers
and publish it in November.

00;20;25;09 - 00;20;26;27
So again, you

00;20;26;27 - 00;20;30;22
can expect we are making some adjustments
here based on the volume

00;20;30;22 - 00;20;34;26

of public comment related to timing that
I think will make people very happy.

00;20;35;22 - 00;20;39;26
But I'm not going to release
that early in the session.

00;20;40;15 - 00;20;43;23
So we've we've already that
we're looking at

00;20;44;07 - 00;20;47;02
doing two dates,
which sort of signaled that to providers.

00;20;47;02 - 00;20;50;05
And we are still very much
looking at that.

00;20;51;04 - 00;20;54;19
The things that, you know, are

00;20;54;24 - 00;20;57;26
we're going to try to hit on a number
of the things that we can

00;20;57;26 - 00;21;02;04
sort of anticipate you may hear
are going to come back to you.

00;21;02;29 - 00;21;06;23
One of them where we've had
just a real number of questions

00;21;06;23 - 00;21;12;04
around, is related
to how we will be evaluating providers.

00;21;12;04 - 00;21;13;21
Is this per home?

00;21;13;21 - 00;21;15;23

Is this per individual?

00;21;15;23 - 00;21;17;18
Is this per license?

00;21;17;18 - 00;21;19;17
Because some providers, large providers

00;21;19;17 - 00;21;22;25
may have we have a large provider
that's got ten or 12 different licenses.

00;21;24;04 - 00;21;25;23
To be very clear,

00;21;25;23 - 00;21;30;06
ODP will be evaluating providers
at the MPI level.

00;21;30;06 - 00;21;37;10
So at the enrollment, the number they've
got for their provider agency for ODP.

00;21;38;03 - 00;21;41;05
So it doesn't matter
how many licenses they have,

00;21;41;05 - 00;21;44;05
we will still be looking at it
at an agency level.

00;21;45;16 - 00;21;48;22
The cycle for

00;21;48;22 - 00;21;54;07
this is we will be
the first contract will be January 1

00;21;54;07 - 00;21;57;28
of 25 through June of 26.

00;21;57;28 - 00;22;00;09

So 18 month period.

00;22;00;09 - 00;22;04;10
And then come January of 26,
when will be starting with supports,

00;22;04;10 - 00;22;09;15
coordination, we'll
also be reevaluating residential providers

00;22;10;10 - 00;22;12;21
for their tier assignments

00;22;12;21 - 00;22;16;05
for fiscal year 26-27,

00;22;16;24 - 00;22;19;27
and then it'll just be annual
cycle like that.

00;22;20;17 - 00;22;23;17
All right. Next

00;22;24;19 - 00;22;29;02
the one of the other questions and again,
these are the kind of things, you know,

00;22;29;03 - 00;22;33;05
I imagine that you may hear about just a
you know, in terms of providers

00;22;34;20 - 00;22;36;14
trying you know, they want to make sure X,

00;22;36;14 - 00;22;40;03
Y, or Z has been has been documented
or done.

00;22;41;14 - 00;22;43;03
We will only be

00;22;43;03 - 00;22;47;04

the only tier changes that
we'll make during the course of the year.

00;22;47;04 - 00;22;52;04
Once a tier has been assigned,
the only change we will make is is

00;22;52;06 - 00;22;56;06
we will essentially move
a provider to conditional.

00;22;56;06 - 00;23;01;15
So if a provider loses their license,
if they lose a license, so that provider

00;23;01;15 - 00;23;05;26
I gave you that's got ten,
if they lose one of their licenses,

00;23;06;20 - 00;23;10;27
they would be moved from whatever status
they are to conditional.

00;23;12;07 - 00;23;13;21
They will maintain their rate.

00;23;13;21 - 00;23;16;27
So you're not going to be in there
doing those adjustments, but

00;23;17;28 - 00;23;22;25
they will maintain their rates because
we don't want to destabilize provider.

00;23;22;25 - 00;23;26;02
We want to make sure that those
individuals continue to be supported

00;23;26;02 - 00;23;28;27
and they can keep making payroll
and all of that.

00;23;28;27 - 00;23;31;20
But they're they they would be changed

00;23;31;20 - 00;23;34;20
if they had a provisional
or revoked license.

00;23;35;18 - 00;23;39;20
That is the only circumstance where we're
going to be making adjustments midyear.

00;23;40;01 - 00;23;42;22
So we did have, you know, providers
asking what if, you know,

00;23;43;25 - 00;23;45;12
you know, midway through the year

00;23;45;12 - 00;23;48;12
I qualify, we're not going to be
making those adjustments.

00;23;49;25 - 00;23;51;06
All right.

00;23;51;06 - 00;23;54;03
I guess the last thing I'll note here
is that

00;23;54;03 - 00;23;57;02
the provider
tiers will be public knowledge.

00;23;57;05 - 00;23;59;27
They will be up on a website

00;23;59;27 - 00;24;02;18
so that individuals and families
make informed choices.

00;24;02;18 - 00;24;05;19

So that is you're making referrals
for residential.

00;24;06;14 - 00;24;09;15
You have a sense if you got somebody
with some really significant

00;24;09;15 - 00;24;13;20
clinical needs, you want to take a look
at clinically enhanced

00;24;13;20 - 00;24;17;19
providers that are serving a particular
geographic area.

00;24;17;27 - 00;24;19;20
All of that
is going to be available to you.

00;24;19;20 - 00;24;25;16
And those are the only providers that
you would need to send that referral to.

00;24;25;16 - 00;24;28;25
We are moving out of the world
in which you have to send

00;24;28;25 - 00;24;32;14
referrals to every single provider every single time.

00;24;33;14 - 00;24;33;22
All right.

00;24;33;22 - 00;24;36;02
I'm going to pass it over to Lauren.

00;24;36;02 - 00;24;38;23
Thanks.

00;24;38;23 - 00;24;39;20
Thanks, Kristin.

00;24;39;20 - 00;24;42;11
Good afternoon, everybody.
Thanks for joining us.

00;24;42;11 - 00;24;45;26
And so I'm going to walk us through
just a couple sort

00;24;45;27 - 00;24;49;23
of procedural aspects of performance based
contracting

00;24;50;22 - 00;24;55;00
that I think will be helpful for support,
coordination, just to be aware

00;24;55;00 - 00;24;59;06
of a couple of things that are happening
in the background, if you will.

00;24;59;23 - 00;25;04;02
So back on June 4th,
we asked residential providers

00;25;04;10 - 00;25;09;23
who are currently qualified
to review and sign updated

00;25;09;23 - 00;25;13;28
provider agreements that are specific
to providing residential services.

00;25;14;20 - 00;25;17;08
And so since then, approximately

00;25;17;08 - 00;25;20;08
34% of the residential providers

00;25;20;10 - 00;25;24;09
have signed and returned their updated
residential provider agreement.

00;25;25;01 - 00;25;28;22
And that updated residential provider
agreement, if you haven't seen it,

00;25;29;11 - 00;25;34;05
essentially
it has some very high level and broad

00;25;35;04 - 00;25;36;08
sort of

00;25;36;08 - 00;25;39;13
stipulations and language
around participation

00;25;39;13 - 00;25;43;14
in the performance
based contracting program in Pennsylvania

00;25;44;19 - 00;25;46;29
and does not, like

00;25;46;29 - 00;25;49;17
Kristin mentioned before,
it doesn't have the specifics

00;25;49;17 - 00;25;52;25
around things like performance measures
and performance standards,

00;25;53;11 - 00;25;56;10
but really is just provider

00;25;57;00 - 00;26;01;15
attestation confirmation
that they will agree to.

00;26;01;15 - 00;26;04;17
Again, participation in the performance
based

00;26;04;17 - 00;26;07;17

contracting program.

00;26;07;22 - 00;26;10;02
That would be helpful for you all to know
that we're collecting

00;26;10;02 - 00;26;14;07
those updated residential provider
agreements through a resource account

00;26;14;15 - 00;26;15;12
which is on the screen.

00;26;15;12 - 00;26;19;26
And we do have the PowerPoint presentation
available in the chat for everybody.

00;26;20;12 - 00;26;24;05
So if you are getting questions
from residential providers

00;26;24;26 - 00;26;28;02
about the provider agreement
about where to submit provider agreement,

00;26;28;13 - 00;26;31;04
if they have questions about it,

00;26;31;04 - 00;26;35;01
that you can refer them to the mailbox
that you have here on the screen

00;26;36;17 - 00;26;38;16
and important piece of this

00;26;38;16 - 00;26;42;04
is that providers who do not sign
and submit their updated provider

00;26;42;04 - 00;26;45;29
agreement, effectively
those providers will no longer meet

00;26;45;29 - 00;26;48;10
provider qualification requirements.

00;26;48;10 - 00;26;51;11
And so what that would mean is
we would issue

00;26;51;11 - 00;26;54;11
a corrective action
plan to those providers

00;26;54;11 - 00;26;58;18
essentially to get them back in compliance
with qualification requirements

00;26;59;06 - 00;27;02;28
so that they can continue to provide

00;27;02;28 - 00;27;06;02
residential services and so that they can

00;27;07;07 - 00;27;11;18
get that residential agreement
provider agreement signed so that they can

00;27;11;18 - 00;27;14;19
participate in performance
based contracting

00;27;15;12 - 00;27;18;12
go to the next slide then.

00;27;19;06 - 00;27;20;16
A couple of additional things.

00;27;20;16 - 00;27;23;18
And again,
I think this is really helpful for

00;27;24;11 - 00;27;28;14

SCs to be aware of those of you
who are familiar with the provider

00;27;28;14 - 00;27;33;09
qualification work that the administrative
entities are responsible for.

00;27;34;05 - 00;27;37;22
And then oftentimes
you are involved in conversations,

00;27;37;22 - 00;27;41;23
especially if providers
are currently qualified for one service,

00;27;41;23 - 00;27;42;24
looking to get qualified

00;27;42;24 - 00;27;45;23
for another service,
because you're working with a participant

00;27;45;24 - 00;27;49;20
who is looking for that new service
that they're looking to offer.

00;27;50;05 - 00;27;53;15
So I think this is just helpful
context for folks to have

00;27;53;27 - 00;27;56;15
a lot of administrative entities

00;27;56;15 - 00;27;59;15
moving forward after January one.

00;27;59;18 - 00;28;03;20
They're not going to be qualifying
new providers for residential services

00;28;04;02 - 00;28;07;20

unless and until there is
an active request for application.

00;28;07;20 - 00;28;12;16
So Kristian talked about
before the closing of the front door

00;28;13;02 - 00;28;16;02
is one of the things that the

00;28;16;04 - 00;28;19;01
before we were application
allows us to do.

00;28;19;01 - 00;28;22;02
And so this is the way
that we will handle of

00;28;22;18 - 00;28;25;07
if there are applicants interested

00;28;25;07 - 00;28;29;03
in providing residential services
who are not currently qualified,

00;28;29;20 - 00;28;33;00
they will have to wait
to go through that qualification process

00;28;33;00 - 00;28;35;13
until there is
that request for application.

00;28;37;24 - 00;28;40;06
Basically, the way that we assign

00;28;40;06 - 00;28;44;08
who the responsible
administrative entity is for

00;28;44;11 - 00;28;48;10

what would be a new residential
provider is going to be determined

00;28;48;10 - 00;28;51;12
by the origin of that request
for application.

00;28;51;20 - 00;28;54;24
So we envision a process
where administrative entities

00;28;54;24 - 00;28;59;17
will effectively have a system
and a process for knowing

00;29;00;22 - 00;29;05;04
what their anticipated population
who will need residential services will be

00;29;05;12 - 00;29;09;08
so that they can be ready
with these requests for application

00;29;09;17 - 00;29;14;10
when new individuals present
or a group of individuals

00;29;14;17 - 00;29;17;17
in that particular
county are in need of a service.

00;29;17;22 - 00;29;22;13
And so that assigned AE will be by again,
that portion of the RFP

00;29;22;20 - 00;29;26;09
and where that residential provider
would be looking

00;29;26;09 - 00;29;29;10
to provide the majority of those services.

00;29;30;14 - 00;29;33;08
Like I talked about, it's
going to be really critical that AEs

00;29;33;08 - 00;29;37;14
maintained and analyze data
relative to their local needs.

00;29;37;14 - 00;29;40;18
And right now
we actually have a PACA work group

00;29;41;08 - 00;29;44;08
that is working together
to develop this process.

00;29;44;21 - 00;29;47;07
The support's coordination
is really going to be critical here, too,

00;29;47;07 - 00;29;50;07
because as you all know, each of you,
I'm sure, have

00;29;50;22 - 00;29;54;15
individual processes
or mechanisms or elevating

00;29;55;21 - 00;29;58;21
individuals
that are in need of residential services

00;29;58;23 - 00;30;02;25
to their respective AEs,
making sure that they have an awareness of

00;30;02;25 - 00;30;05;25
who is looking for residential services.

00;30;05;27 - 00;30;10;02
And so I think the partnership here
and continued communication

00;30;10;09 - 00;30;15;13
and collaboration around the population
of folks that each SCO is supporting,

00;30;16;02 - 00;30;21;11
making sure that AEs are aware of that
and factoring that in as they move forward

00;30;21;18 - 00;30;24;18
and anticipate what their local needs
are going to look like.

00;30;25;03 - 00;30;28;24
A couple of weeks ago,
we did share some information

00;30;29;08 - 00;30;32;15
for ODPP staff and AE staff
who are asking questions

00;30;33;18 - 00;30;35;24
or who are getting questions rather,

00;30;35;24 - 00;30;39;01
from provider applicants
and that sort of thing.

00;30;39;01 - 00;30;41;04
So we give them some talking points.

00;30;41;04 - 00;30;44;09
If you're curious about those,
I definitely recommend reaching out

00;30;44;09 - 00;30;49;08
to AEs to kind of understand
if you if you are also getting questions

00;30;49;16 - 00;30;53;07
about provider applicants
or from provider applicants

00;30;53;15 - 00;30;58;07
or in those various stages of provider
qualification for residential services,

00;30;58;26 - 00;31;02;01
depending on where they are,
how that will be handled,

00;31;02;17 - 00;31;05;27
we'll look a little bit different,
kind of unique to every circumstance.

00;31;06;05 - 00;31;10;11
And so again, if you all are
getting questions from provider applicants

00;31;10;11 - 00;31;15;19
or providers who are looking to expand
into residential services to know

00;31;15;19 - 00;31;21;18
that AE staff and ODP staff are prepared
to answer any of any of their questions.

00;31;23;10 - 00;31;25;06
And then another thing

00;31;25;06 - 00;31;30;08
that most folks likely know this,
but just to again, sort of level set,

00;31;30;17 - 00;31;33;21
one of the things that ODP asks AEs

00;31;33;21 - 00;31;36;21
to do during provider qualifications,

00;31;36;29 - 00;31;40;27
both initially
and then ongoing on that triennial basis,

00;31;41;17 - 00;31;45;10
is some training validation to make sure
that provider staff are trained.

00;31;45;21 - 00;31;49;16
And so we do envision
that there is a possibility in the future

00;31;50;13 - 00;31;55;02
that we would ask AE staff to validate
any additional training requirements

00;31;55;02 - 00;31;59;26
that would be applied relative
to performance based contracting.

00;32;00;14 - 00;32;03;14
But that's really kind of a future state.

00;32;03;29 - 00;32;06;29
Again, just for folks to be aware of.

00;32;07;26 - 00;32;10;14
We can move on to the next slide.

00;32;10;14 - 00;32;14;07
A couple additional pieces on provider
qualifications here.

00;32;15;03 - 00;32;19;01
Something that is definitely important
for the supports coordination to know

00;32;19;25 - 00;32;22;09
is that currently qualified

00;32;22;09 - 00;32;26;22
residential
providers will be able to expand

00;32;27;25 - 00;32;29;12
or add service locations.

00;32;29;12 - 00;32;32;00
You know, this kind of different language,
we often times

00;32;32;00 - 00;32;35;23
use a lot of different words
to mean the same thing sometimes.

00;32;35;23 - 00;32;37;18
And so

00;32;37;18 - 00;32;41;13
adding services
for currently qualified providers,

00;32;42;08 - 00;32;45;02
they're going to keep doing that
as they do today.

00;32;45;02 - 00;32;47;18
So that's not going to change

00;32;47;18 - 00;32;50;18
in the immediate future.

00;32;50;19 - 00;32;53;23
And a question that we did get
and thought that this was important

00;32;54;11 - 00;32;58;19
to add to both the AE session
and the supports coordination session.

00;32;58;27 - 00;33;01;29
And we got this question
during the provider summits,

00;33;01;29 - 00;33;05;19
but if we have a current
residential habilitation provider,

00;33;05;26 - 00;33;07;06
they're currently qualified

00;33;07;06 - 00;33;10;06
to meet all the requirements
or licenses in good standing.

00;33;10;08 - 00;33;14;21
There's no enforcement action
currently happening with that provider.

00;33;15;04 - 00;33;20;07
If that provider wants to add life sharing
or supported living after January one,

00;33;21;18 - 00;33;22;01
this will

00;33;22;01 - 00;33;25;00
be allowable under the current process

00;33;25;00 - 00;33;28;09
and would not require a request
for application.

00;33;28;26 - 00;33;30;21
And for a couple reasons.

00;33;30;21 - 00;33;33;27
One, we want to make sure that we're

00;33;33;27 - 00;33;37;19
encouraging, you know, current providers

00;33;37;19 - 00;33;41;10
who are in good standing
to expand those service offerings.

00;33;41;26 - 00;33;45;08
And we want more people to be able
to have those experiences

00;33;45;28 - 00;33;48;09
of living more independently or living

00;33;48;09 - 00;33;51;07
with a lifesharing family, for example.

00;33;51;07 - 00;33;55;03
And then we also, of course,
hopefully everyone is very familiar

00;33;55;26 - 00;33;58;26
with the transition
to independent living payments

00;33;59;17 - 00;34;04;01
for folks who transition
from residential habilitation

00;34;04;12 - 00;34;07;06
to life sharing or supported living.

00;34;07;06 - 00;34;10;21
We have essentially incentive payments
for those providers

00;34;11;07 - 00;34;14;22
worked into the current 1915 c waiver.

00;34;15;08 - 00;34;18;13
So this is a process that's been happening
for the last couple of years now.

00;34;19;04 - 00;34;21;13
I think the last we saw

00;34;21;13 - 00;34;25;14
we've had probably six or seven folks
who have transitioned

00;34;25;14 - 00;34;29;13
successfully from res hab to life
sharing or supportive living.

00;34;29;29 - 00;34;30;22
So we're seeing

00;34;31;27 - 00;34;33;16
success using that model and

00;34;33;16 - 00;34;36;16
want to continue to encourage that.

00;34;38;13 - 00;34;41;12
And then, like we talked
about a couple of slides ago,

00;34;41;27 - 00;34;45;25
AEs will really have the responsibility
of notifying ODP

00;34;46;14 - 00;34;48;25
through that established process

00;34;48;25 - 00;34;51;20
when there is a need
to open a request for application,

00;34;51;20 - 00;34;54;20
when they're feeling
like they need the data supporting

00;34;55;01 - 00;34;59;24
that they need to open up the request
for application because they need new

00;35;00;10 - 00;35;03;14
providers or new life sharing providers
or supportive living providers

00;35;05;14 - 00;35;08;14
can move to the next slide.

00;35;08;24 - 00;35;11;19
So getting into sort of more discreetly,

00;35;11;19 - 00;35;15;27
some things that supports coordination
is sort of directly responsible for.

00;35;16;26 - 00;35;19;16
One is offering
choice of providers, right?

00;35;19;16 - 00;35;22;16
So everybody is already very familiar

00;35;23;09 - 00;35;25;28
with the SC's responsibility

00;35;25;28 - 00;35;28;17
to ensure
a choice of appropriate provider,

00;35;28;17 - 00;35;29;27
something that's going to look

00;35;29;27 - 00;35;33;07
a little bit different under performance
based contracting

00;35;34;02 - 00;35;37;10
really is the fact
that because of our moving away

00;35;37;10 - 00;35;40;10
from that, every willing
and qualified provider model,

00;35;40;21 - 00;35;45;10
there's no onus or responsibility
to refer to everyone

00;35;45;12 - 00;35;49;00
under the sun
that could support this person.

00;35;49;10 - 00;35;51;01
We really want to start

00;35;51;01 - 00;35;54;19
making sure that folks are being referred
to residential providers

00;35;55;11 - 00;35;58;23
who can meet their needs
and one of the things

00;35;59;03 - 00;36;03;22
that's going to be really
critical is as SC are sending referrals

00;36;04;03 - 00;36;07;29
for residential services,
making sure that that residential provider

00;36;08;10 - 00;36;14;13
eligible to actually accept that referral
based on the individual's assigned needs group.

00;36;14;26 - 00;36;18;17
So you heard Kristin talk a little bit
earlier about some of the changes

00;36;18;17 - 00;36;23;01
potentially to the implementation
plan and performance measures there.

00;36;23;09 - 00;36;27;00
You know, this is an area where we're
looking at public comment to make changes,

00;36;27;25 - 00;36;32;17
but this will still be something
that does impact support, coordination

00;36;33;04 - 00;36;36;04
with respect
to making those appropriate referrals

00;36;36;23 - 00;36;41;24
and want to say that at the outset,
we will not have.

00;36;41;24 - 00;36;42;21
Right. We know that

00;36;43;20 - 00;36;46;13
or performance based contracting

00;36;46;13 - 00;36;49;22
implementation on January one of 2025.

00;36;50;03 - 00;36;53;26
We will not have access to our enterprise
case management system at that time,

00;36;54;21 - 00;36;58;02
which we know anticipate that ECM will

00;36;59;03 - 00;37;03;06
do a lot
of the sort of administrative piece and,

00;37;03;28 - 00;37;08;12
you know, some of that reduce some of the
what I'll call human error event.

00;37;08;12 - 00;37;12;02
HCSIS unfortunately just kind of
allows for because it wasn't programed

00;37;12;22 - 00;37;15;29
for things like hard stops
and that sort of thing. ECM

00;37;16;00 - 00;37;21;10
will be programed to have those hard stops
as if a provider

00;37;21;10 - 00;37;25;24

is not able to accept a person
with a particular needs group.

00;37;26;22 - 00;37;29;16
ECM will not allow that referral
to go through.

00;37;29;16 - 00;37;32;28
But until we have that,
until we have the system in place,

00;37;33;06 - 00;37;35;16
it'll be really important
for support, coordination

00;37;36;18 - 00;37;38;15
for really everyone involved

00;37;38;15 - 00;37;42;06
SCs, SC supervisors, administrative entities
who are

00;37;43;17 - 00;37;46;13
kind of monitoring
those referral processes

00;37;46;13 - 00;37;49;15
to make sure that folks
are not being referred to providers

00;37;49;15 - 00;37;52;15
who can't actually get that referral.

00;37;54;00 - 00;37;54;23
Went to the next one.

00;37;54;23 - 00;37;57;16
Robin,

00;37;57;16 - 00;38;00;18
We'll touch a little bit
on the QA&I process.

00;38;01;00 - 00;38;03;21
Right now, we don't anticipate any changes

00;38;03;21 - 00;38;07;24
to the current quality assessment
and improvement or QA&I process

00;38;07;24 - 00;38;10;24
For SCOs in particular.

00;38;10;25 - 00;38;14;02
We're really by and large
not looking at a ton of changes

00;38;14;18 - 00;38;16;27
to the QA&I process overall.

00;38;16;27 - 00;38;19;27
It was something that I think
we considered

00;38;20;19 - 00;38;23;16
in terms of do we use QA&I

00;38;23;16 - 00;38;26;27
as a means to measure
some of the performance standards?

00;38;27;21 - 00;38;31;22
Because as you all know, Q&A is happening
on a an every three year cycle

00;38;32;21 - 00;38;33;12
in our

00;38;33;12 - 00;38;36;12
contracting periods will be for a one year
cycle.

00;38;36;19 - 00;38;39;19

We're not going to necessarily
be able to use QA&I

00;38;39;20 - 00;38;42;07
as sort of the data source
for our measures.

00;38;42;07 - 00;38;46;21
However,
this is a place where in the future

00;38;47;03 - 00;38;50;18
we might do some data validation
similar to the provider

00;38;50;18 - 00;38;54;22
qualification process
that we talked about before, where through

00;38;54;25 - 00;38;58;09
QA&I were validating things
like maybe

00;38;59;15 - 00;39;03;22
clinical staffing ratios,
maybe some training through

00;39;03;24 - 00;39;07;06
QA&I, we do look at training
through this mechanism as well.

00;39;07;25 - 00;39;11;10
There's kind of a host of questions
that we could validate through QA&I,

00;39;11;11 - 00;39;14;14
but again, not necessarily going to be the

00;39;14;26 - 00;39;17;26
the actual measurement.

00;39;18;22 - 00;39;21;22

Yep. Thank you, Robin.

00;39;21;25 - 00;39;24;07
So next area that impacts

00;39;24;07 - 00;39;26;26
is incident management.

00;39;26;26 - 00;39;29;23
And so there are incident management
standards relative

00;39;29;23 - 00;39;32;23
to performance based contracting,

00;39;33;04 - 00;39;35;28
which incident management has always

00;39;38;03 - 00;39;38;13
had a

00;39;38;13 - 00;39;41;13
significant sort of placeholder
in terms of

00;39;42;10 - 00;39;45;04
providers performance,

00;39;45;04 - 00;39;49;01
even as it stands today,
because we do have incident management

00;39;49;12 - 00;39;53;13
performance measures in our current
1915c waivers.

00;39;53;24 - 00;39;58;21
So we assure the Federal Government
that we're doing things

00;39;58;21 - 00;40;03;18

like timely reporting, making sure
that incidents are investigated,

00;40;04;08 - 00;40;07;08
that they're finalized on time.

00;40;07;09 - 00;40;11;05
But hopefully if you've had a chance
to review those performance measures

00;40;11;16 - 00;40;15;06
for residential providers,
one of the things that you've seen

00;40;15;06 - 00;40;18;23
is that there will be a greater emphasis
on the importance

00;40;18;23 - 00;40;21;23
of timely and accurate incident reporting.

00;40;21;26 - 00;40;25;05
And so really, again, this is more

00;40;25;06 - 00;40;28;19
so for awareness,
for supports, coordination,

00;40;29;08 - 00;40;34;13
to know that we'll continue to monitor
this and there will be performance

00;40;34;13 - 00;40;38;14
standards for select
and clinically enhanced providers.

00;40;39;11 - 00;40;43;26
But just also for you all to know that,
you know, incident management

00;40;44;05 - 00;40;48;29

is not a new expectation
for anyone within the ODP system.

00;40;49;20 - 00;40;52;12
It's been a longstanding expectation.

00;40;52;12 - 00;40;56;13
And like I mentioned before, we've already
been measuring provider performance

00;40;57;04 - 00;41;01;04
in this area and in a variety of areas
related to incident management.

00;41;01;04 - 00;41;01;15
Really,

00;41;02;14 - 00;41;04;14
we've given them a lot of tools

00;41;04;14 - 00;41;08;26
to be able to kind of know
where they stand at any given time

00;41;08;26 - 00;41;14;00
with respect to timely incident,
finalization restraints,

00;41;15;09 - 00;41;16;11
medication errors.

00;41;16;11 - 00;41;19;16
There's a whole host of resources
available to

00;41;20;02 - 00;41;23;02
providers and available
to supports coordination as well.

00;41;23;16 - 00;41;27;16
So definitely want to make sure
that we share that messaging with you all.

00;41;28;08 - 00;41;34;01
And, you know, I think an important
factor here is that supports coordination.

00;41;34;01 - 00;41;36;09
You know,
you all have your own responsibilities

00;41;36;09 - 00;41;38;25
with respect
to incident management as well.

00;41;38;25 - 00;41;43;07
So an opportunity to remind you
of those resources and just make sure

00;41;43;07 - 00;41;47;28
that you're using them with respect
to your quality management plans

00;41;48;25 - 00;41;51;05
and making sure
that you're hitting all those

00;41;51;05 - 00;41;54;05
those metrics as well.

00;41;54;11 - 00;41;55;06
And the next one

00;41;57;09 - 00;42;00;11
so we ask a lot of especially

00;42;01;09 - 00;42;04;23
AEs also I think is find themselves

00;42;04;23 - 00;42;08;16
in positions of providing
technical assistance to providers.

00;42;09;06 - 00;42;12;26

So I wanted to just share
a couple of these important points,

00;42;13;22 - 00;42;16;08
but just for you all to know that

00;42;16;08 - 00;42;19;14
we have a ton of training and support
available to providers.

00;42;20;06 - 00;42;25;25
So back in
May we released the initial provider

00;42;26;04 - 00;42;29;04
preparedness, Self Assessment and Toolkit.

00;42;29;10 - 00;42;32;08
So we have that out there
that will be updated

00;42;32;08 - 00;42;35;08
once we have all of our performance
measures finalized

00;42;35;19 - 00;42;38;00
and will continue be enhanced over time

00;42;38;00 - 00;42;41;00
for providers to be able to use

00;42;41;07 - 00;42;43;25
with respect to
how do they evaluate themselves

00;42;43;25 - 00;42;46;25
on all of those
individual performance measures.

00;42;47;07 - 00;42;49;21
So that's out there and available
at the summit.

00;42;49;21 - 00;42;52;26
We're part of our commitment
to make sure that we got out there

00;42;53;21 - 00;42;56;21
and answered questions that providers have

00;42;56;21 - 00;42;59;27
will continue to do provider
summits as well.

00;43;00;11 - 00;43;03;04
I think we've committed
to doing those quarterly.

00;43;03;04 - 00;43;06;04
And so if providers are struggling

00;43;06;09 - 00;43;10;23
with the transition, they will have
those summits available to them.

00;43;10;23 - 00;43;13;22
In addition
to all of those those other resources

00;43;14;12 - 00;43;15;15
we will be publishing

00;43;15;15 - 00;43;19;02
frequently asked questions document
for the field to use again once

00;43;19;02 - 00;43;23;00
those performance measures are finalized,
and then we have a plan in place

00;43;23;01 - 00;43;27;10
for making sure that we update
that document regularly and make sure

00;43;27;10 - 00;43;32;19
that the field has ready access
to the updated versions of that document.

00;43;32;19 - 00;43;35;21
As it changes,
we will always be available to review,

00;43;35;21 - 00;43;38;25
staff will always be available
for questions and discussion.

00;43;39;02 - 00;43;41;27
We had some questions from AEs. Can you can

00;43;41;27 - 00;43;45;01
you commit to having
representatives at some our

00;43;46;05 - 00;43;49;05
provider meetings and that sort of thing?

00;43;49;11 - 00;43;52;11
And so we can definitely
make sure that that happens.

00;43;52;14 - 00;43;54;00
And then lastly,

00;43;54;00 - 00;43;58;05
we've established a resource account
that's different from the resource account

00;43;58;05 - 00;44;01;24
where we're collecting all of the updated
residential provider agreements

00;44;02;16 - 00;44;04;02
that has been created.

00;44;04;02 - 00;44;06;29

It's a resource account
created for questions

00;44;06;29 - 00;44;09;21
related to performance based contracting.

00;44;09;21 - 00;44;13;06
And so please feel free to refer providers
with questions

00;44;13;06 - 00;44;16;06
to this mailbox
that we have on the screen.

00;44;16;09 - 00;44;19;22
And again, don't feel pressured
to have to capture this right now.

00;44;19;22 - 00;44;24;12
You have access to the PowerPoint
for download at your

00;44;25;07 - 00;44;28;07
or whatever works for you.

00;44;30;12 - 00;44;31;12
All right.

00;44;31;12 - 00;44;35;08
So we talked a little bit
about what will and will not be available

00;44;36;11 - 00;44;39;11
through HCSIS for the time being.

00;44;40;03 - 00;44;45;00
And so something that is important
for Ss to know is that provider

00;44;45;00 - 00;44;48;10
tiers
are not going to be available in HCSIS.

00;44;49;04 - 00;44;52;16
And so in other words,
another way to say that is

00;44;53;02 - 00;44;56;24
there will be nothing in, let's say
the provider qualifications screen

00;44;57;02 - 00;45;01;12
nothing in the service details
that indicates to SCs

00;45;02;07 - 00;45;04;21
that look what a provider's tier standing

00;45;04;21 - 00;45;08;16
is, will not have any connection
to anything in HCSIS.

00;45;09;16 - 00;45;12;05
So it'll be important for

00;45;12;05 - 00;45;15;27
SCs to use those public facing
documents, things

00;45;15;27 - 00;45;20;10
that we're going to publish on My ODP
and related communications

00;45;21;00 - 00;45;25;21
related to providers tier
until we do have ECM, because like I said,

00;45;25;28 - 00;45;29;04
a provider tier will be in

00;45;29;04 - 00;45;32;04
ECM and will have the ability

00;45;32;20 - 00;45;35;20

to do things like hard stops on referrals

00;45;35;28 - 00;45;38;14
and making sure that service
authorizations

00;45;38;14 - 00;45;41;15
for provider serve match

00;45;42;01 - 00;45;45;06
what should be in the
in the ISP for individuals.

00;45;46;20 - 00;45;50;13
Something else to note is that this
and this is going to be

00;45;51;17 - 00;45;53;22
relative to HCSIS is
I think we're going to manage this

00;45;53;22 - 00;45;56;28
a little bit differently in ECM
going forward.

00;45;57;09 - 00;45;58;15
But procedure codes

00;45;58;15 - 00;46;01;22
are also not going to be necessarily
connected to provider tier.

00;46;02;10 - 00;46;05;15
So again, it's not going to be a specific

00;46;05;15 - 00;46;10;03
procedure code
that an SC is looking for in the SSD,

00;46;11;07 - 00;46;12;10
for, let's say, a

00;46;12;10 - 00;46;15;10
select provider or clinically enhanced
provider.

00;46;15;15 - 00;46;18;06
You'll just be looking for what you are

00;46;18;06 - 00;46;21;06
currently looking for when it comes to

00;46;21;26 - 00;46;23;18
the service location.

00;46;23;18 - 00;46;28;00
How many folks are in
that house needs level with and without?

00;46;28;00 - 00;46;32;26
Day. That's that's not going to change
from the perspective of the SC

00;46;33;22 - 00;46;37;00
in HCSIS, as that going forward

00;46;37;00 - 00;46;40;00
until we have ECM.

00;46;41;29 - 00;46;43;04
All right.

00;46;43;04 - 00;46;47;01
And then talk a little bit
about these funded individuals.

00;46;47;01 - 00;46;51;12
We got quite a few questions,
especially from AEs on this subject,

00;46;52;14 - 00;46;55;25
but also providers are interested
in knowing whether or not

00;46;55;25 - 00;46;59;23
these funded individual data
would be used in their performance data.

00;47;00;05 - 00;47;01;16
And so they will not be.

00;47;01;16 - 00;47;05;03
So anybody that is supported
by a residential provider

00;47;05;27 - 00;47;09;18
who is funded with base
funding, we're not bringing them in

00;47;09;18 - 00;47;14;18
to serve their overall dataset
or that individual provider.

00;47;16;00 - 00;47;16;18
Base funded

00;47;16;18 - 00;47;20;28
individuals will not be added to HRS
or their requirements,

00;47;20;28 - 00;47;24;12
and there's already existing requirements
for residential providers

00;47;25;03 - 00;47;27;29
to complete the health risk screening tool

00;47;27;29 - 00;47;30;28
for all of their waiver funded residential folks,

00;47;32;05 - 00;47;36;09
as we don't have a way to get those base
funded

00;47;36;09 - 00;47;41;02

individuals into HRS
unless they're identified

00;47;41;23 - 00;47;46;27
to be moving from a base funded program
to a waiver funded program.

00;47;47;16 - 00;47;50;22
So examples of this might be folks

00;47;50;22 - 00;47;55;26
who maybe were supported on campus
for a period of time under base funding,

00;47;56;05 - 00;48;00;11
they are looking to be moved to a waiver
funded residential setting.

00;48;01;26 - 00;48;06;14
We can for those folks
get them added to HRS

00;48;06;25 - 00;48;11;19
prior to that move
so that that receiving provider can accept

00;48;12;02 - 00;48;16;05
and do that health care
screening tool for that individual. But

00;48;16;29 - 00;48;20;29
so by and large, folks are base funded
and going to be remaining base funded.

00;48;21;18 - 00;48;24;07
We're not going to
be adding them to HRS.

00;48;25;07 - 00;48;27;03
And then lastly,

00;48;27;03 - 00;48;31;10

administrative entities
are not obligated to pay the select

00;48;31;10 - 00;48;34;18
and clinically enhanced proposed

00;48;34;27 - 00;48;39;24
what is currently proposed at 5%, at 8%,
or those pay for performance

00;48;39;29 - 00;48;42;29
incentives for base funded individuals.

00;48;46;20 - 00;48;47;11
All right.

00;48;47;11 - 00;48;51;15
So a couple of SC specific
sort of questions

00;48;52;05 - 00;48;54;26
and implications here

00;48;54;26 - 00;48;57;26
really around
what's going to happen to the ISP.

00;48;57;26 - 00;49;02;23
What are the changes
with respect to individual ISPs?

00;49;03;04 - 00;49;06;04
We can look to the next slide. Robin,

00;49;06;08 - 00;49;08;06
as you all know,

00;49;08;06 - 00;49;11;09
supports coordination, holds
a great deal of responsibility

00;49;11;19 - 00;49;14;29

when it comes to
what is actually in that ISP.

00;49;15;23 - 00;49;18;23
And so what's going to be really important

00;49;19;11 - 00;49;22;11
for support, coordination to be aware of,

00;49;22;13 - 00;49;25;15
to make sure that you've got up to date
and accurate information.

00;49;26;28 - 00;49;30;16
And really, I think the other piece of
this is highlighting the importance

00;49;30;16 - 00;49;35;06
of that communication and collaboration
with the residential providers

00;49;36;16 - 00;49;38;14
to make sure that

00;49;38;14 - 00;49;41;14
the information that's going into the ISP

00;49;42;10 - 00;49;45;05
is aligned with the services
and the supports that

00;49;45;05 - 00;49;49;04
that residential provider
is actually providing to that individual.

00;49;49;21 - 00;49;52;21
But some areas that you all should know

00;49;52;22 - 00;49;55;20
is that we have,
based on our performance measures,

00;49;55;20 - 00;50;00;25
as they are proposed now, plan areas
that are going to be impacted

00;50;00;25 - 00;50;04;23
by performance based contracting
are things like risk mitigation.

00;50;04;23 - 00;50;07;28
So we need to know, you know,
very specifically

00;50;08;21 - 00;50;11;21
what an individual's risks are

00;50;12;02 - 00;50;16;06
and what that provider is to be doing
when and how and who

00;50;16;06 - 00;50;19;06
and what are the circumstances,
what are the technology.

00;50;19;13 - 00;50;22;13
If we think back to the residential

00;50;22;16 - 00;50;25;10
ISP staffing model,

00;50;25;10 - 00;50;29;06
where we move away from a ratio model
of number

00;50;29;06 - 00;50;33;01
of staff to number of individuals
and really start to focus in on

00;50;33;07 - 00;50;36;07
how do we keep this person
healthy, safe and happy,

00;50;36;12 - 00;50;39;18

All of that content needs to be in the ISP

00;50;40;21 - 00;50;44;04
and really not now, not related
to performance based contracting.

00;50;44;04 - 00;50;46;18
It just needs to be there regardless.

00;50;46;18 - 00;50;49;18
But definitely this is going to be

00;50;50;02 - 00;50;53;18
I think there will be a lot of emphasis,
especially from residential providers

00;50;54;10 - 00;50;57;10
on supports, coordination,
to make sure that that's happening.

00;50;57;23 - 00;50;59;26
The other place where we need up to date

00;50;59;26 - 00;51;03;01
and accurate information is around
restrictive procedures.

00;51;03;09 - 00;51;07;11
We do have a measure
that's proposed where we look at anyone

00;51;07;11 - 00;51;11;14
with a restrictive procedure,
making sure that they've been evaluated by

00;51;12;28 - 00;51;16;06
essentially a behavioral health
professional in the last

00;51;16;06 - 00;51;19;21
year is going to be really important
and a focus.

00;51;19;28 - 00;51;22;28
We want to make sure that any time
someone is having

00;51;23;15 - 00;51;27;26
their physical movement
restricted, their rights, restricted, that

00;51;28;03 - 00;51;33;17
they're getting evaluated at least once
a year to make sure that that individual

00;51;35;00 - 00;51;36;16
is has

00;51;36;16 - 00;51;39;08
some goals right that are set to work on.

00;51;39;08 - 00;51;40;22
How do we kind of move away from

00;51;40;22 - 00;51;43;28
is there a future where this restrictive
procedure doesn't have to be applied,

00;51;44;16 - 00;51;48;05
but also acknowledging
that restrictive procedures

00;51;48;29 - 00;51;52;04
can oftentimes be inherently traumatic?

00;51;52;04 - 00;51;55;04
And so having an opportunity
to sort of talk through

00;51;55;09 - 00;51;59;24
with a clinical person,
a clinical professional

00;52;00;12 - 00;52;03;12

in their lives,
to kind of talk through all that

00;52;03;27 - 00;52;06;27
the other place is going to be around
individual wellness goals.

00;52;07;14 - 00;52;09;28
And so you'll see other measures

00;52;09;28 - 00;52;12;16
embedded in performance based contracting,

00;52;12;16 - 00;52;14;29
again, really around the use of the health risk

00;52;14;29 - 00;52;19;01
screening tool and the data that

00;52;19;14 - 00;52;23;05
and the recommendations that are generated
by the health risk screening tool.

00;52;23;13 - 00;52;26;08
We really want to start focusing on

00;52;26;08 - 00;52;31;03
supporting individuals
to not only live sort of our the

00;52;31;06 - 00;52;37;18
the safe and healthy life, but also
what is wellness to that individual?

00;52;37;18 - 00;52;41;19
How do they define wellness for themselves
and how are residential

00;52;41;19 - 00;52;45;13
providers, making sure
that they're carrying out those plans

00;52;46;12 - 00;52;48;21
for and with that individual to make sure

00;52;48;21 - 00;52;51;29
that those wellness goals are met,

00;52;53;25 - 00;52;55;03
we can move to the next one.

00;52;55;03 - 00;52;56;22
Robin

00;52;56;22 - 00;52;59;29
And so with respect
to individual monitoring,

00;53;00;22 - 00;53;03;01
we do anticipate

00;53;03;01 - 00;53;06;00
that first of all, there will be changes

00;53;06;07 - 00;53;09;07
to individual monitoring
and the tool itself

00;53;09;08 - 00;53;12;29
through ECM, But
looking at individual monitoring through

00;53;14;04 - 00;53;18;07
the lens of performance based contracting
and the direction

00;53;18;16 - 00;53;21;16
that we're moving with respect to

00;53;22;22 - 00;53;24;27
making sure that folks are really getting

00;53;24;27 - 00;53;29;10

the most out of services
as we can move to the next one now,

00;53;29;14 - 00;53;33;23
then we'll look at first
just kind of the individual impact, right?

00;53;34;00 - 00;53;37;02
So it's going to be really critical
for supports, coordination

00;53;37;26 - 00;53;41;19
to monitor and make sure that the shift
to performance based

00;53;41;19 - 00;53;45;27
contracting is positively impacting
individuals receiving services.

00;53;46;08 - 00;53;49;02
Like I talked about previously, really

00;53;49;02 - 00;53;53;10
leaning into wellness
and making sure that people are

00;53;55;01 - 00;53;58;01
in whatever ways meaningful to them,

00;53;58;18 - 00;54;01;20
that they're the services
that they're getting

00;54;02;07 - 00;54;05;13
are helping to kind of support them
and drive them in the right

00;54;05;13 - 00;54;08;13
direction,
in a direction that they want to go.

00;54;08;26 - 00;54;11;23

And so supports
coordination should continue

00;54;11;23 - 00;54;15;14
to advocate for the needs
and preferences of individuals

00;54;16;01 - 00;54;19;01
to make sure that their rights
and their quality of life are maintained

00;54;19;11 - 00;54;23;08
or even better,
improved performance based contracting,

00;54;23;08 - 00;54;27;11
because that's really what it is
that that we're all striving for.

00;54;28;27 - 00;54;29;13
We can move.

00;54;29;13 - 00;54;31;10
Thank you Robin,

00;54;31;10 - 00;54;34;23
and I think Kristin touched on this
a little bit earlier,

00;54;34;23 - 00;54;38;26
and we really are starting to drive
that being an outcomes

00;54;38;26 - 00;54;43;23
driven system and a system that's focused
on continuous quality improvement.

00;54;44;17 - 00;54;48;18
And so this really is a shift
from the way that we currently work.

00;54;49;25 - 00;54;50;19

We're in sort of this

00;54;50;19 - 00;54;55;16
process driven and process
oriented program and we do want to move to

00;54;55;16 - 00;55;00;24
this outcomes oriented approach
where people are finally achieving.

00;55;00;24 - 00;55;05;06
We worked for years on how do you write a
good outcome and what should it look like

00;55;05;06 - 00;55;08;06
and what should it sound like
and what should the words be?

00;55;08;22 - 00;55;12;21
Focusing on action verbs in those outcomes

00;55;13;03 - 00;55;17;13
and we want to we I think we have kind of
philosophically right.

00;55;17;13 - 00;55;18;22
We understand that.

00;55;18;22 - 00;55;22;11
But now it's time for us to be able
to measure

00;55;22;11 - 00;55;25;11
that people are achieving those outcomes.

00;55;25;14 - 00;55;28;21
And so that's that's really,
I think, the way to think about this

00;55;28;21 - 00;55;29;27
shift.

00;55;29;27 - 00;55;34;00
So we're focusing on results
and impacts of the services

00;55;34;00 - 00;55;38;01
that someone's receiving
rather than just the service itself.

00;55;38;01 - 00;55;39;21
Did they get it or did they not get it?

00;55;40;27 - 00;55;41;11
That's

00;55;41;11 - 00;55;45;06
one way to measure or something, but
it's not a great way to measure something.

00;55;45;06 - 00;55;47;06
We want to know.

00;55;47;06 - 00;55;51;09
Yeah, they got the service
was the service of good quality.

00;55;51;12 - 00;55;55;06
Did the service
help this person achieve an outcome

00;55;55;06 - 00;55;58;24
or a goal. Did the service,
helped this person reduce

00;55;59;28 - 00;56;02;19
their A1C

00;56;02;19 - 00;56;06;06
whatever it was that was preventing them

00;56;06;18 - 00;56;10;00
engaging
in their version of a good life before?

00;56;10;20 - 00;56;13;19
So we want to make sure that supports
coordination

00;56;13;24 - 00;56;16;19
is sort of always at the forefront

00;56;16;19 - 00;56;20;07
of encouraging
a culture of continuous quality

00;56;20;07 - 00;56;23;07
improvement among providers

00;56;23;08 - 00;56;27;13
and be active participants in
what is this really

00;56;28;07 - 00;56;31;27
enormous systems change,
but really exciting systems change

00;56;32;15 - 00;56;36;12
and something that I think
many of us have waited a while for.

00;56;37;07 - 00;56;39;20
And you all will absolutely be

00;56;41;13 - 00;56;45;10
holding
a significant role as it pertains to

00;56;46;13 - 00;56;48;20
making sure that, again,

00;56;48;20 - 00;56;51;05
the the impact here and the intent is

00;56;51;05 - 00;56;54;07
that people are living

00;56;54;07 - 00;56;57;07
they are living their good
lives, their version of a good life,

00;56;57;21 - 00;57;00;28
and that we can see the positive impact

00;57;00;28 - 00;57;03;27
of someone receiving services

00;57;04;13 - 00;57;06;05
and. I think

00;57;06;05 - 00;57;09;09
with that,
we're ready to answer some questions

00;57;13;19 - 00;57;16;19
and I can jump in here.

00;57;17;21 - 00;57;19;10
We got a question.

00;57;19;10 - 00;57;23;09
What is the plan for performance
based contracting

00;57;23;09 - 00;57;27;27
If the state budget does not pass
with the IDA system budget increases?

00;57;28;08 - 00;57;30;17
Is there a backup plan
in place of the funding?

00;57;30;17 - 00;57;32;29
Isn't available
to make the payment changes?

00;57;32;29 - 00;57;35;29

Or does the state budget
not impact this at all?

00;57;36;14 - 00;57;39;14
The state budget absolutely impacts this.

00;57;40;05 - 00;57;43;05
You know, any of you that have spent time

00;57;43;12 - 00;57;47;02
looking at the performance measures,
the standards

00;57;47;13 - 00;57;52;10
that we're putting into place,
it requires an investment in the system.

00;57;52;10 - 00;57;56;05
We could not ask providers to be taking on

00;57;57;09 - 00;58;00;10
the the additional

00;58;00;10 - 00;58;04;03
work and capacity building
without investing in that.

00;58;04;03 - 00;58;08;19
So, you know, I think we wait and see if

00;58;09;23 - 00;58;12;26
the budget passes,
but not as the governor proposed.

00;58;13;23 - 00;58;16;19
Then we will be in a position of making

00;58;16;19 - 00;58;19;12
some adjustments related to that.

00;58;19;12 - 00;58;23;09

If it doesn't, if the funding does
not come through at all,

00;58;24;03 - 00;58;26;22
we will not be able to implement

00;58;26;22 - 00;58;29;22
the performance standards

00;58;31;29 - 00;58;34;02
We've go another question,

00;58;34;02 - 00;58;37;02
Let Lauren catch up a minute here.

00;58;38;22 - 00;58;42;06
Actually, I want to get back to the ones,
make sure we're answering.

00;58;42;12 - 00;58;44;10
We said we would and we absolutely will.

00;58;44;10 - 00;58;47;10
We've got plenty of time here
to answer some questions

00;58;47;10 - 00;58;50;28
on supports, coordination
and move to performance based contracting.

00;58;50;28 - 00;58;55;06
But I want to make sure that we hit
on all of the residential related ones.

00;58;55;06 - 00;58;58;20
So there's some questions here
just about referrals

00;58;58;20 - 00;59;02;10
for needs group four or above. And if

00;59;03;21 - 00;59;06;21

I. So to two different questions.

00;59;07;07 - 00;59;10;01
What if the person doesn't
have a needs group or they're just being

00;59;10;01 - 00;59;15;05
assigned a needs group for that reason,
are you able to refer those higher level

00;59;16;06 - 00;59;17;00
providers?

00;59;17;00 - 00;59;19;14
And yes, you can.

00;59;19;14 - 00;59;22;14
I mean, you should always be thinking
about the needs of a person

00;59;23;14 - 00;59;26;20
and where could be served
when you're making these referrals.

00;59;26;20 - 00;59;32;05
And then at this point, I can tell you
we will be making an adjustment

00;59;32;05 - 00;59;36;00
on the referral criteria that we propose.

00;59;36;00 - 00;59;39;01
We got a lot of feedback that it's it's

00;59;39;01 - 00;59;42;03
going to be problematic
to restrict the kind of referrals.

00;59;42;03 - 00;59;46;10
So at this point of alert you,
where we're leaning

00;59;46;10 - 00;59;49;20
is that it would be news group
five and above that would be restricted

00;59;49;20 - 00;59;54;22
and primary providers
can serve up to that select

00;59;54;22 - 00;59;58;19
and clinically enhanced
concern for people of any needs group.

01;00;00;08 - 01;00;03;08
There's
another question I want to be very clear

01;00;03;13 - 01;00;06;01
that if a provider is already

01;00;06;01 - 01;00;09;07
serving someone of a higher needs group,

01;00;09;07 - 01;00;12;07
if they're serving someone
and their needs group changes,

01;00;13;05 - 01;00;16;12
that does not impact which provider,

01;00;16;16 - 01;00;19;16
which tier has to serve them.

01;00;19;23 - 01;00;22;12
The the tier restrictions

01;00;22;12 - 01;00;25;12
are only for new referrals.

01;00;25;14 - 01;00;29;13
So this is not about
if a provider is already serving someone

01;00;29;13 - 01;00;32;13
and something changes or who they're

01;00;33;02 - 01;00;36;02
serving.

01;00;38;18 - 01;00;40;00
Okay.

01;00;40;00 - 01;00;41;28
On a residential agency spin

01;00;41;28 - 01;00;46;16
off a clinically enhanced service
so that they are not required

01;00;46;16 - 01;00;50;05
to provide services
to only the highest needs groups.

01;00;51;08 - 01;00;56;01
So a provider could spin off

01;00;59;00 - 01;01;00;20
they they could spin off

01;01;00;20 - 01;01;03;25
and create a new master

01;01;04;03 - 01;01;06;27
provider index, a new MPI.

01;01;06;27 - 01;01;11;05
The problem
that they're going to have to have,

01;01;11;16 - 01;01;12;03
then they

01;01;12;03 - 01;01;15;27
they're likely they would have to be
moving people around to try to do that.

01;01;17;01 - 01;01;17;12
So they

01;01;17;12 - 01;01;21;13
can't like pick and choose, you know,
two people from this house, one person

01;01;21;13 - 01;01;26;15
from this house over here,
that's that's not going to be allowable.

01;01;26;23 - 01;01;30;24
But you remind me,
we probably want to make it very clear

01;01;31;13 - 01;01;34;21
that you can't select,
you know, a bunch of residents

01;01;34;21 - 01;01;38;22
and be billing under two MPIs
for the same home.

01;01;39;09 - 01;01;41;08
That's not going to work for us.

01;01;41;08 - 01;01;45;18
So we will have to be very clear
that that's not possible.

01;01;45;18 - 01;01;50;05
But I you know, we
we may have some of our larger providers

01;01;50;05 - 01;01;53;16
that think about kind of spinning off
to do that, but

01;01;54;08 - 01;01;56;17
it's still going to have to be associated

01;01;56;17 - 01;02;00;04
at at a minimum, at a home level,
which I think

01;02;00;04 - 01;02;03;17
will create some logistical problems
for providers trying to do that.

01;02;07;24 - 01;02;09;07
Where do we get a copy

01;02;09;07 - 01;02;12;20
of the draft
for the SCO performance based contracting?

01;02;13;01 - 01;02;16;01
If you're SCO

01;02;16;23 - 01;02;19;23
is part of any associations,

01;02;19;28 - 01;02;22;28
I think we also shared it with ISAC.

01;02;23;25 - 01;02;27;10
Lauren, do you happen to know
or I'm sure it's publicly posted

01;02;27;10 - 01;02;31;28
somewhere, It is a draft that you know
is for the work group,

01;02;32;13 - 01;02;35;29
but we haven't been very restrictive
in terms of the workgroup not sharing it.

01;02;35;29 - 01;02;38;21
So I know it has been shared, Right.

01;02;38;21 - 01;02;39;25
Yeah.

01;02;39;25 - 01;02;42;25
And if for whatever reason,
if you're not part of the

01;02;43;21 - 01;02;46;09
any assist providers

01;02;46;09 - 01;02;49;23
that has access to it, just send one of us
an email,

01;02;50;03 - 01;02;53;03
we'll get it over to you.

01;02;54;24 - 01;02;58;07
The pool of providers being limited
to those who meet quality standards,

01;02;58;07 - 01;03;00;05
is there a concern there may not be enough

01;03;00;05 - 01;03;03;19
residential providers of a type
to meet needed capacity?

01;03;03;19 - 01;03;06;18
We're already seeing limited capacity
without this in place.

01;03;07;14 - 01;03;10;27
And Patrick,
it is a very good question and a question

01;03;10;27 - 01;03;16;07
that we're getting asked a lot,
because obviously the closing the door

01;03;17;04 - 01;03;21;15
when we already have trouble with people
accessing residential services,

01;03;21;15 - 01;03;26;01

particularly with more complex
needs seems counterintuitive, right?

01;03;26;01 - 01;03;30;25
But one of the things that we have done
in terms of how we have crafted

01;03;31;08 - 01;03;35;09
the performance standards is really to

01;03;36;11 - 01;03;40;01
incentivize and be measuring

01;03;41;04 - 01;03;43;17
referrals to be very much

01;03;43;17 - 01;03;47;05
incentivizing
providers, building clinical capacity.

01;03;48;00 - 01;03;51;15
We have also made it very clear
to providers

01;03;51;15 - 01;03;56;07
that this investment with this investment,
the expectation is

01;03;56;20 - 01;04;00;03
that they are taking referrals,
that they are growing.

01;04;00;23 - 01;04;04;22
And this has been controversial
in some cases.

01;04;04;22 - 01;04;07;25
You know, I indicated
we've got this restriction.

01;04;07;25 - 01;04;08;25
You can't be select

01;04;08;25 - 01;04;12;15
or clinically enhanced
unless you serve ten or more individuals.

01;04;12;15 - 01;04;16;14
And we had providers during this,
you know, all of this

01;04;17;01 - 01;04;20;07
the public sessions over the last year
are saying, I don't want to grow.

01;04;20;08 - 01;04;23;08
You know,
we've got a really good thing going here.

01;04;24;05 - 01;04;27;14
You know, we we
we we serve the same, you know,

01;04;27;14 - 01;04;30;14
ten or 12 people or whatever
it is, six people.

01;04;30;25 - 01;04;33;29
We need providers who do good work,

01;04;33;29 - 01;04;37;14
who are willing and interested in growing,
and we want to invest in those.

01;04;37;14 - 01;04;39;09
And I
and I think that message has been heard.

01;04;39;09 - 01;04;44;00
And I mean, I think providers are kind of
understanding we can't just stay still.

01;04;45;00 - 01;04;46;08
We've got you know, when

01;04;46;08 - 01;04;51;03
you think about the
the waiting list that we have for services

01;04;51;03 - 01;04;54;15
and yes, that waiting list is about people
not getting waivers.

01;04;54;15 - 01;04;55;12
But we also know

01;04;55;12 - 01;04;59;14
and you all know you get referrals
or you're working with individuals.

01;04;59;14 - 01;05;01;19
You can't find providers for.

01;05;01;19 - 01;05;04;14
And so, you know, I think part of this

01;05;04;14 - 01;05;07;25
with the residential side is
you got to grow like,

01;05;07;25 - 01;05;13;01
you have got to be thinking about
your business structure, your programmatic

01;05;13;01 - 01;05;17;29
structure, your clinical structure
so that you can serve more individuals.

01;05;19;03 - 01;05;22;25
So, you know, when we will be doing ODP's,

01;05;22;25 - 01;05;26;09
responsibility to the federal government
is to ensure access.

01;05;26;09 - 01;05;29;14

So we've got to look at time
to access services.

01;05;29;28 - 01;05;34;17
We have to be looking
at the geographic distribution

01;05;34;17 - 01;05;38;18
of residential and you know, where
and how people are accessing residential.

01;05;39;00 - 01;05;39;18
So we're

01;05;39;18 - 01;05;42;19
seeing we're going to work in partnership
with the counties around this too,

01;05;43;15 - 01;05;47;13
that we really have to do
some targeted work

01;05;47;13 - 01;05;50;12
to grow some residential capacity.

01;05;50;12 - 01;05;54;27
You know, I think we have the ability
to do that within this model.

01;05;54;27 - 01;05;55;27
And I do think

01;05;55;27 - 01;05;59;19
that's a very it's a real concern
without performance based contracting.

01;06;00;26 - 01;06;01;20
One of our

01;06;01;20 - 01;06;04;20
greater concerns with the open door is

01;06;05;14 - 01;06;08;22
we are getting a lot of very poor

01;06;08;22 - 01;06;14;00
quality providers coming in that open door
who are not prepared to provide

01;06;14;00 - 01;06;18;26
residential services for the people
who are being referred to them,

01;06;18;26 - 01;06;21;26
which is often some
our most complex folks.

01;06;22;07 - 01;06;25;19
And in this environment
our residential services

01;06;25;19 - 01;06;30;14
are $205,000 per person on average
per year.

01;06;30;26 - 01;06;34;04
We have a lot of regulatory requirements.

01;06;35;11 - 01;06;38;23
People, you know,
looking for residential are often people

01;06;38;23 - 01;06;42;23
that need a lot of support
and complex support.

01;06;43;06 - 01;06;46;13
So, you know,
I think to the extent that we can,

01;06;47;02 - 01;06;51;25
we're bringing all our providers in, we're
trying to provide as much TA and support.

01;06;51;25 - 01;06;55;25
We've got the financial tools in place
to to help them.

01;06;56;20 - 01;06;58;26
The idea is that
we're lifting all boats here.

01;06;59;29 - 01;07;00;27
But this

01;07;00;27 - 01;07;04;06
the the
access concern is a very real concern

01;07;04;06 - 01;07;08;07
that I think
we all have to constantly be in-tune to.

01;07;08;09 - 01;07;11;09
So I really appreciate the question.

01;07;14;00 - 01;07;15;18
So you get another question.

01;07;15;18 - 01;07;17;03
If there is an average need

01;07;17;03 - 01;07;20;27
needs group serve requirement
to be a clinically enhanced provider

01;07;21;10 - 01;07;25;26
and restriction on primary providers
serving needs 4 to 5, is there a mechanism

01;07;26;06 - 01;07;29;25
for the primary providers
to advance to becoming clinically enhanced

01;07;30;06 - 01;07;33;26

without being able to meet average
needs group serve requirement?

01;07;34;22 - 01;07;39;03
So this is a place where we did
get a lot of public comment feedback and

01;07;40;08 - 01;07;43;19
because of a lot of that feedback
essentially was

01;07;44;06 - 01;07;47;06
sort of the impetus
for making that change.

01;07;47;08 - 01;07;47;27
And so.

01;07;47;27 - 01;07;53;12
Right, that would sort of be the mechanism
that if we allow primary providers

01;07;53;12 - 01;07;56;18
to take needs group four individuals

01;07;57;06 - 01;07;59;18
and, you know,
depending on sort of like where that

01;08;01;18 - 01;08;02;17
the average

01;08;02;17 - 01;08;05;26
threshold works
out to be in terms of health care level

01;08;06;22 - 01;08;09;02
and needs level,

01;08;09;02 - 01;08;12;29
then we would anticipate
that there would be a means

01;08;12;29 - 01;08;18;06
for primary providers to effectively
get to a place where they are able

01;08;18;06 - 01;08;22;08
to support that population
and or they do have a higher

01;08;23;00 - 01;08;26;02
needs level and health care level average

01;08;26;26 - 01;08;29;09
and so would be able to get them into

01;08;29;09 - 01;08;32;08
that clinically enhanced tier

01;08;32;08 - 01;08;35;08
through that mechanism.

01;08;42;04 - 01;08;44;20
We've got we'll hit just 8% count

01;08;44;20 - 01;08;49;26
against the community
living waiver budgets that will

01;08;50;27 - 01;08;54;05
I appreciate that could create a problem.

01;08;54;28 - 01;08;59;26
The good news is hopefully
we are moving into an environment

01;08;59;26 - 01;09;04;07
where our our county again,
this is budget dependent

01;09;05;23 - 01;09;09;15
that our counties
are going to be moving into position

01;09;09;15 - 01;09;12;20
where we're going to have some ability
to manage the budget and not just slots

01;09;13;19 - 01;09;14;01
and that

01;09;14;01 - 01;09;17;29
in this case that wouldn't be a conversion
issue then.

01;09;18;20 - 01;09;21;28
So again, you know, fingers crossed,
hoping the General Assembly

01;09;22;20 - 01;09;26;02
is in agreement with the governor
in terms of the budget ask.

01;09;26;02 - 01;09;31;11
And then I think as we roll out
the program growth strategy, will counties

01;09;31;11 - 01;09;34;15
will have a lot more flexibility
to solve problems

01;09;34;15 - 01;09;37;15
like that. One.

01;09;38;21 - 01;09;39;22
Okay.

01;09;39;22 - 01;09;40;26
All right.

01;09;40;26 - 01;09;44;29
It's I think we might be on to SC questions.

01;09;45;23 - 01;09;48;17
Yeah, Yeah.

01;09;48;17 - 01;09;50;18
Patrick,
I see you had sort of a follow up question

01;09;50;18 - 01;09;53;26
about provider growth creating

01;09;55;01 - 01;09;58;01
struggles in terms of quality standards.

01;09;58;12 - 01;10;00;20
Again, you know, I think that's real.

01;10;00;20 - 01;10;05;00
I think we have, you know,
we will have providers that, you know,

01;10;05;29 - 01;10;09;21
we them now they grow too fast
and then things start falling apart.

01;10;09;29 - 01;10;13;22
And Lauren shaking her head,
you guys have probably been out with us

01;10;13;22 - 01;10;18;18
asking you to monitor better than weekly
or monthly in all of their homes.

01;10;18;18 - 01;10;21;20
You know, I think that that's
honestly a concern right now.

01;10;22;04 - 01;10;23;20
That concern doesn't go away.

01;10;23;20 - 01;10;26;08
And we will definitely have to be watching
that.

01;10;26;08 - 01;10;30;29

I mean, I think the
the one of the things that changes

01;10;30;29 - 01;10;35;23
as we move to performance based
contracting for residential providers

01;10;35;23 - 01;10;41;29
is the stakes for losing either
moving to a provisional license,

01;10;42;28 - 01;10;44;09
being in a status of

01;10;44;09 - 01;10;48;29
non-renewal or having your license
revoked are significant.

01;10;49;09 - 01;10;53;23
You immediately
live with any of those situations.

01;10;53;23 - 01;10;57;09
You drop from whatever tier
you were in to a conditional tier.

01;10;57;20 - 01;11;00;05
In a conditional tier,
you are not eligible

01;11;00;05 - 01;11;04;28
for any pay for performance and if you are
still in that conditional tier

01;11;05;07 - 01;11;08;07
when the new fiscal year starts,

01;11;09;02 - 01;11;12;19
if you were clinically enhanced or select,
you are not getting

01;11;12;19 - 01;11;16;04

those rate add ons anymore,
you are going back to the fee schedule.

01;11;16;14 - 01;11;19;26
So I think, you know, providers
understanding

01;11;19;26 - 01;11;22;26
the stakes are very different right now.

01;11;23;21 - 01;11;27;19
I hope that's enough to sort of counterbalance

01;11;28;10 - 01;11;31;10
the push to grow here.

01;11;32;03 - 01;11;34;02
Yeah and

01;11;34;02 - 01;11;37;06
I would also just add right
this is another place

01;11;37;06 - 01;11;40;10
where you know
performance based contracting

01;11;40;29 - 01;11;44;10
while providers might be sort of feeling

01;11;44;20 - 01;11;49;07
some of that pressure to expand locations.

01;11;49;15 - 01;11;50;11
Their number one,

01;11;50;11 - 01;11;53;11
they want to make sure that they're
doing a good job in doing that

01;11;53;18 - 01;11;54;29
because the stakes are really high.

01;11;54;29 - 01;11;58;00
But also, you know,
there is no longer this.

01;11;58;00 - 01;12;01;07
The referral has to go to any provider
right

01;12;01;07 - 01;12;03;26
that's out there and available currently.

01;12;03;26 - 01;12;07;16
And so, you know, just making sure
that individuals and their families

01;12;08;22 - 01;12;10;25
are making informed decisions

01;12;10;25 - 01;12;16;15
about where that referral is getting sent
to make sure that it is a provider

01;12;16;15 - 01;12;20;04
that will be able to best meet
that that individual's needs.

01;12;22;07 - 01;12;25;07
We're getting more more questions
about the

01;12;26;01 - 01;12;28;04
draft standards, which

01;12;28;04 - 01;12;30;22
maybe we can send the folks after this

01;12;30;22 - 01;12;33;25
if we haven't found an easy way for them
to find it online.

01;12;34;05 - 01;12;37;04

I'm guessing

01;12;37;04 - 01;12;40;15
it might not be that hard on
some of the associations pages

01;12;40;15 - 01;12;45;02
if you're digging in there, but we'll see
if we can direct you in that way.

01;12;45;02 - 01;12;49;01
I will tell you
we've made since the last draft of that

01;12;49;29 - 01;12;54;02
was shared with the group,
we have made some additional changes.

01;12;54;02 - 01;12;56;18
So it is not, it is drafty draft.

01;12;56;18 - 01;13;00;05
There's still work to be done
with the supports coordination strategic

01;13;00;05 - 01;13;03;19
thinking group
before we kind of come to a conclusion.

01;13;04;11 - 01;13;08;24
So I think if if you've still got
residential questions, that's fine.

01;13;09;00 - 01;13;09;22
Pop them in here.

01;13;09;22 - 01;13;13;05
But why don't we move on
to some of the SCO questions?

01;13;13;05 - 01;13;15;03

And one of the things I would say
is, first of all,

01;13;15;03 - 01;13;18;03
the performance measures that are out
there are drafty draft

01;13;18;06 - 01;13;21;07
like we still have quite a bit of work
to do on it.

01;13;21;20 - 01;13;24;08
One of the things we are working right now

01;13;24;08 - 01;13;27;08
on an SCO survey,

01;13;27;20 - 01;13;31;02
so every SCO is going to get a survey,

01;13;31;02 - 01;13;33;07
we are going to be asking you
a lot of questions.

01;13;33;07 - 01;13;36;07
Some of them you're going to recall

01;13;36;07 - 01;13;40;21
because we asked some of you
probably 18 months ago, possibly

01;13;40;21 - 01;13;45;07
as long as 24,
related to things like turnover, vacancy,

01;13;46;29 - 01;13;49;29
some of those sorts of things, specialty areas,

01;13;51;04 - 01;13;54;04
you know, how
any kind of incentives that you have.

01;13;54;24 - 01;13;59;19
But we are also going to be asking
very specifically, one of the things

01;13;59;19 - 01;14;02;22
this goes to one of the questions
that's on here as well

01;14;03;20 - 01;14;08;05
is about limits on case numbers
and things like that.

01;14;08;05 - 01;14;11;28
So we have had one of the discussions
that we're having with the support,

01;14;12;00 - 01;14;15;05
Coordination and Strategic
Thinking group is around

01;14;15;05 - 01;14;18;15
a concept of intensive case management.

01;14;19;20 - 01;14;22;05
And I'm guessing, you know,

01;14;22;05 - 01;14;25;04
all of you as SCs
kind of have somebody in mind

01;14;25;04 - 01;14;29;07
that you would consider that you are
providing more intensive management

01;14;29;07 - 01;14;32;07
for supports, coordination,
for whatever reason

01;14;34;00 - 01;14;36;09
within the strategic thinking group.

01;14;36;09 - 01;14;39;09

I think we've struggled a little bit
with exactly

01;14;39;27 - 01;14;41;17
Can we know what that is?

01;14;41;17 - 01;14;47;14
Is this something identifiable
in the person in the service

01;14;47;14 - 01;14;52;16
they're receiving in, kind of how they're
supported in terms of natural supports,

01;14;53;18 - 01;14;55;05
time period of life?

01;14;55;05 - 01;14;58;25
You know, what what is it
or what are all of those variables

01;14;58;29 - 01;15;04;19
sort of are likely to mean Someone needs
more intensive supports, coordination.

01;15;04;19 - 01;15;06;21
So you're going to get some surveys.

01;15;06;21 - 01;15;10;03
Every SCO will get a survey
that we're going to be asking you

01;15;10;03 - 01;15;16;01
to complete to help us get
a better picture and understanding of the

01;15;16;22 - 01;15;20;28
the more typical circumstances
that kind of require

01;15;20;28 - 01;15;24;02

someone to have more intensive
supports, coordination.

01;15;24;29 - 01;15;27;05
We are

01;15;27;05 - 01;15;29;14
one of the things
that we've said to the group and,

01;15;29;14 - 01;15;32;14
you know,
we've said we just finished a set of

01;15;33;15 - 01;15;36;16
forums for the newer supports

01;15;36;16 - 01;15;40;12
coordinators, supports coordinators
that had worked between three and 12 months.

01;15;41;03 - 01;15;43;28
And one of the things
that we've been saying

01;15;43;28 - 01;15;47;00
is we with performance based contracting

01;15;47;00 - 01;15;50;22
ODP, would very much like to move away
from 15 minute units.

01;15;51;07 - 01;15;55;05
And so when we are thinking
about the provide

01;15;55;07 - 01;15;59;02
the SCO tiers that we will
have, we're there's likely two

01;16;00;04 - 01;16;01;17
we are thinking that we would

01;16;01;17 - 01;16;06;01
like to move to away from 15 minute
units for

01;16;06;25 - 01;16;10;26
the SCOs that are demonstrating
that higher level of performance.

01;16;11;23 - 01;16;14;23
But what that means is
we need some of these data.

01;16;15;02 - 01;16;20;05
And so you're going to get a survey,
we ask every SCO, please fill it out.

01;16;20;05 - 01;16;23;05
Please take the time to to really

01;16;23;14 - 01;16;25;28
be accurate in terms of the information
you're providing,

01;16;25;28 - 01;16;28;03
because that's going to help us

01;16;28;03 - 01;16;31;15
think about some of that movement
to performance based contracting.

01;16;32;01 - 01;16;35;01
So at this point,

01;16;35;01 - 01;16;38;19
we have not had a discussion
about caseload limits

01;16;39;02 - 01;16;43;02
where we're certainly,
you know, we'd take your input on that.

01;16;43;02 - 01;16;45;15
But I think one of the things
that we're also interested in

01;16;45;15 - 01;16;48;21
is not being prescriptive about how

01;16;48;21 - 01;16;51;21
you achieve outcomes for individuals.

01;16;52;06 - 01;16;55;06
You know, the task in front of you,
we want you to do person centered

01;16;55;06 - 01;16;55;23
planning.

01;16;55;23 - 01;16;59;29
We want you using life, course,
we want you helping people, finding jobs.

01;16;59;29 - 01;17;00;23
We want you.

01;17;00;23 - 01;17;04;13
If somebody needs a 24/7 service,
looking at,

01;17;04;14 - 01;17;08;29
you know, alternatives
to residential habilitation, we, you know,

01;17;09;01 - 01;17;13;06
are asking you to support individuals
in terms of their risk management.

01;17;14;08 - 01;17;15;10
You know,

01;17;15;10 - 01;17;19;13
you kind of know what's front of you
in terms of crafting

01;17;19;28 - 01;17;22;28
really good individual support plans.

01;17;23;07 - 01;17;27;13
If we can get away from telling you
how to do that and, who in your shop

01;17;27;13 - 01;17;31;07
is working on which pieces
and you can accomplish those outcomes?

01;17;32;15 - 01;17;33;24
Good.

01;17;33;24 - 01;17;38;18
But so these are the kind of discussions
that that we want to have.

01;17;38;18 - 01;17;41;29
I think, you know,
if there's real interest out there and

01;17;41;29 - 01;17;45;18
and a really good reason for limits,
let's hear it.

01;17;45;18 - 01;17;48;17
If this is advisory, let's hear that.

01;17;48;17 - 01;17;52;10
I mean, this is really the time
between now

01;17;52;10 - 01;17;55;09
and, say, November,

01;17;55;16 - 01;17;58;16
a really good time
to be having these conversations.

01;17;58;22 - 01;18;02;24

If you don't know someone
who is on the strategic thinking group,

01;18;03;24 - 01;18;06;10
you know,
you can certainly send that information

01;18;06;10 - 01;18;10;07
and to ODP where, you know,

01;18;10;07 - 01;18;13;28
we we're really this is the time period
to be providing that kind of feedback.

01;18;14;22 - 01;18;16;29
Definitely. And Kristin

01;18;16;29 - 01;18;20;09
I can drop in what
we're sort of thinking about in terms of

01;18;20;09 - 01;18;23;25
what are those things that make a person,
you know, require

01;18;24;18 - 01;18;27;24
intensive case management that folks
can kind of see what we're thinking about.

01;18;28;02 - 01;18;31;15
If you have additional suggestions,
please feel free

01;18;31;23 - 01;18;34;26
to put those forward through
if you have access to the chat.

01;18;35;01 - 01;18;38;08
If not in the question,
however, the question answer pane

01;18;39;01 - 01;18;41;19

or if you need time to think about it,

01;18;41;19 - 01;18;45;24
you can send them directly to myself
or Jen Fraker or Maddie Baxter.

01;18;46;26 - 01;18;48;19
Your RPMs, your SCO Leads.

01;18;48;19 - 01;18;51;19
Really, you can send those to anyone
that you have access to

01;18;53;00 - 01;18;55;29
in terms of we would like to make
these recommendations

01;18;56;16 - 01;18;59;21
to include a particular population

01;19;00;21 - 01;19;04;05
that we would consider
requiring intensive case management.

01;19;04;05 - 01;19;07;05
So I'll put those in the chat. Now.

01;19;08;20 - 01;19;12;04
So we've got the question here.

01;19;12;10 - 01;19;15;18
Well, the residential performance measures
for risk management

01;19;15;18 - 01;19;18;27
also be required of SCOs, and

01;19;19;06 - 01;19;22;12
I think you will have the same areas,

01;19;22;12 - 01;19;25;16

but the measures
themselves are likely to look different.

01;19;25;16 - 01;19;30;21
So you will have measures
related to incident management,

01;19;31;19 - 01;19;36;18
the expectations for what SCOs are
reporting on is really different.

01;19;36;18 - 01;19;38;00
You're not a 24/7 service.

01;19;38;00 - 01;19;41;00
You don't witness,
you know, many of these things.

01;19;41;01 - 01;19;43;26
So I think in terms of,

01;19;43;26 - 01;19;45;28
you know, unreported,

01;19;45;28 - 01;19;49;17
I don't foresee us having the same measure
there.

01;19;50;11 - 01;19;55;22
In terms of timeliness, yes,
probably that one's going look the same.

01;19;55;22 - 01;19;57;17
You may have some other ones

01;19;57;17 - 01;20;01;05
because your interface with incident
management is a little different as well.

01;20;01;05 - 01;20;04;09
So you will have incident management
related

01;20;05;07 - 01;20;08;23
measures, you will have health risk
screening measures as well.

01;20;08;23 - 01;20;09;05
I think

01;20;10;09 - 01;20;13;28
if you, you
know, looking at the residential measures,

01;20;13;28 - 01;20;19;19
one of the things that we've been really
emphasizing is around wellness.

01;20;19;19 - 01;20;21;09
And we're doing this for a lot of reasons.

01;20;21;09 - 01;20;24;23
You know, if you think about COVID
one of the

01;20;25;19 - 01;20;30;25
the things that COVID really illuminated
is the really horrific health

01;20;30;25 - 01;20;34;26
disparities for people
with intellectual disabilities and autism.

01;20;35;09 - 01;20;38;26
And, you know,
we've been pretty focused at ODP

01;20;38;26 - 01;20;42;04
in looking at how to
how do we reverse this course.

01;20;42;04 - 01;20;45;04
You know, obviously
we don't control this whole universe,

01;20;46;02 - 01;20;49;19
but there are things
that we can certainly influence.

01;20;49;19 - 01;20;52;19
And having a focus on wellness,

01;20;52;23 - 01;20;55;14
not only for the physical health piece,

01;20;55;14 - 01;20;59;14
but just also thinking
about the level of trauma,

01;21;01;12 - 01;21;02;28
the extent of trauma

01;21;02;28 - 01;21;08;15
that the people we support
or have have typically experienced.

01;21;09;28 - 01;21;10;28
We really need

01;21;10;28 - 01;21;15;27
be focusing on a system that's sort of
constantly thinking about wellness,

01;21;15;27 - 01;21;18;27
and that's good for all of us,
not just the individuals

01;21;18;27 - 01;21;21;27
that that we support,
but the staff and ourselves.

01;21;22;12 - 01;21;25;01
But to just be really focused on wellness

01;21;25;01 - 01;21;28;01
and therapeutic restorative environments.

01;21;28;15 - 01;21;31;11
So I think you can expect
that we will be having

01;21;31;11 - 01;21;35;17
both a focus on sort of physical health,
behavioral

01;21;35;17 - 01;21;39;25
health, wellness and the use of the tools
that are at our disposal.

01;21;39;25 - 01;21;44;03
You know, we've got health risk
screening is a great way to kind of

01;21;44;03 - 01;21;48;00
look at that and understand
what's going on with individuals.

01;21;48;00 - 01;21;51;24
And so, yes, you will
you will definitely have some measures

01;21;51;24 - 01;21;54;24
that are related,
but they won't be the same

01;21;55;17 - 01;22;00;18
Kristin there's really no other questions
in the Q&A pane.

01;22;00;26 - 01;22;02;24
here comes one, if you'd like to read it.

01;22;04;02 - 01;22;05;18
And so

01;22;05;18 - 01;22;11;02
this is caseload limits would assist with
union negotiations, local government

01;22;11;11 - 01;22;15;05
government commissioners to ensure
we can try to recruit and retain SCs.

01;22;15;21 - 01;22;18;20
I would also put a number on paper
that we could use

01;22;18;20 - 01;22;22;25
with human resources
to prioritize filling positions.

01;22;22;25 - 01;22;26;18
Okay, that's really helpful
in understanding the kind of utility,

01;22;27;03 - 01;22;29;24
not not about

01;22;29;24 - 01;22;31;27
individual

01;22;31;27 - 01;22;37;09
sort of support as much as the
the business requirements and end of it.

01;22;37;09 - 01;22;40;09
So I appreciate that Thank you.

01;22;42;04 - 01;22;45;00
And why don't we have another request

01;22;45;00 - 01;22;48;25
for the current draft performance measures
for support coordination.

01;22;49;10 - 01;22;50;08
So why don't we do this?

01;22;50;08 - 01;22;52;16
We'll We'll get the most current copy.

01;22;52;16 - 01;22;56;20
And then for everybody
who was registered for the session, we can

01;22;56;20 - 01;22;59;20
we can send it out that way.

01;22;59;25 - 01;23;01;12
Does that make sense?

01;23;01;12 - 01;23;02;06
Look at us.

01;23;02;06 - 01;23;06;23
Yeah it it's it's very draft
so ODP doesn't send it out

01;23;06;23 - 01;23;10;07
but again we've not I think it says do
not distribute on it probably

01;23;11;08 - 01;23;12;10
but our

01;23;12;10 - 01;23;15;16
you know we we have said to our strategic
thinking

01;23;15;16 - 01;23;18;27
group members like we we expect
that they're getting feedback you know

01;23;18;29 - 01;23;22;23
from whatever organizations groups
they're affiliated with.

01;23;23;02 - 01;23;26;24
So we expect that they're distributing it,
but we don't actually publish it.

01;23;26;24 - 01;23;29;12

But we will send it to all of you

01;23;29;12 - 01;23;32;19
in a appreciate
certainly appreciate your interest.

01;23;32;19 - 01;23;36;18
And and you will when we get to
I mean come

01;23;37;07 - 01;23;40;17
I imagine like we did
with the residential strategic group

01;23;42;05 - 01;23;44;06
the residential measures got published

01;23;44;06 - 01;23;47;18
well in advance
of the formal public comment period.

01;23;47;27 - 01;23;51;14
We had some opportunities from just,

01;23;51;17 - 01;23;56;09
you know, informal discussions and contact
to make a number of adjustments between

01;23;56;25 - 01;24;00;28
that draft and actually formalizing it
as part of formal public comment.

01;24;00;28 - 01;24;05;04
So I think you can look
for an updated draft

01;24;05;04 - 01;24;08;12
that will look a lot
more like final come November.

01;24;12;00 - 01;24;15;00
Final call for questions.

01;24;17;16 - 01;24;19;13
Yeah, just a question of a timeline.

01;24;19;13 - 01;24;24;13
So is January 2026 the targeted rollout
for supports coordination?

01;24;24;23 - 01;24;26;28
Yes, it is

01;24;28;04 - 01;24;32;04
You've actually got a whole pile of us
from early on here too.

01;24;32;04 - 01;24;35;09
So yeah, you get a little more time
if you want to. That

01;24;36;16 - 01;24;37;13
as well.

01;24;37;13 - 01;24;40;29
I did just put links again
to the presentation

01;24;40;29 - 01;24;45;21
and where all this information
is being posted on home.MyODP.

01;24;46;06 - 01;24;50;05
But we do have another question
now, I guess where did you want comments

01;24;50;05 - 01;24;53;21
and what makes somebody high needs for a
see you can go ahead

01;24;53;21 - 01;24;57;03
put it in the question pane
just where you popped the this

01;24;57;13 - 01;25;00;25
this note you can pop it in here
we have the full record from this

01;25;02;17 - 01;25;05;17
forensic government. Yep.

01;25;07;18 - 01;25;09;11
Frequent incidents

01;25;09;11 - 01;25;12;11
especially needing intensive follow up

01;25;14;15 - 01;25;15;02
facility

01;25;15;02 - 01;25;18;02
that's on a provisional license. Yep.

01;25;20;06 - 01;25;21;13
We we yes.

01;25;21;13 - 01;25;23;03
The employment.

01;25;23;03 - 01;25;27;05
We are looking at a change
to the employment measures.

01;25;28;17 - 01;25;32;26
Homelessness,
Homeland security is intensive support.

01;25;32;26 - 01;25;34;08
Coordination.

01;25;34;08 - 01;25;37;08
Yeah.

01;25;37;28 - 01;25;38;26
You may have added

01;25;38;26 - 01;25;43;16
some to our our suspicions
that you are having them as we speak,

01;25;43;16 - 01;25;46;18
as you read them out loud
and they are getting added to the list.

01;25;47;20 - 01;25;47;27
Yeah.

01;25;47;27 - 01;25;49;27
This is helpful.

01;25;51;08 - 01;25;52;16
All right,

01;25;52;16 - 01;25;57;28
so there's more I needed to scroll use.

01;25;58;07 - 01;26;02;05
Possibly anyone using a family,
using family caregiver

01;26;02;05 - 01;26;06;16
training and support or family
medical support assistance services?

01;26;07;10 - 01;26;10;10
Recent history of victimization

01;26;11;03 - 01;26;14;03
No services due to lack of DSP is

01;26;16;11 - 01;26;18;02
people living independently

01;26;18;02 - 01;26;21;02
without much formal support

01;26;21;28 - 01;26;24;01
and then they lean on a SCs.

01;26;25;09 - 01;26;25;27
individuals.

01;26;25;27 - 01;26;28;27
We have trouble contacting a need for APS

01;26;30;25 - 01;26;32;23
dealing with staff turnover

01;26;32;23 - 01;26;35;23
or which causes instability.

01;26;37;01 - 01;26;40;01
And Lauren, we will be sending you to

01;26;41;19 - 01;26;43;06
this Q&A.

01;26;43;06 - 01;26;47;21
So you'll have all of this information
and all suggestions at your fingertips.

01;26;48;08 - 01;26;49;09
Thanks for having spoken.

01;26;49;09 - 01;26;52;02
Stop usually typing

01;26;52;02 - 01;26;53;17
major life changes,

01;26;53;17 - 01;26;56;17
caregiver illness stuff and pending

01;26;56;23 - 01;26;59;23
crime victim

01;27;00;16 - 01;27;03;07
people with unstable mental health
who live alone

01;27;03;07 - 01;27;06;27
and are not cooperative with MH treatment
or with service providers

01;27;06;27 - 01;27;08;13
providers.

01;27;10;15 - 01;27;14;20
Yep, it's a good list.

01;27;15;12 - 01;27;16;19
That's a very good list.

01;27;16;19 - 01;27;17;13
Yeah.

01;27;17;13 - 01;27;20;11
Yeah.

01;27;20;11 - 01;27;21;02
All right.

01;27;21;02 - 01;27;24;29
Any last questions or comments for us?

01;27;25;07 - 01;27;28;04
Obviously,
as we roll this out, you know, we'll

01;27;28;04 - 01;27;32;15
we have lots of publications
that will be coming out and,

01;27;33;05 - 01;27;35;20
you know, some additional information.

01;27;35;20 - 01;27;38;27
I think it will certainly be if we're

01;27;40;06 - 01;27;40;26
hearing from

01;27;40;26 - 01;27;44;19
SCOs that there's additional training
or information that you all need,

01;27;44;19 - 01;27;48;10
we will be providing
that as we go to really support

01;27;48;10 - 01;27;51;10
all stakeholders in this transition.

01;27;51;22 - 01;27;54;12
Multiple BSU hospitalizations or E.R.

01;27;54;12 - 01;27;57;11
visits for mental health instability.

01;27;58;23 - 01;27;59;19
All right.

01;27;59;19 - 01;28;01;06
Well, thank you all so much.

01;28;01;06 - 01;28;03;27
Glad you join us and really appreciate

01;28;03;27 - 01;28;06;27
all the feedback here

01;28;07;20 - 01;28;09;29
and looking forward

01;28;09;29 - 01;28;12;29
to continued dialog with all of you.

01;28;14;10 - 01;28;14;25
All right. Thanks.

01;28;14;25 - 01;28;16;13
All right. Good afternoon.