



welcome to brighter

Performance-Based Contracting to Improve Quality

Commonwealth of Pennsylvania, Office of Developmental Programs

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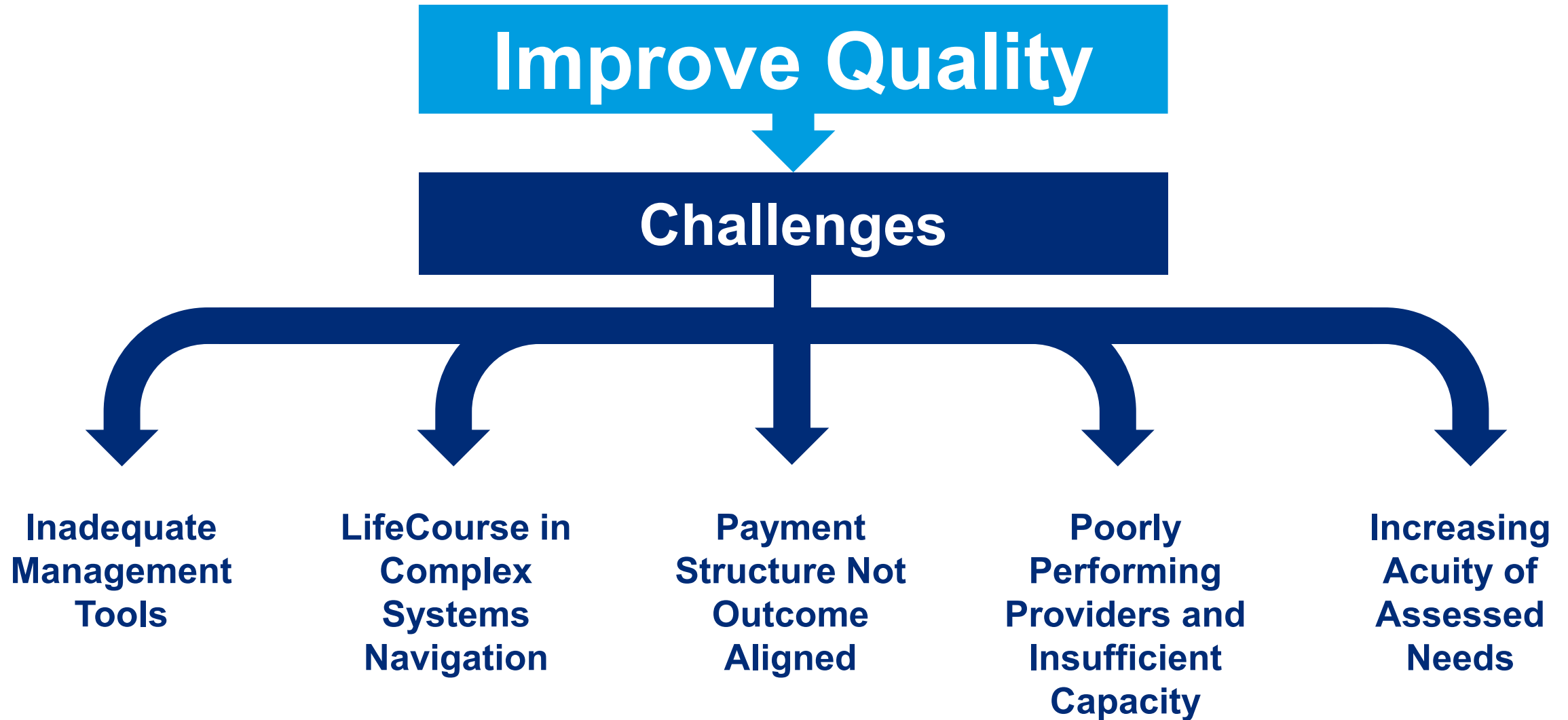
**Performance
Standards to
Improve Quality**

Agenda

Design Overview



What Problem(s) Needs Solving?



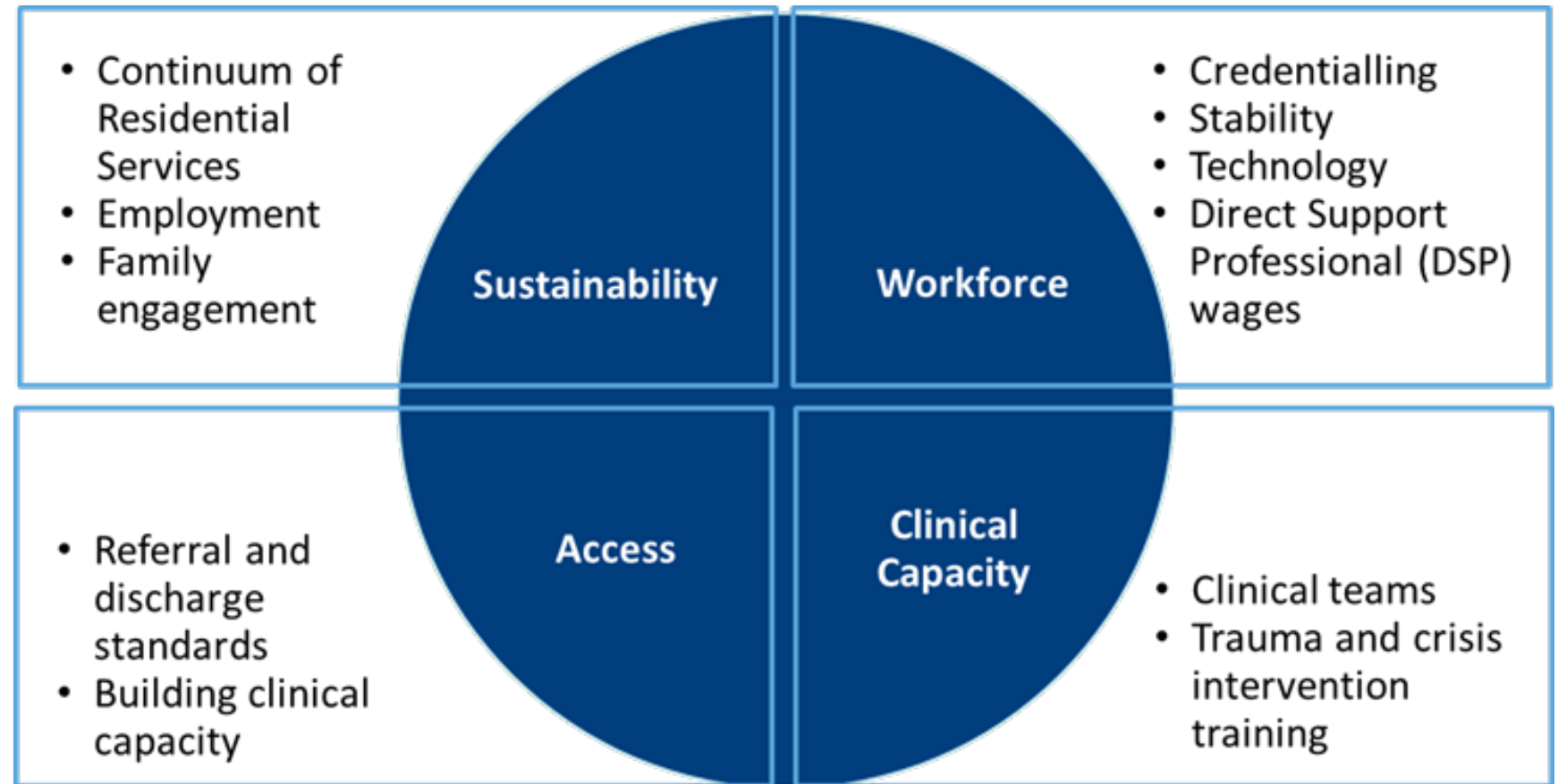
Performance-Based Contracting Goals

- Uphold values of Everyday Lives
- Ensure program:
 - Sustainability
 - Access
 - Workforce
 - Clinical capacity



Performance Standards Areas

- Performance standards for residential providers align with ODP's goals for sustainability, access, workforce, and clinical capacity.
- Performance standard areas include metrics that connect to areas in the recently finalized Access Rule.
- Supports DEI efforts to improve equity of the workforce.



Stakeholder Engagement



Stakeholder Feedback Process



ODP Performance-Based Contracting: Values Driving Change

Everyday Lives: Values in Action

- Created by individuals with lived experience
- Drives ODP policy
- Provides individuals with opportunities in their communities

Evaluate Future Innovations

- Services and service payments will be based on Everyday Lives principles
- All ODP partners help make decisions

Performance- Based Contracting

- Services are of high quality
- Knowledgeable and capable workforce
- System is strong to meet future needs of all citizens with developmental disabilities

Residential Provider Tiers

The new approach will place providers in the following tiers:

- Conditional
- Primary
- Select Residential
- Clinically Enhanced Residential

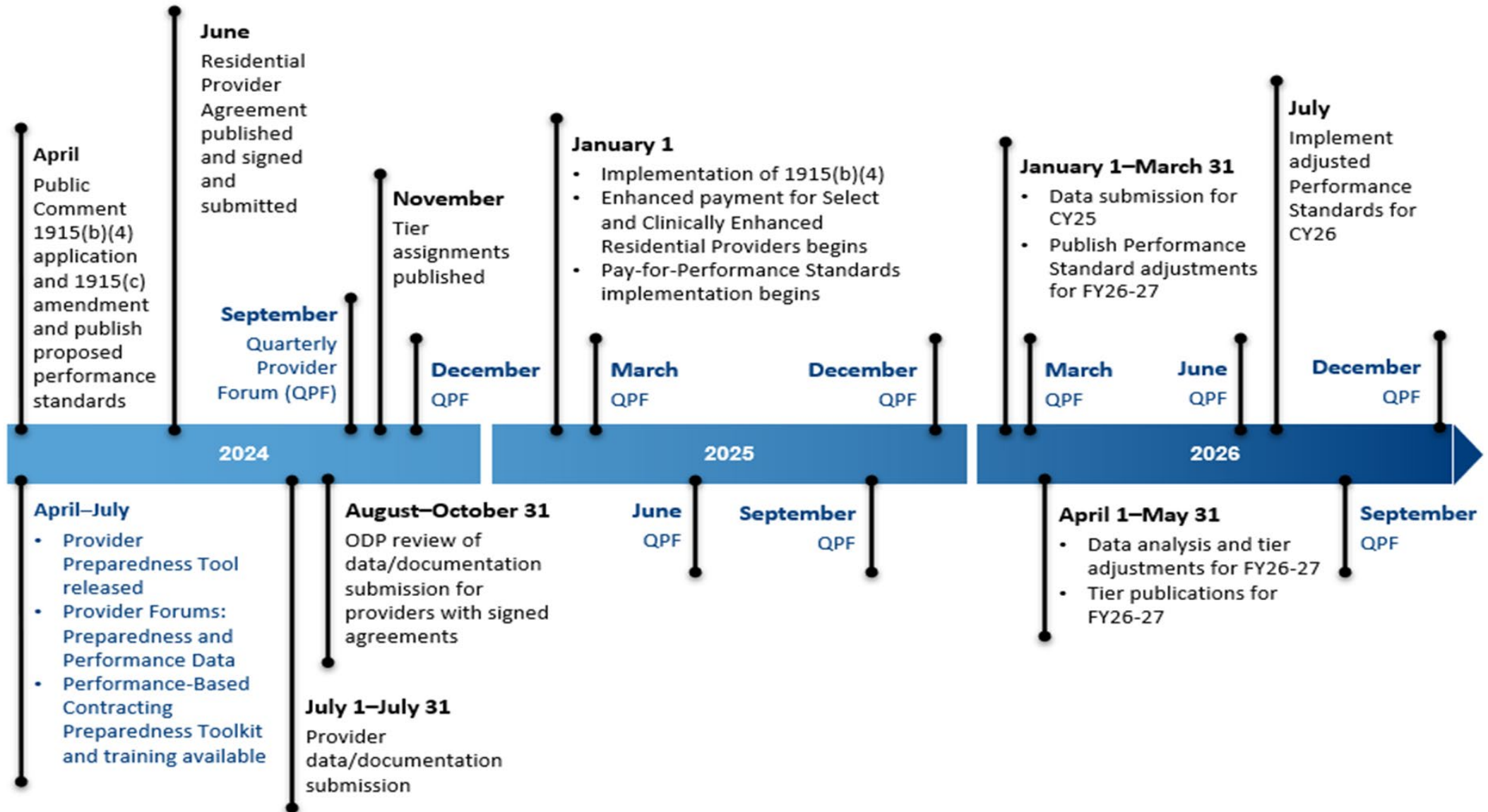
Residential Provider Standards

The tiers are based on standards that measure how providers:

- Hire, train, and keep their workforce
- Use technology to support safety and independence
- Promote independence, competitive employment, and community integration
- Support people with complex needs
- Use data to improve quality of services



Performance-Based Contracting Implementation Timeline



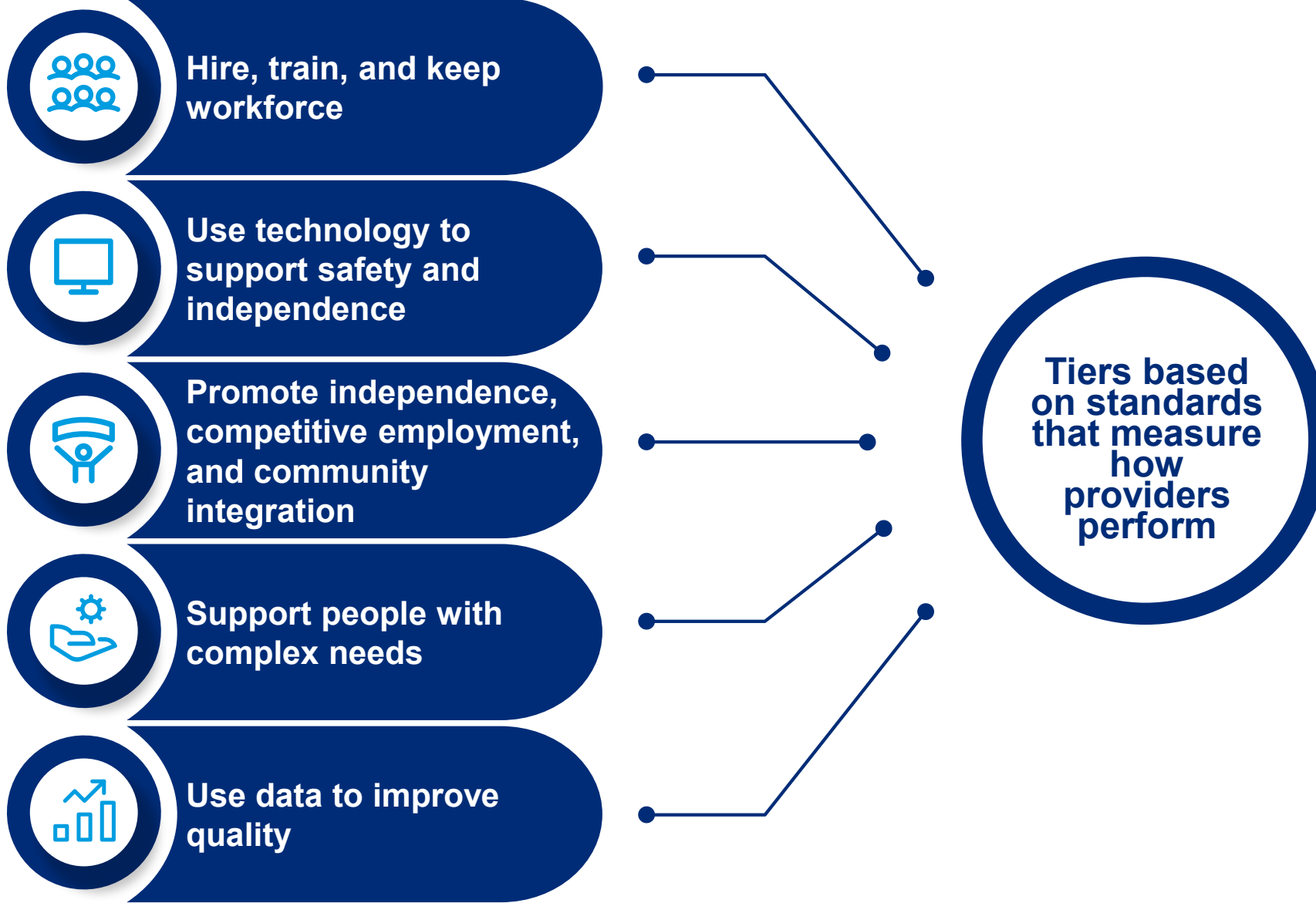
Residential Provider Standards and Financial Tools



Residential Provider Tiers

Conditional	Primary	Select Residential	Clinically Enhanced Residential
<ul style="list-style-type: none">• Providers operating under provisional or revoked licenses	<ul style="list-style-type: none">• Providers that meet current standards and a few additional standards	<ul style="list-style-type: none">• Providers that deliver at least two of the three residential services in the performance-based contracting model and meet the established enhanced measures	<ul style="list-style-type: none">• Providers that offer Clinically Enhanced medical or behavioral supports and meet the established enhanced measures

Residential Provider Standards



Residential P4P Modeling

Guiding Principles for Program Design

Simplicity

- Leverage existing metrics
- Limit administrative burden
- Maximize stakeholder comprehension and cooperation



Uniformity

- Measure incentives
- Benchmarking
- Improvement goals
- Achievement goals



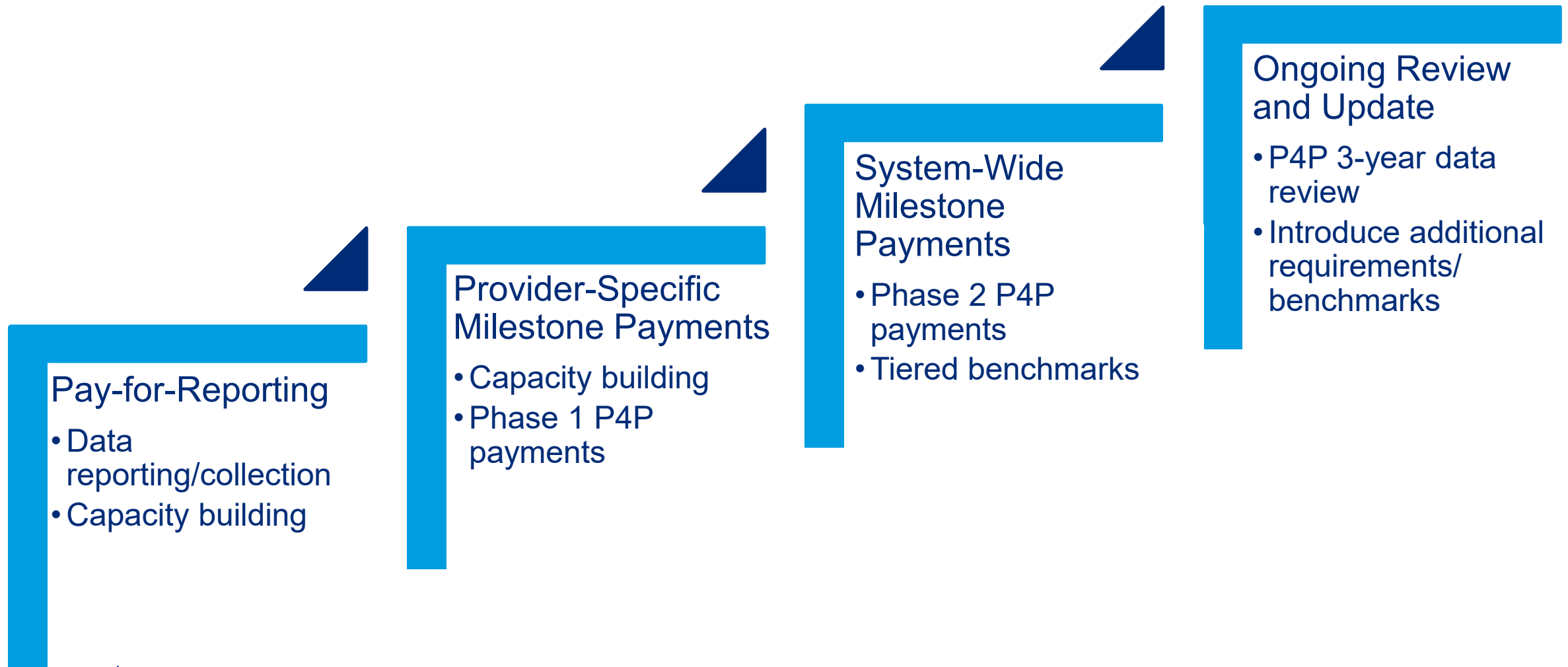
Accessibility

- All providers* able to earn some P4P milestone payments
- Achievable improvement goals by provider category
- Attainable for primary providers



**Not including Conditional providers*

P4P Example Cycle



Performance-Based Contracting Financial Tools

Tier		Payment		
		FFS	Enhanced FFS	P4P
Select Residential	▶ Meets the same Performance Measures as Primary AND additional measures in areas such as Continuum of Services, Workforce, and Quality		☑	☑
Clinically Enhanced Residential	▶ Meets the same Performance Measures as Primary AND enhanced measures in areas such as Supporting Individuals with Complex Needs (Dual/Medical), Workforce, and Risk Management		☑	☑
Primary	▶ Meets Performance Measures in 16 areas such as Quality, Workforce, Supporting Individuals with Complex Needs, and Risk Management	☑		☑
Conditional	▶ Actively working on improvements through an ODP approved corrective action plan to meet Performance Measures in 16 areas such as Quality, Workforce, Supporting Individuals with Complex Needs, and Risk Management	☑		



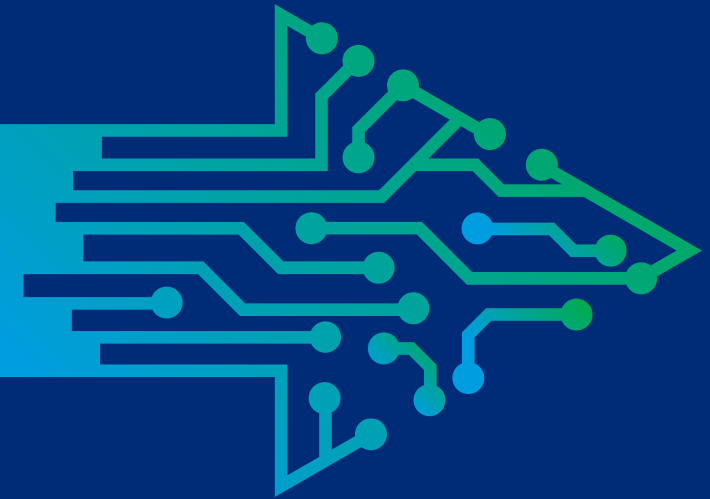
Performance Standards to Improve Quality

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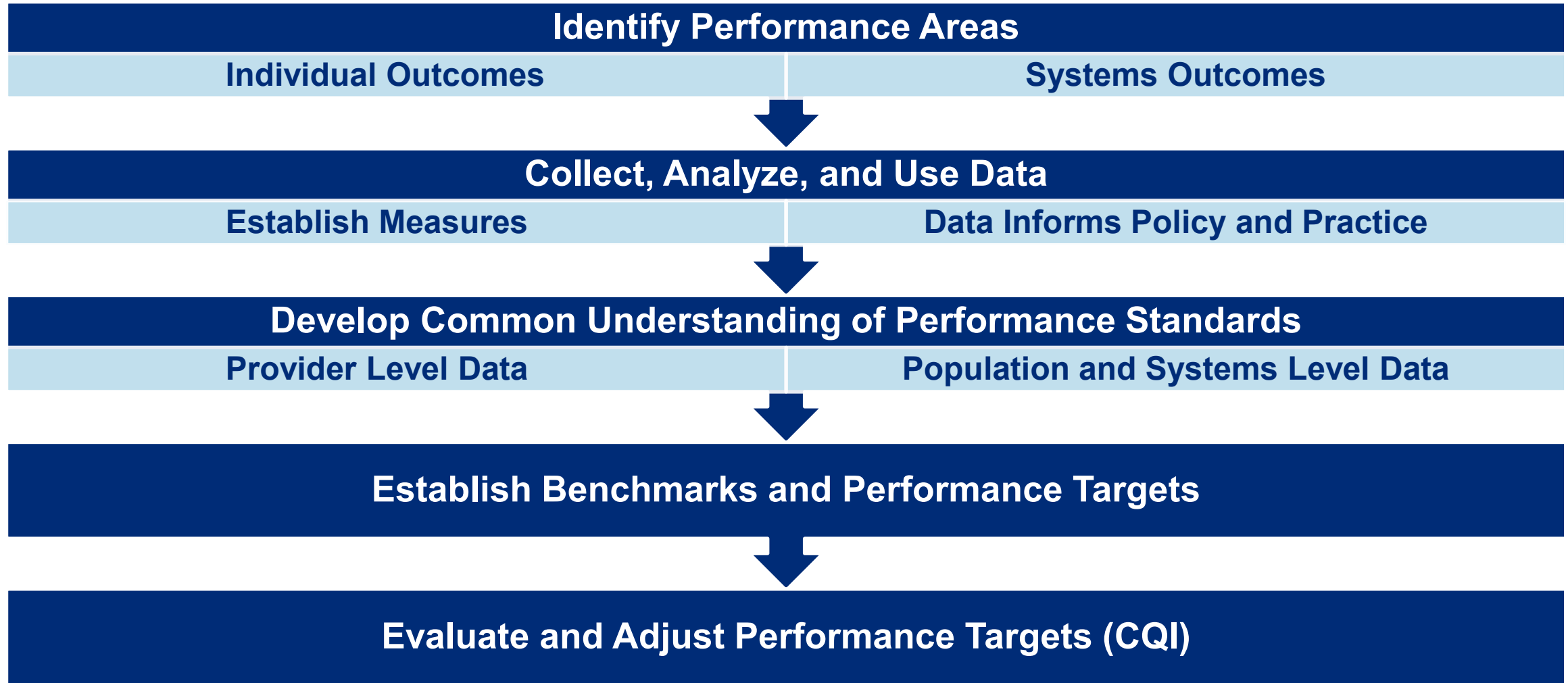
New Focus on Outcomes

Shifting focus in HCBS systems

- Federal Access Rule: CMS HCBS Quality Measure Set
- Pennsylvania ODP: Performance-Based Contracting

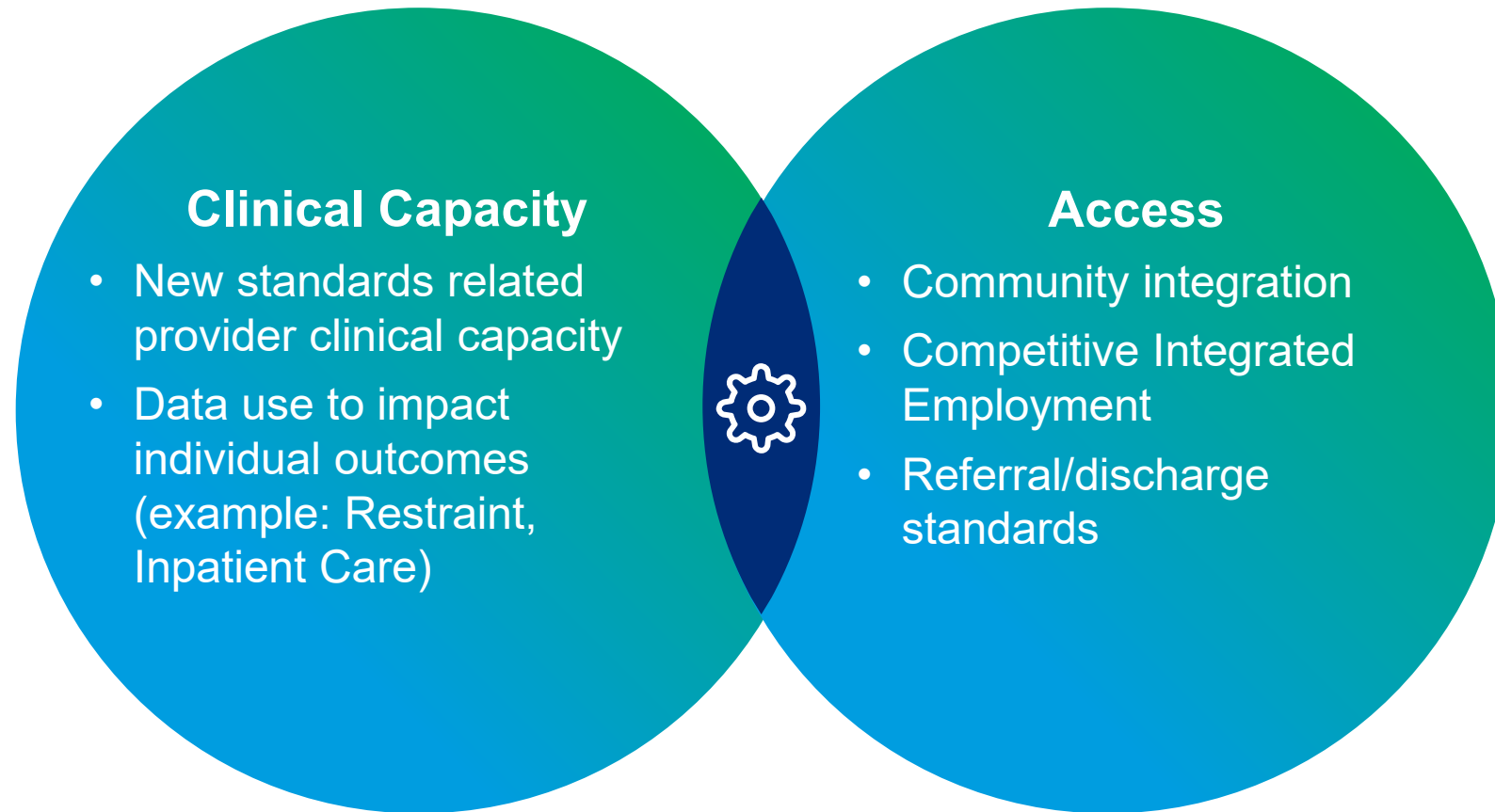


Plan for Achieving Outcomes



Performance-Based Contracting Residential Measure Features

Measures designed to work together



Performance-Based Contracting Residential Measure Features

- **Performance targets for established policy**
 - Incident management and health risk screen fidelity
 - QM Plan
 - Competitive Integrated Employment
- **Performance targets to build capacity and continuous quality improvement framework**
 - Credentialing
 - New training requirements
 - Outcomes

Performance Standards

Performance Area	Developing Outcome Area
Supporting Individuals with Complex Needs	<p>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>Track and use data from the Health Risk Screening Tool measure <i>interruption in daily activity because of illness</i> (“clinical status”) to improve health outcomes</p>
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
Family Engagement	Family satisfaction with provider engagement
Referral and Discharge	<ul style="list-style-type: none">• Timeliness of service initiation in Community Homes• Referral review process• Discharge practices

Phasing in Performance Standards

- Many performance measures reflect current requirements (incident management, health risk screening, behavioral support, follow-up post hospitalization, employment)
 - No change in many areas for primary providers
 - Some measures include new reporting requirements for primary providers (for example, employment)
 - Select and Clinically Enhanced providers typically have performance targets they must meet to qualify for that tier
- New performance areas that begin January 1, 2025, rely heavily on attestations, demonstration of data use, and reporting requirements for first contract cycle (January 1, 2025–June 30, 2026)
 - Generally aimed at capacity building and have value-based payment opportunities through P4P and enhanced rates to support providers with implementation (for example, credentialing, use of remote technology)
- Reporting requirements in first contract cycle will support development of performance targets for contract cycles beginning in FY26–27 and FY27–28

Residential Provider Performance-Based Contracting Preparedness Assessment

- ODP will publish provider preparedness tools and hold provider forums to support providers as they get ready for performance-based contracting implementation by July 1, 2024
- Provider preparedness tools include:
 - Residential Provider Performance-Based Contracting Preparedness Assessment
 - Assessment includes a template to support providers developing plans to improve performance on the standards ahead of implementation in January 2025
- ODP will also hold provider preparedness forums for detailed review of measures

PERFORMANCE AREA: Quality (continued)

Standard: 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 (continued))

	Primary	Select	Clinically Enhanced Select
Measure		QL02.4 QM certification requirement of at least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities.	QL02.4 QM certification requirement of at least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities.
Assessment Question		Will your agency be able to demonstrate QM certification for at least one member of the executive leadership team who has the authority to adopt recommendations and direct QM activities?	Will your agency be able to demonstrate QM certification for at least one member of the executive leadership team who has the authority to adopt recommendations and direct QM activities?
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure

