

Residential Performance Based Contracting: Supports Coordination Impacts

June 25, 2024

ODP is applying for a statewide 1915(b)(4) Selective Contracting waiver for residential services, which include Residential Habilitation*, Supported Living and Life Sharing* which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs.

Section 1915(b) of the Social Security Act allows the Secretary of Health and Human Services discretion to waive a broad range of requirements. This is what will allow ODP to restrict the provider population to providers who meet PBC standards.

*Licensed and unlicensed residential habilitation and licensed and unlicensed Life Sharing.

ODP will use PBC to establish performance standards for residential providers. We will monitor, support, and evaluate provider performance in meeting standards.

Providers will be reviewed annually and assigned a tier based on their performance.

PBC standards and measures will be published via Bulletin.

- **Selective Contracting** – a 1915(b)4 Waiver allows state Medicaid programs to determine specific criteria for provider contracting under their fee-for-service delivery system, thereby creating restrictions on who can provide the service. The Department is referring to this as **Performance-Based Contracting**
- **Pay For Performance** - a payment approach that gives added incentive payments to provide high-quality and cost-efficient care.
- **Performance Area** – general categories of quality standards and measures used in ODP’s model for PBC.
- **Standards** – a measurable requirement that indicates quality
- **Measure** – a description of how a standard is evaluated, completed, or scored

Residential Providers by Service Type



Residential Service Type	Number of Providers
Residential Habilitation (Licensed and Unlicensed)	390
Life Sharing (Licensed and Unlicensed)	78
Supported Living	28
Provide 2 or more residential service types	90

Public Comment Themes



Generally strong support from all stakeholder groups and recognition for the need to elevate the quality of residential services.

Areas with high volume of comments:

- Select/Clinically Enhanced serving 10 or more
- Employment
- Population served average NL 4.5+ and average HCL 3.5+
- Primary providers limited to NG 1,2,3
- Number of measures
- Timeline for implementation

Performance Measures



It is strongly recommended that Supports Coordinators watch or review transcripts from the four Provider Preparedness Summits to gain deeper understanding of the proposed performance measures. The summits can be found on [Home.MyODP.org](https://www.Home.MyODP.org).

ODP is still reviewing public comments and anticipates making changes to many proposed performance measures.

- ODP will contract with a vendor to provide Performance Analysis Services (PAS). This vendor will help ODP collect and analyze data and support the administration requirements of the 1915 (b)(4) waiver.
- The vendor for PAS has not been procured at this time.
- Procurement for this service is active.

- Providers will submit surveys, attestations and documentation to ODP between July 1, 2024-July 31, 2024.
- Providers will receive tier assignments in November 2024.
- Provider tier assignment is per MPI (not license).
- Providers will be evaluated again January 2026 (first cycle is 18 months) and every January going forward.

- Provider tier will only change mid-cycle/year if the provider's license is in provisional or revoked status in any region.
- If/when a provider's tier changes, the AE will share this change with impacted supports coordinators, individuals and families. SCs will need to know what this means and how to explain the change to individuals and families.
- Provider tier assignment will be published on MyODP and communicated via listservs.

- On June 4, 2024, residential providers received updated provider agreements to review and sign.
- To date, approximately 34% of residential providers have signed and returned their updated agreement.
- ODP is collecting residential provider agreements through radpprovideragreem@pa.gov
- Providers who do not sign and submit an updated provider agreement will not meet provider qualification requirements and will be issued Corrective Action Plans (CAP).

- AEs will not qualify new providers for residential services unless/until there is an active Request for Applications (RFA).
- Assigned AE for new residential providers will be determined by origin of RFA request and intended county of service.
- AEs will need to maintain/analyze data relative to local needs. ODP will support PACA workgroup to develop this process.
- ODP shared ***General Information for ODP and AE Staff*** through the AE list serv on June 5, 2024, with talking points to be used for provider applicants in various stages of qualification.
- ODP may ask AEs to validate additional training requirements i.e. training validation in the future.

Provider Qualifications (cont.)



- Providers will be able to expand existing qualified Residential Services (add service locations) as they do today.
- If a current residential habilitation provider wants to add Lifesharing or Supported Living, this is allowable under as is process and does not require RFA.
- AEs will notify ODP via established process when there is a need to open an RFA.

Offering choice of providers



SCs are expected to ensure choice of appropriate providers are offered. This will include:

- Ensuring residential providers eligible to accept the referral based on the individual's assigned NG

- ODP does not anticipate any changes to the current Quality Assessment and Improvement (QA&I) process for SCOs.

Incident Management



- Incident Management standard under PBC, placing even greater emphasis on the importance of timely and accurate incident reporting.

- SCs should be aware of the training and support available to providers to help them transition to and succeed under a PBC model.
- ODP will publish a Frequently Asked Questions (FAQ) document for the field to use once performance measures are finalized and update this document regularly.
- ODP staff will be available for questions and discussion.
- A Resource Account has been created for PBC related questions. SCs should refer providers with questions to submit them to RA-PWODPPBC@pa.gov

- Provider tiers will not be available in HCSIS but will be in ECM.
- Procedure codes will not be connected to provider tier
- SCs will need to utilize MyODP and related communications for updates on a provider's current tier until ECM is launched.

Base Funded Individuals



- Base funded individual data will not be used in provider performance data.
- Base funded individuals will not be added to HRS unless they are identified to be moving from base to waiver.
- AEs are not obligated to pay Select and Clinically Enhanced proposed 5% and 8% or Pay for Performance incentives for base funded individuals.

Will there be ISP changes?

SCs hold a great deal of responsibility for the content of the ISP. It will be vital to maintain up to date and accurate information in the plan.

Plan areas impacted by PBC:

- Risk mitigation
- Restrictive procedures
- Individual wellness goals

How will Individual Monitoring change?

It is essential to monitor and ensure that the shift to PBC is positively impacting individuals receiving services.

SCs should advocate for the needs and preferences of individuals to ensure their rights and quality of life are maintained or improved under PBC.

Moving to PBC is a shift from a process-oriented program to an outcomes-oriented approach.

Focusing on results and the impacts of services rather than just the services themselves.

SCs should encourage a culture of continuous improvement among providers and be active participants in this systems change.

Question and Answer

Proposed fee schedule:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/services/disabilities-aging/documents/developmental-programs/IDA-Proposed-Fee-Schedule-Rates-and-Department-Established-Fees-for-Community-Based%20-Services-REVISED.pdf>

PBC Implementation Plan:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/services/disabilities-aging/documents/developmental-programs/Residential-Performance-Based-Contracting-Implementation-Plan.pdf>