

Office of Developmental Programs

March 15, 2024

Appendix A: Residential Performance Standards

Performance Area	Definition of Standard	Measures for <u>Primary Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Behavioral Support)
Continuum of Services	Provide (two of three) services in residential continuum (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living; Supported Living and Lifesharing or Residential Habilitation) ★	N/A	(CoS.01) Provide two of the three services during the review period	N/A
	Evaluate and assess individuals who may be better served in a more independent setting	(CoS.02) Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supported Living	Same as All Providers	
Workforce	Direct Support Professionals (DSPs): demonstrated percentage of DSPs in residential services are	(WF.01.1) Attest that supervisory management training to support skill application of DSPs is conducted for all Frontline Supervisors (FLS) no later than	(WF.01.4) Provider attestation to increase percentage of DSPs credentialed through NADSP by a minimum	(WF.01.4) Provider attestation to increase percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5% by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs are

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	<p>credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program ★</p>	<p>December 31, 2025 and is embedded in agency training plan to ensure continuity. (WF.01.2) Submit an agency plan including timeframes and milestones for implementing a DSP credentialing program (WF.01.3) Report the percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials</p>	<p>of 5% by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs are credentialed on 7/1/24, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on 7/1/24, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage. (WF.01.3) Report the percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials</p>	<p>credentialed on 7/1/24, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on 7/1/24, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage. (WF.01.3) Report the percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials</p>
	<p>Front-Line Supervisors (FLSs): demonstrated percentage of FLSs in residential services are credentialed in a</p>	<p>(WF.02.1) Attest that supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions) no later than</p>	<p>(WF.02.4) Provider attestation to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025 from baseline on 7/1/2024. (Examples: If no FLSs are credentialed on 7/1/24, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on 7/1/24 then 15% must be credentialed by 12/31/2025. Providers having greater than</p>	

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	nationally recognized (and ODP-approved) credentialing program ★	December 31, 2025 and is embedded in agency training plan to ensure continuity. (WF.02.2) Submit an agency plan including timeframes and milestones for implementing a FLS credentialing program (WF.02.3) Report the percentage of FLSs who are credentialed and/or enrolled in a credentialing program and maintain credentials	25% of FLS credentialed are considered to meet the standard without requirement to increase percentage. (WF.02.3) Report the percentage of FLSs who are credentialed and/or enrolled in a credentialing program and maintain credentials	
	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	(WF.03.1) Reporting of FLS and DSP voluntary and involuntary turnover rate (WF.03.2) Report percentage of contracted staff in DSP and FLS positions	Same as All Providers AND (WF.03.3) Participate in National Core Indicators® NCI State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data	
	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	(WF.04.1) Submission of policy in place to address DEI for workforce	Same as All Providers AND (WF.04.2) Organization has a strategic plan that includes DEI (WF.04.3) Organization has a committee of staff focused on DEI (WF.04.4) Training for staff should be relevant to the employee’s own culture and language (WF.04.5) Agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds	

Supporting Individuals with Complex Needs	<p>Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialing program that meets the needs of individuals served in the program</p>	<p>No additional standards from current regulation and 1915(c)</p>	<p>(CN-C.01.1) Reporting measure: provide current ratio of licensed/credentialed full-time equivalents to number of people served to demonstrate adequacy of agency clinical team</p> <p>(CN-C.01.2) Demonstrate the use of a professionally recognized and ODP approved comprehensive assessment and implement follow through — demonstrate responsiveness for corrective action reporting and high-risk responses</p> <p>(CN-C.01.3) Provide plan and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST) measure interruption in daily activity because of illness (“clinical status”) to improve health outcomes</p>	<p>All Clinically Enhanced Providers Must Meet</p> <p>(CN-C.01.1) Reporting measure: provide current ratio of licensed/credentialed full-time equivalents to number of people served to demonstrate adequacy of agency clinical team</p> <p>(CN-C.01.4) Meet a 1:10 minimum ratio of behavioral/mental health clinical staff to individuals served</p> <p>(CN-C.01.2) Demonstrate the use of a professionally recognized and ODP approved comprehensive assessment and implement follow through — demonstrate responsiveness for corrective action reporting and high-risk responses</p> <p>(CN-C.01.3) Provide plan and attest to agency track and use of data from HRST measure interruption in daily activity because of illness (“clinical status”) to improve health outcomes</p> <p>(CN-C.01.5) Population served in residential is average Needs Level 4.5+ and average Healthcare Level (HCL) 3.5+ of total population served</p> <p>(CN-C.01.6) For ODP children’s programs, providers that serve children must meet qualification requirements for medical complexity</p>
	<p>Demonstrated ability to support individuals to access necessary physical health and</p>	<p>(CN-C.02.1) Report current description of professional relationships to support individuals (i.e., relationship with a local BH provider, certified peer specialists, and/or</p>	<p>Same as All Providers AND</p>	<p>(CN-C.02.2) Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%</p>

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	behavioral health (BH) treatments	primary care health/medical provider that has training/experience in autism or developmental disabilities)	(CN-C.02.2) Follow-up after hospitalization for mental illness at 30-day a minimum of 75%	

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<p>Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)</p>	<p>Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams</p>	<p>No additional standards from current regulation and 1915(c)</p>	<p>(CN- DD/Bx.01.2) Demonstrate a minimum of 50% of total behavioral support hours as face--to--face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals</p> <p>(CN-DD/Bx.01.1) Attestation that all newly hired DSPs, FLSs, and program managers will complete training on autism spectrum disorder (ASD) (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) within 1-year of hire</p>	<p>(CN-DD/Bx.01.1) Attestation that no later than December 31, 2025 all DSPs, FLSs, and program managers will have completed training on ASD (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) and new staff will complete within 1-year of hire</p> <p>Criteria Specific To Clinically Enhanced Behavioral Supports</p> <p>(CN-DD/Bx.01.2) Demonstrate a minimum of 70% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals</p> <p>(CN-DD/Bx.01.3) Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader-Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)</p>

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	Demonstrate use of data to impact individual outcomes	<p>(CN-DD/Bx.02.1) For the review period of CY2024, report on percentage of people with restrictive procedures that have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic</p> <p>(CN-DD/Bx.02.1) For the review period of CY2025 on, demonstrate 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic</p>	<p>Same as All providers AND (CN-DD/Bx.02.2) Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)</p>	<p>Same as All providers AND Criteria Specific To Clinically Enhanced Behavioral Supports (CN-DD/Bx.02.2) Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)</p>
	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	<p>(CN-DD/Bx.03.1) Description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals</p> <ul style="list-style-type: none"> • Description of support/resources for DSPs and FLSs for crisis situations • Curriculum-based crisis response training required for all program staff • Procedure for debriefing with staff and individuals after engagement in physical restraint 	<p>Same as All providers AND (CN-DD/Bx.03.2) Use and documentation of trauma informed training/activities for individuals and staff/employees</p>	<p>Same as All providers AND (CN-DD/Bx.03.2) Use and documentation of trauma informed training/activities for individuals and staff/employees Criteria Specific To Clinically Enhanced Behavioral Supports (CN-DD/Bx.03.3) Documentation of crisis prevention and de-escalation training programs available and provided for all staff</p> <ul style="list-style-type: none"> • Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis Intervention Training, etc.

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Supporting Individuals with Complex Needs (Medical)	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and state approved) credentialing to meet the needs of individuals served in the program	No additional standards from current regulation and 1915(c)	No additional standards from current regulation and 1915(c)	Criteria Specific To Clinically Enhanced Medical Supports (CN-M.01.1) Attestation that the provider meets medically complex standards in 1915(c) (CN-M.01.2) For Children with Medically Complex Conditions demonstrated use of targeted resources — pediatric complex care resource centers, HCQUs, home care, support systems for families, use of family facilitator

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<p>Referral and Discharge Practices</p>	<p>Service initiation occurs:</p> <ul style="list-style-type: none"> • Within an average of 90 days or less post-referral acceptance for Community Homes. • Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing. • To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration. 	<p>(RD.01.1) Attest that a system will be in place January 1, 2025 to track and report time to service after post-referral acceptance and report the circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home.</p> <p>Providers may not accept NEW referrals for individuals NG4 or greater. This does not apply to individuals NG4 or greater receiving residential services prior to January 1, 2025 or individuals where the needs assessment results in an increase.</p>	<p>(RD-01.2) Residential service providers serving a minimum of 10 individuals for the review period (providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers) must attest that a system will be in place beginning January 1, 2025 to report current average days for service initiation</p> <ul style="list-style-type: none"> • May accept NEW referrals for individuals NG4 or greater <p>(RD-01.3) Demonstrate timeliness of response to referrals and service initiation:</p> <ul style="list-style-type: none"> • Attest that a system will be in place beginning January 1, 2025 to track and report: <ul style="list-style-type: none"> – Referrals received and accepted – Time to service after post-referral acceptance – Circumstances surrounding each circumstance in which 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living – Referrals denied, reason (age, gender, clinical needs, location/geography, vacancy status workforce) – Report number of provider initiated discharges to other residential providers or ICFs and reason for discharge(s) – Report the circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home. • Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice 	

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Data Management — Collection — use of in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor	Demonstrated production of data reports (including ad hoc) through adopted technology platform	(DM.01.1) Submit completed test case file in format required/requested by ODP	(DM.01.2) Provide one sample of operational report or quality report used for internal monitoring and implementation of QM initiatives (written description of use and analysis of data such as, incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy — must be from one or more of these categories)	
Data Management — use of electronic health records (EHRs)	Demonstrated data capability with use of a HIPAA compliant EHR	N/A	(DM.02) Report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, ICP, etc.) and demonstrated use of EHR	

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<p>Risk Management — incident reporting fidelity</p>	<p>Demonstrated fidelity to incident management procedures as outlined in ODP policy</p>	<p>No additional standards from current regulation and 1915(c)</p>	<p>Provider demonstrates reporting fidelity: (RM-IM.01.1) Maximum number of critical incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider. (RM-IM.01.2) Maximum number of critical incidents (potentially indicative of abuse or neglect) not reported timely may not exceed 10% of overall reported critical incidents by provider. Timely finalization of incidents is demonstrated by: (RM-IM.01.3) At least 90% of incidents are finalized within 30 days of discovery. (RM-IM.01.4) At least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension).</p>	
<p>Risk Management — health risk screening fidelity</p>	<p>Demonstrated capacity to properly and timely assess individuals</p>	<p>(RM-HRS.01.1) Current HRSTs in place for all individuals including applicable assessments as indicated by HRST protocol</p>	<p>Same as All Providers AND (RM-HRS.01.2) Collect data in CY25 HEDIS measure (AAP — Adults' Access to Preventative/Ambulatory Care) (RM-HRS.01.3) Demonstrate use of data and recommendations to improve individual health/outcomes</p>	

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Employment — rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity	Demonstrated support of individuals to seek and obtain CIE ★	<p>(EMP.01.1) Demonstrate tracking of CIE and percentage of working age people with CIE</p> <p>(EMP.01.2) Plan for improvement of CIE</p>	Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND	(EMP.01.3) Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater.
Use of Remote Support Technology	Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals	<p>Reporting Measure: ★</p> <p>(RST.01.1) Types of remote support technology in use</p> <p>(RST.01.2) Number and percentage of individuals using remote support technology</p> <p>(RST.01.3) Estimated direct care hours that are being redirected with use of technology</p> <p>(RST.01.4) If there are savings, how are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.?</p> <p>(RST.01.5) How many employees and/or contracted entities have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications</p>	Same as All Providers	

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Regulatory Compliance	Demonstrating regulatory compliance with requirements outlined in (55 Pa. Code Chapters 6100, 6400 and 6500)	Maintain regular license status (i.e., a license that is not on provisional or revoked status) for all residential homes that require licensure. (RC.01) Providers within one or more licenses that are on provisional or revoked status are categorized as Tier Conditional and monitored per current licensing requirements	Same as All Providers	
Community Integration	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences ★	Quality Measure Set NCI (CI.01.1) NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely) (CI.01.2) NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities)	Same as All Providers	

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Quality	Demonstrated commitment to wellness of individuals through targeted activities	(QI.01.1) General attestation and a description of how the provider coordinates wellness activities and including use of HRS data for residential program participants	(QI.01.2) Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND (QI.01.3) Implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data AND (QI.01.4) Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs	
	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward QMP goals and action plan target objectives)	(QI.02.1) Report number of staff that have ODP QM certification/number of leadership (QI.02.2) Description of how data is utilized to monitor progress towards QM plan goals. (QI.02.3) Description of how person-centered performance data is utilized to develop the QM Plan and its action plan?	Same as All Providers AND (QI.02.4) QM certification requirement of at least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities	
	Demonstrated engagement of and support to families* which includes providing adequate and appropriate communication options and maintaining/building relationships *Families defined within 6100 regulatory guidance	(QI.03.1) Reporting on policies, procedures, and activities supporting family engagement (QI.03.2) Beginning January 1, 2025, ODP collected data on family satisfaction with provider engagement	Same as All Providers	

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Administration	Demonstrate transparent and sound corporate governance structure	<p>(ADM.01.1) Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards:</p> <ul style="list-style-type: none"> • Successful passage of a fiscal readiness review • Submission of current financial statements (audited if available) • Disclosure of the following: <ul style="list-style-type: none"> — Conflict of Interest Policy and associated documentation — Criminal convictions of officers and/or owners — Licensing status in Pennsylvania for non--ODP licensed settings — History licensing/revocations/enforcement actions in other states in which provider renders services to individuals with intellectual and developmental disabilities if applicable <p>New providers that are not enrolled to provide residential services through ODP by December 31, 2024 with licenses revoked in other states will not be eligible for contracting</p>	<p>Same as All providers AND</p> <p>(ADM.01.2) Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by:</p> <ul style="list-style-type: none"> • Including at least one individual with intellectual and developmental disabilities/autism (inclusive of family members) on the Board or • Operating an advisory committee or subcommittee that is comprised of people with lived experience • Evidence that Board deliberations are informed by input of people with lived experience 	

★ denotes standards that will include pay for performance