

Everyday Lives: Values in Action

Information Sharing & Advisory Committee
(ISAC)

ANNUAL REPORT



2022

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“It is how we are living the vision that matters.”

Savannah Logsdon-Breakstone, Past ISAC member

INTRODUCTION

The Information Sharing and Advisory Committee (ISAC) became ODP’s Stakeholder Quality Council in 2016, following the publication of *Everyday Lives: Values in Action*, and went on to create a detailed series of recommendations, strategies* and performance measures to guide the Office of Developmental Programs (ODP) and gauge its progress in achieving the important goals outlined in *Everyday Lives*. These recommendations and strategies have influenced the development of new waiver applications, regulations, and policies, have improved trainings, helped to launch the Supporting Families Collaborative and several employment initiatives, and continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system.

The ISAC continues to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. In 2022, an ISAC performance measure (PM) improvement project was completed that added, removed, and revised PMs, including adding a racial equity lens to many PMs across recommendations. New PMs and revised PM components are underlined in the respective sections of this report. Together ODP and ISAC will continue to use our quality improvement framework to assess our progress and to plan for and make improvements in the system, while imbedding successful practices. This publication offers us a glimpse of where we are today; in the context of challenges related to a 3-year long COVID-19 pandemic; and it will help us to continue to move forward and strive for a better tomorrow.

* *The strategies for each ISAC recommendation can be found in a separate document that can be accessed by clicking [here](#) or visiting home.MyODP.org and following this path: Everyday Lives > Everyday Lives Publications > Recommendations, Strategies, and Performance Measures.*

Managing for Quality:

Planning, Doing, Checking (performance), and Acting (to embed successful practices)





Recommendation 1: Assure Effective Communication

Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual's language preferences and use of current technology.

Recommendation 1 has a new icon! Communication is not just ear to ear, eye to eye, touch to touch; it is all those things. It is a connection.

ACCOMPLISHMENT HIGHLIGHTS for #1

- ✓ Continued to build capacity in understanding complex communication across the system
- ✓ SC Monitoring Tool results reflect that Supports Coordinators (SCs) continue to increasingly address communication needs
- ✓ Expanded the Enhanced Communication Rate

ACCOMPLISHMENTS IN DETAIL for #1

Capacity building in Understanding and Supporting People with Complex Communication Needs –

- ❖ Published the annual update to the [Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals](#).
- ❖ Published a third training module on [Visual Gestural Communication](#).
- ❖ Held 8 trainings on varying communication topics, over the past year, for a wide range of stakeholders.
- ❖ Opened the 2022 Everyday Lives Conference with a focus on the needs of people with complex communication.

Supports Coordinators (SCs) Increasingly Addressing Communication –

- ❖ In December 2019 the question: “Are the individual’s communication needs being met?” was added to the SC Monitoring Tool. In Fall 2020, results showed that 84% of SCs noted that the individual’s communication needs were being met. In Fall 2021, this increased by 3% and in Fall 2022 it increased again by another 2%. This is a total of a 5% increase over 2 years.
- ❖ QA&I monitoring revealed that the percent of individuals whose SC explores with them options for communication assistance when appropriate has increased from 97.3% (FY 20-21) to 100% (FY 21-22).

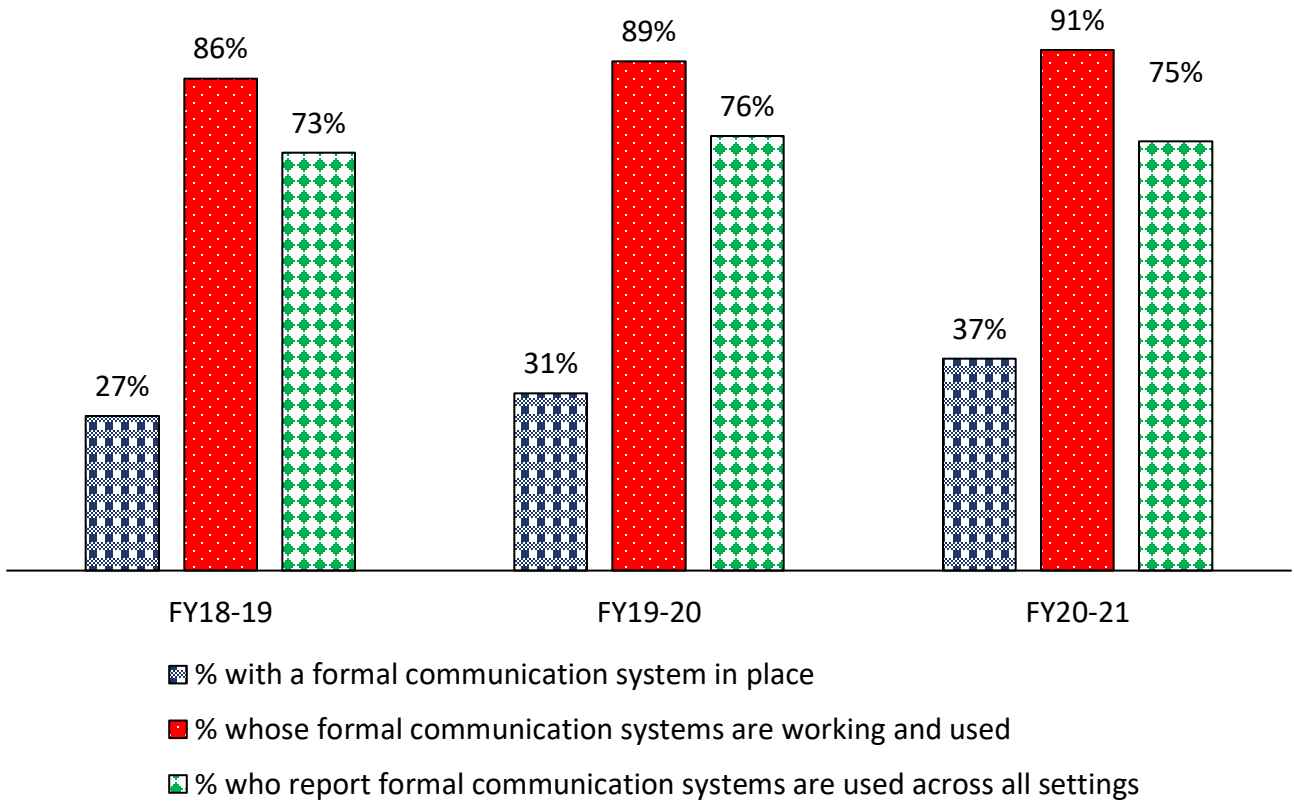
Expanded the Enhanced Communication Rate –

- ❖ The enhanced communication rate was expanded to be available for services from providers who have proficient signing staff to serve signing d/Deaf individuals or for providers who utilize PA registered, certified Sign Language Interpreters during service provision.

PERFORMANCE MEASURES *for #1*

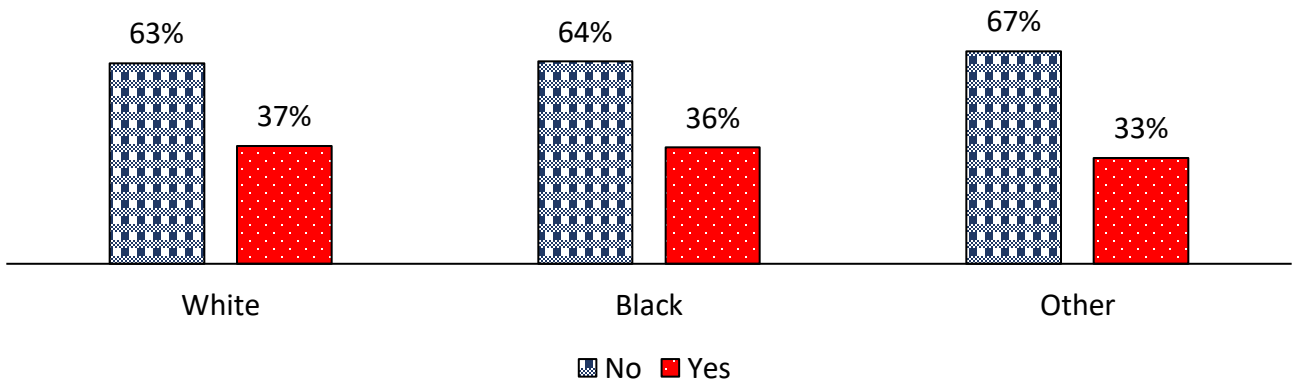
1. For people who do not communicate effectively using words, the percent of people with a communication system in place, overall and by race, age, and living situation i.e., a written plan in place that describes and documents a communication system, e.g., sign language, a picture board/system such as Picture Exchange Communication System (PECS), a voice-output communication device, or a combination of methods. A communication profile in the ISP is not sufficient in and of itself. *(IM4Q)*
2. For people with communication systems in place, the percent of systems that are in working order and being used. *(IM4Q)*
3. For people with communication systems in place, the percent of individuals and self-advocates, overall and by race, who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community). *(IM4Q)*
4. Percent of individuals who report that their staff understand their communication. *(IM4Q)*
5. Percent of individuals whose ISP includes information about how the individual communicates, and the communication supports and services the individual may need to ensure effective communication. *(QA&I) – Data for this new performance measure in 2022 will not be available until the end of QA&I Cycle 2 Year 1 in 2023.*
6. The Provider implements communication supports and services as specified in the individual’s ISP to ensure effective communication. *(QA&I) – Data for this new performance measure in 2022 will not be available until the end of QA&I Cycle 2 Year 1 in 2023.*

Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place (PMs 1, 2 & 3)



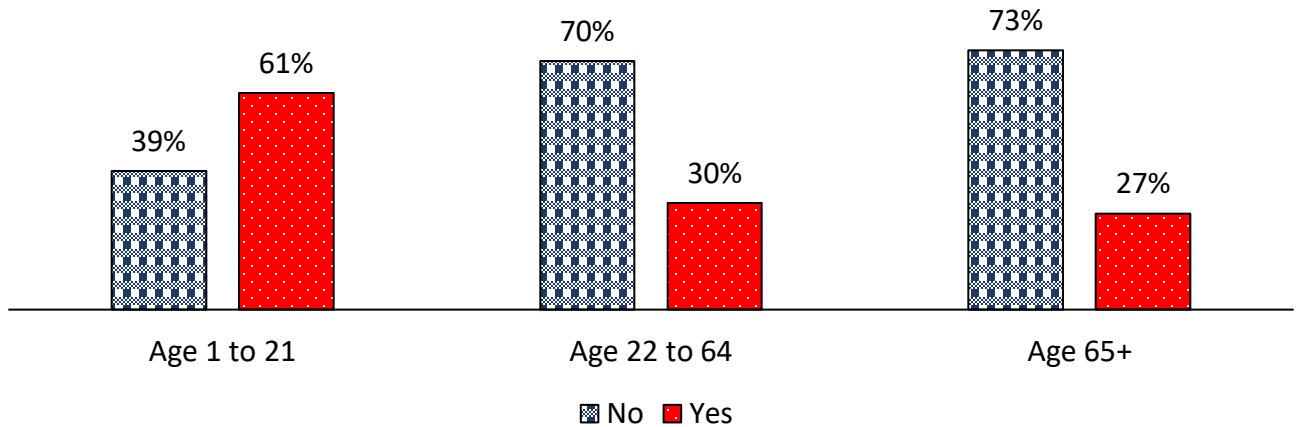
Source: Independent Monitoring for Quality (IM4Q)

Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place, by Race (PM 1)



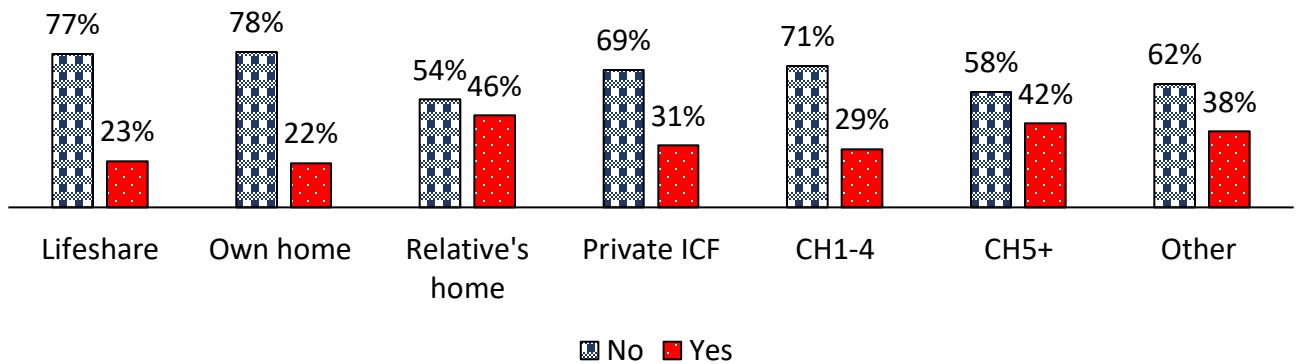
Source: IM4Q FY20-21

Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place, by Age (PM 1)



Source: IM4Q FY20-21

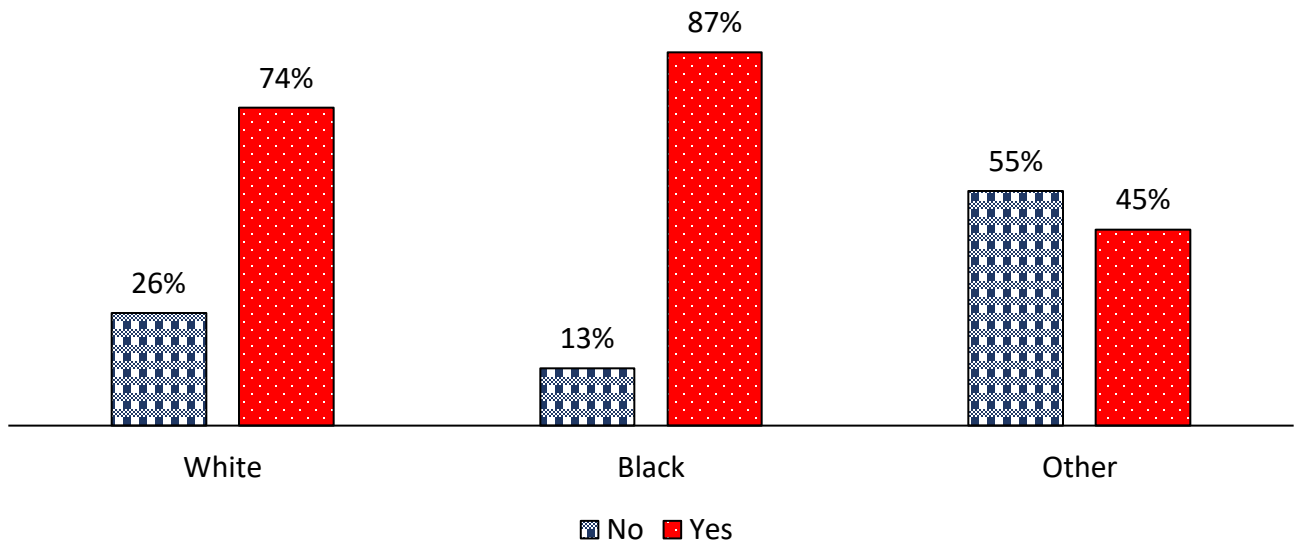
Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place, by Living Arrangement (PM 1)



Source: IM4Q FY20-21

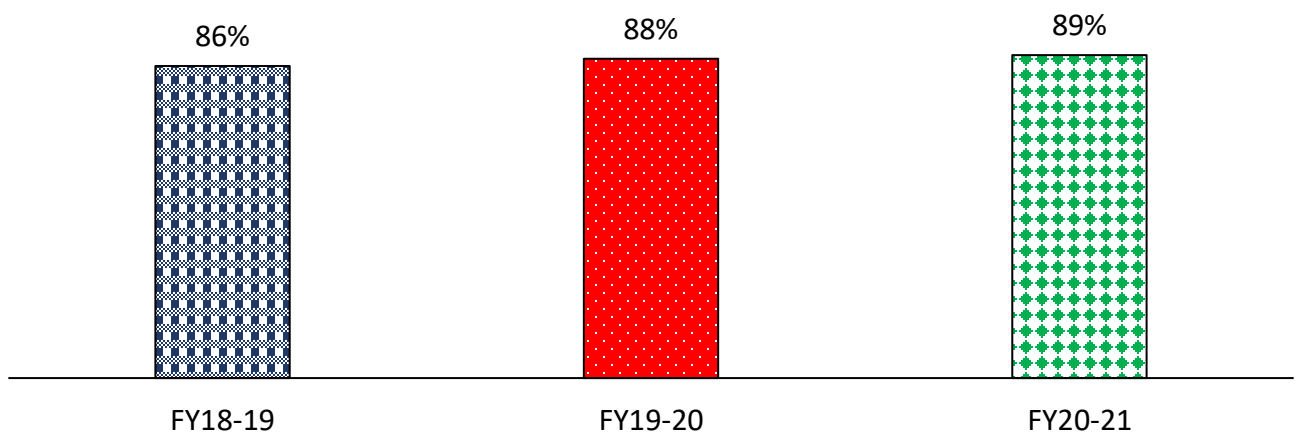
Note: CH1-4 = Community home with 1-4 residents; CH5+ = Community home with 5 or more residents.

Percent of People who do not Communicate Effectively Using Words and have a Communication System in Place Used Across All Settings, by Race (PM 3)



Source: IM4Q FY20-21

Percent of Individuals who Report Their Staff Understand Their Communication (PM 4)



Source: IM4Q



Recommendation 2: Promote Self-Direction, Choice, and Control

Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company. Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

ACCOMPLISHMENT HIGHLIGHTS *for #2*

- ✓ **Increased use of Participant Directed Services (PDS)**
- ✓ **Increased use of the Supports Broker Service by 68% since 2019**
- ✓ **Protection of individuals' rights to control their own lives through licensing and regulatory process**

ACCOMPLISHMENTS IN DETAIL *for #2*

Sustained Use of Participant-Directed Services (PDS) Model –

- ❖ PDS use in Agency with Choice (AWC) increased 7% in FY 21-22.
- ❖ PDS use in Vendor Fiscal/Employer Agent (VF/EA) increased 7% in FY21-22.

Increased Use of the Supports Broker Service –

- ❖ The Supports Broker service is designed to assist participants, or their designated surrogate, with employer-related functions to be successful in self-directing some or all of the participant's needed services. Participants who use the Supports Broker service usually have a more positive experience using PDS.
 - ✓ In 2018, 100 participants received Supports Broker services; that number increased to 390 in 2019, to 519 in 2020, to 632 in 2021, and to 656 in 2022, a 68% increase since 2019.

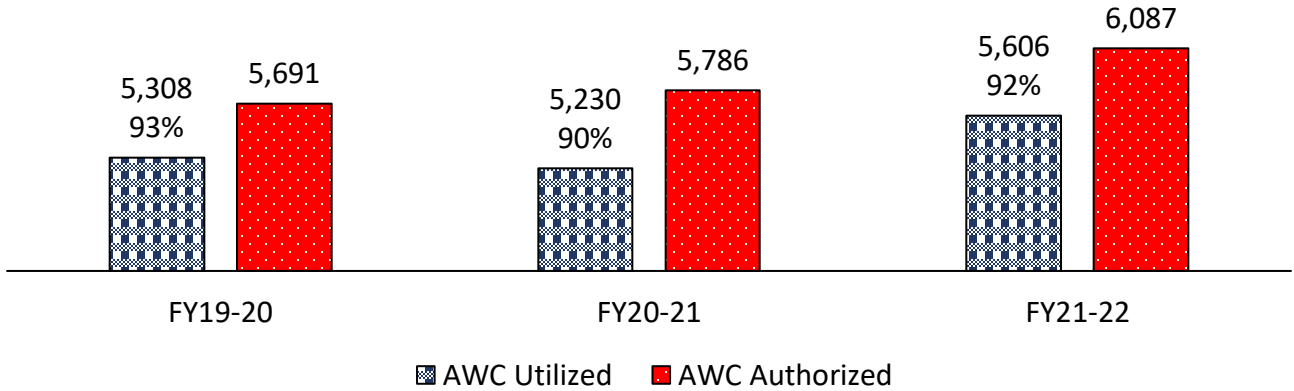
Protection of Individual Rights in ODP-licensed Settings –

- ❖ Chapter 6100 regulations and corresponding changes to ODP’s human services licensing regulations, vastly expanded regulatory protection of individuals’ rights, with each protected right corresponding directly or indirectly to maximizing control over one’s own life.
 - ✓ Of the approximately 4,000 licensed settings inspected in FY21-22, 90% were found to be in full compliance with regulations relating to self-direction, choice, and control. This is an improvement over the 86% from FY20-21. Of the settings that were not in full compliance in FY21-22 (10%), 88% subsequently corrected the violations. The 11% that did not correct the violations were subject to licensing enforcement actions (such as issuing a provisional license or revoking the license) and programmatic sanctions (such as banning new admissions and not allowing the provider to open new homes).

PERFORMANCE MEASURES *for #2*

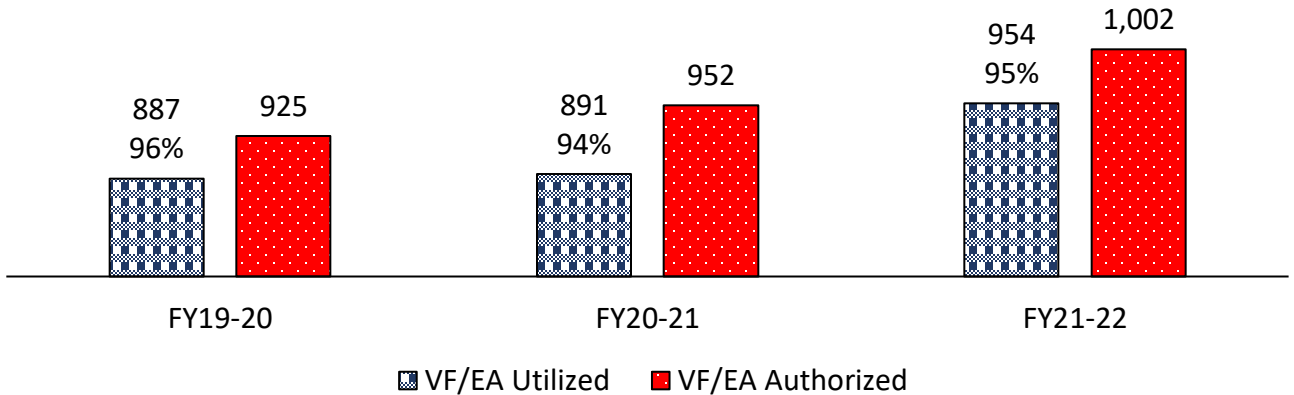
1. Number and percent of Individuals and Self-Advocates authorized for and who use Participant-Directed Services (PDS), by AWC and VF/EA, overall and by race. (HCSIS)
2. Number of Self-Directed services per individual/self-advocate; will include Supports Broker Service. (HCSIS)
3. Percent of individuals who reported they vote, overall and by race. (IM4Q)
4. Percent of individuals surveyed who had a key/way to get into their house or apartment on their own. (IM4Q)
5. Percent of individuals interviewed who reported they chose what they do during the day. (IM4Q)
6. Percent of individuals who said they were given a choice to live where people without disabilities live, overall and by race. (IM4Q)
7. Percent of individuals surveyed who saw no other places before they moved into their residence. (IM4Q)

AWC - Number of Individuals and Self-Advocates with Services Authorized vs Number and Percent Used (PM 1a)



Source: Home and Community Services Information System (HCSIS) as of 11/4/2022

VF/EA - Number of Individuals and Self-Advocates with Services Authorized vs Number and Percent Used (PM 1b)

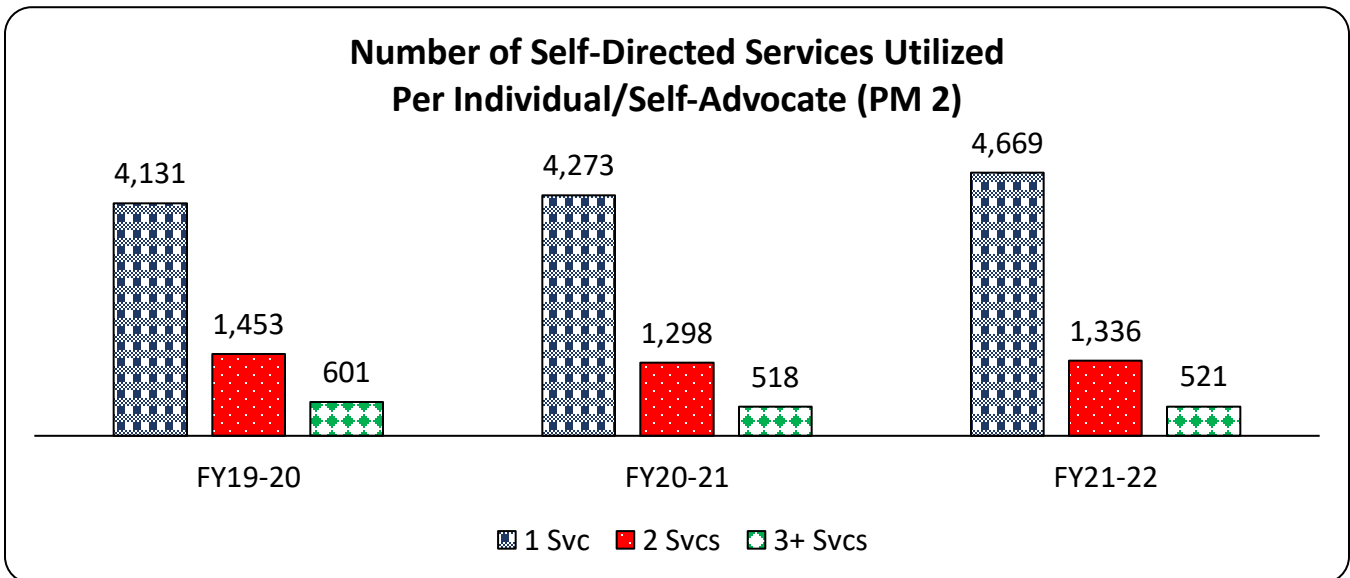


Source: HCSIS as of 11/4/2022

Individual Utilization of AWC and VF/EA Services by Race (PM 1)		FY21-22	
Race	Number	Percent	
American Indian Or Alaskan Native	<11	0.2%	
Asian	131	2.0%	
Black Or African American	542	8.3%	
Native Hawaiian Or Other Pacific Islander Indicator	<11	0.0%	
White	5,324	81.6%	
Other	482	7.4%	
Unknown	13	0.2%	

Source: HCSIS as of 11/4/2022

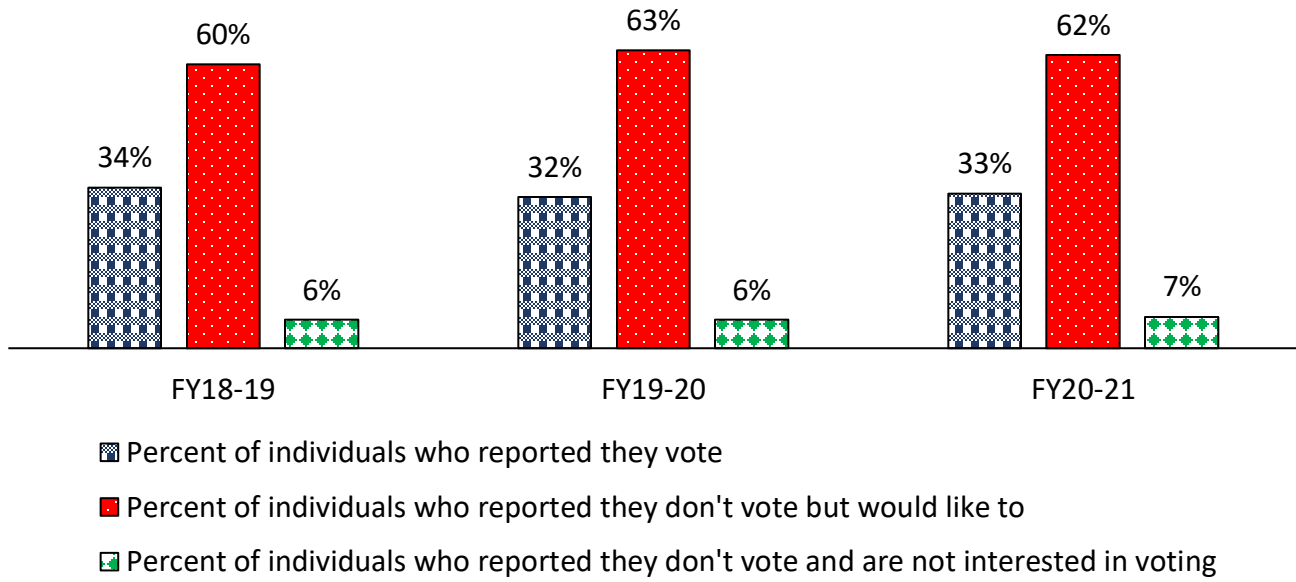
Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.



Source: HCSIS as of 10/31/2022

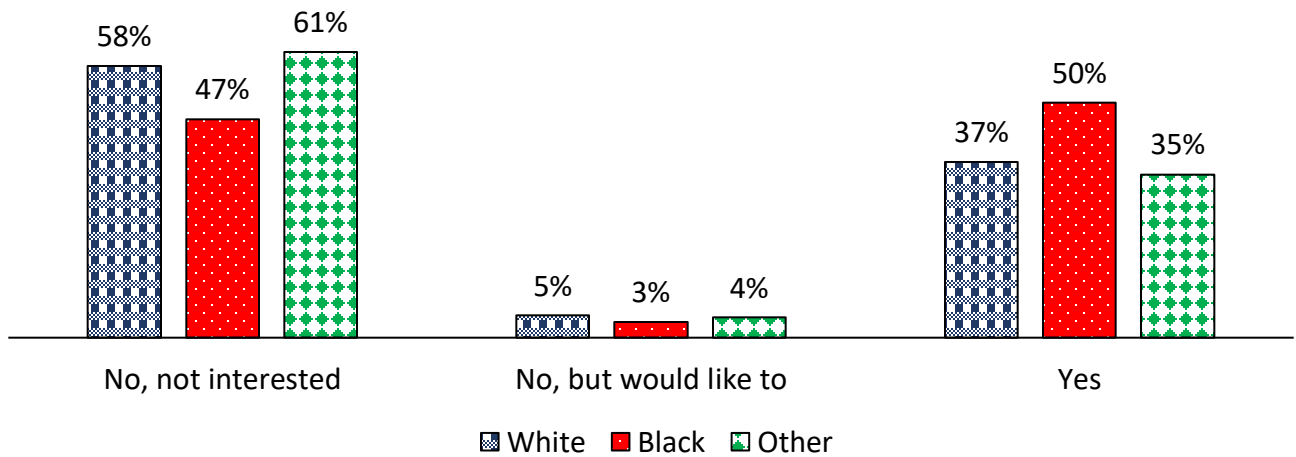
Note: Includes Supports Broker service.

Percent of Individuals who Said They Vote (PM 3)



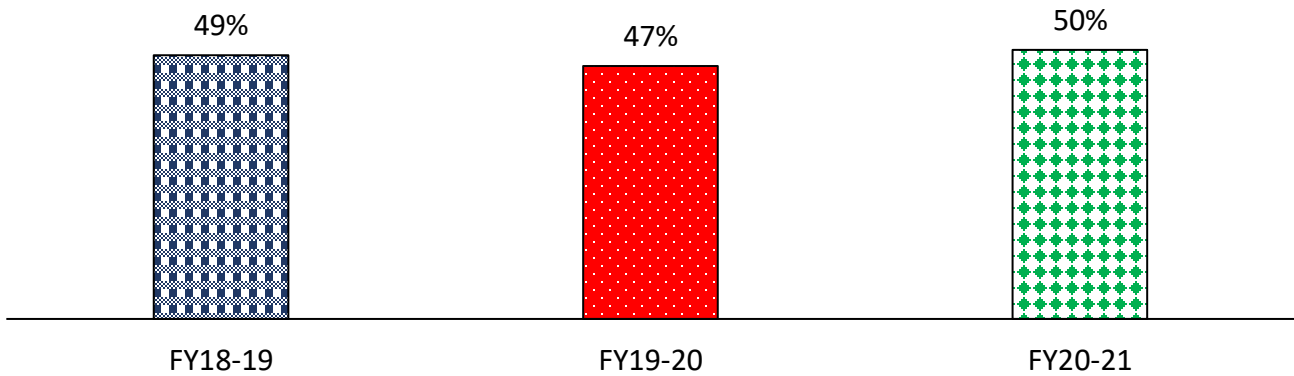
Source: IM4Q

Percent of Individuals who Said They Vote, by Race (PM 3)



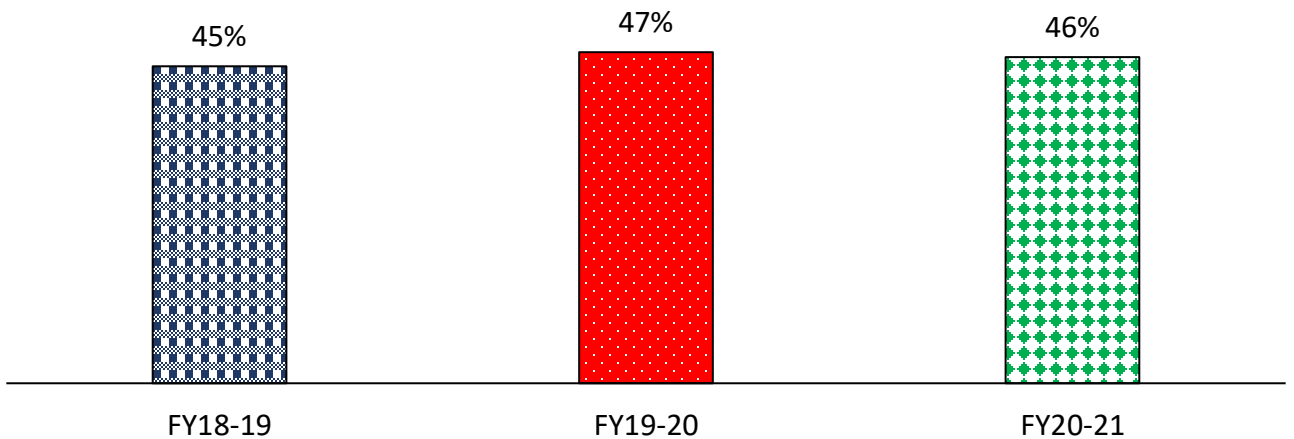
Source: IM4Q FY20-21

Percent of Individuals who had a Key/Way to Get into Their House or Apartment on Their Own (PM 4)



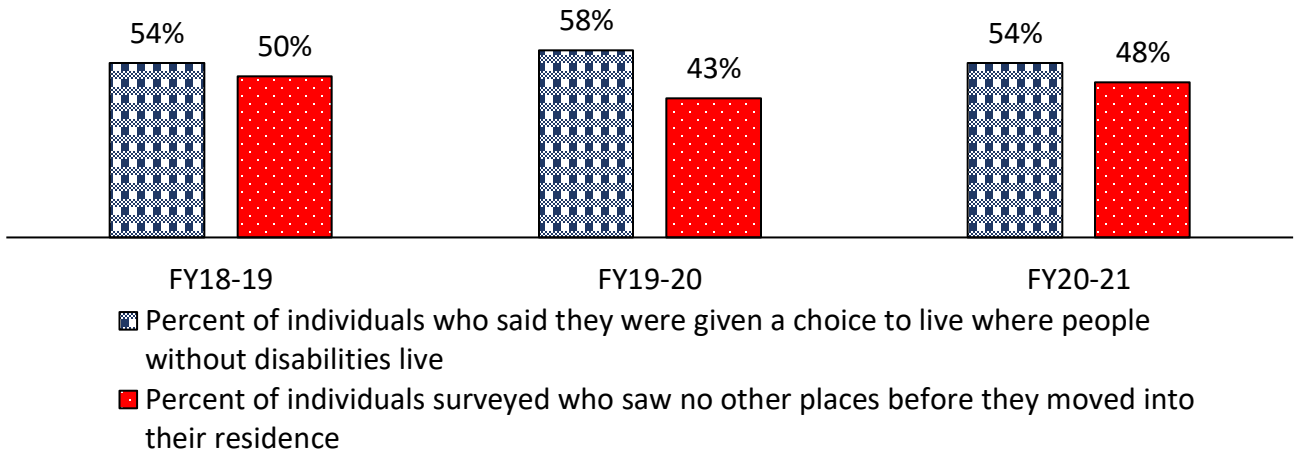
Source: IM4Q

Percent of Individuals Interviewed who Reported They Chose What They Do During the Day (PM 5)



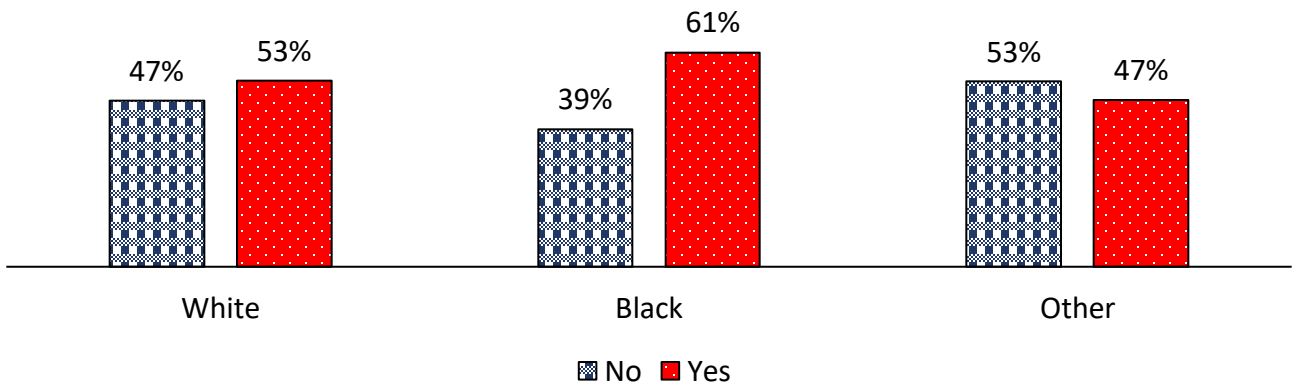
Source: IM4Q

Choice and Control on Where to Live (PM 6 & 7)



Source: IM4Q

Percent of Individuals who said They were Given a Choice to Live Where People without Disabilities Live, by Race (PM 6)



Source: IM4Q FY20-21



Recommendation 3: Increase Employment

Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.

ACCOMPLISHMENT HIGHLIGHTS *for #3*

- ✓ **Cornell University's Work Incentives Practitioner credentialing program delivered to PA providers**
- ✓ **Partnered with Office of Vocational Rehabilitation (OVR) to successfully apply for a federal grant to better support people transitioning from subminimum wage to competitive integrated employment (CIE)**
- ✓ **Launched #Connecting4Employment events and resources for professionals who support youth/young adults transitioning from school to adulthood**

ACCOMPLISHMENTS IN DETAIL *for #3*

Increase in people with Competitive Integrated Employment (CIE) –

- ❖ There was a 4% increase, from December 2020 (14%) through November 2022 (18%), in the number of ODP-enrolled individuals, ages 18-64, who are competitively employed.

Benefits Counseling –

- ❖ Contracted with Cornell University to deliver the Work Incentives Practitioner credentialing program to PA providers with the goal of building provider capacity to provide Benefits Counseling services. ODP covered the cost of the program for 50 provider staff (up to 2 staff persons per provider). As of January 2023, 8 provider staff have been credentialed, 34 have obtain provisional credentials, and 8 are planning to take the exam to be credentialed.

Cross Agency Collaboration –

- ❖ Participated in the PA Secondary Transition Capacity Building Institute held by the National Technical Assistance Center on Transition and assisted in the development of the statewide Secondary Transition Action Plan for the 2021/2022 school year, including a goal around CIE.
- ❖ Collaborated with the PDE and OVR to update the [Secondary Transition Roadmap](#) and develop a 5-part video series.

- ✓ These resources are designed to help professionals gain a better understanding of their roles in transition planning for youth and young adults who are preparing to leave school.
- ✓ Together, PDE, OVR, and ODP facilitated the #Connecting4Employment event at the Secondary Transition Pre-Conference. Attendees included representatives from the Intermediate Units, OVR District Offices, County Intellectual Disability/Autism Programs, and Supports Coordination Organizations, among others.
- ✓ Attendees were given the opportunity to gain understanding of each other's roles, build collaborative working relationships, examine current programming gaps, and create an action plan.
- ✓ Regional virtual sessions were held as a follow-up to the pre-conference and work in this area will continue into the coming years.

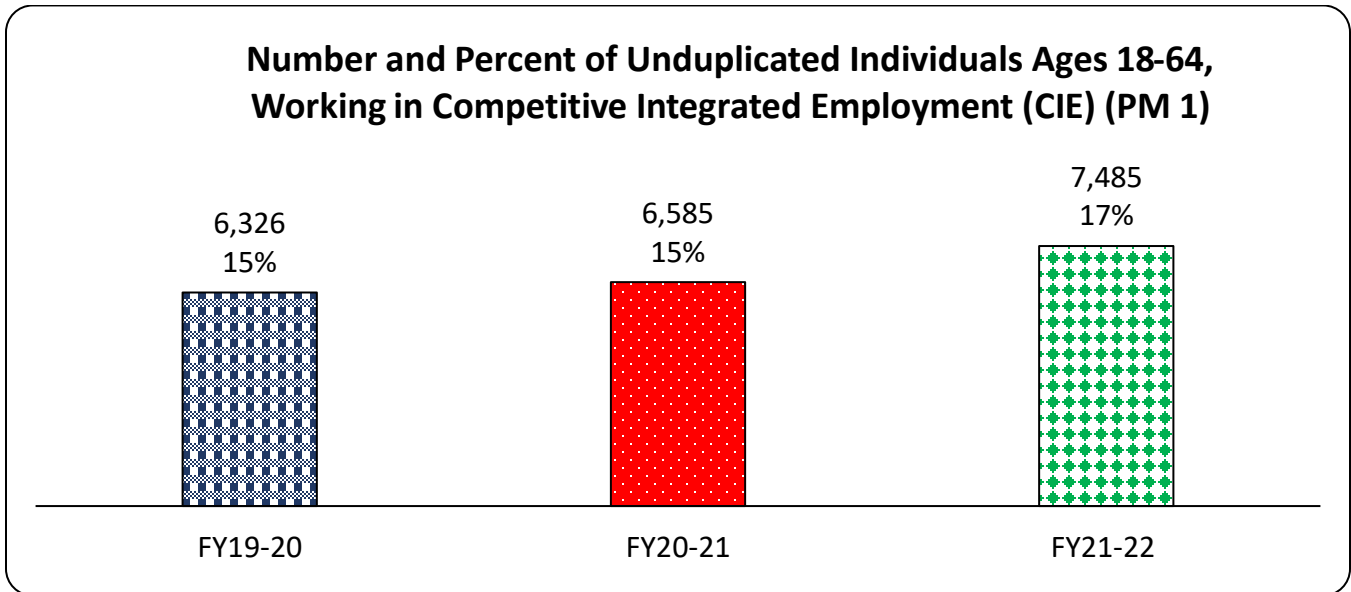
Transition from Subminimum Wage to CIE –

- ❖ ODP partnered with OVR to develop the Integrated Vocational Engagement and Supports Team (InVEST) project, a wraparound model for assisting individuals with disabilities, who are considering or currently engaged in employment at subminimum wage, to transition to CIE. PA was awarded approximately \$14 million through a federal grant called the Subminimum Wage to Competitive Integrated Employment (SWTCIE) grant to fund the 5-year project. The InVEST project has three overarching concepts including:
 - ✓ Supporting individuals and their families who are interested in transitioning from subminimum wage employment to CIE using Charting the LifeCourse framework.
 - ✓ Supporting providers that pay subminimum wage to hire or contract with a CIE coordinator who will work directly with individuals and their families to provide intensive coordination of daily supports and services for an individual to transition to CIE.
 - ✓ Supporting employers with embedded supported employment specialists in local businesses.

PERFORMANCE MEASURES for #3

1. Number and percent, overall and by race, of individuals ages 18-64, working in Competitive Integrated Employment. (HCSIS)
2. Number of individuals employed vs. number of individuals employed and authorized to receive ODP employment services. (HCSIS)
3. Number and percent of people, overall and by race, with authorized employment services and/or an employment goal in their ISP. (HCSIS)
4. Number of people receiving employment services. (HCSIS)
5. Percent of Administrative Entities (AE) having a designated employment lead. (QA&I)

6. Percent of SCs providing education and information to the individual about employment services. (QA&I)
7. Percent of people reporting their supports coordinators talked with them about employment at their most recent planning meetings. (IM4Q)
8. Number and percent of individuals enrolled with ODP and receiving subminimum wage. (OVR Data Sharing Memorandum of Understanding)



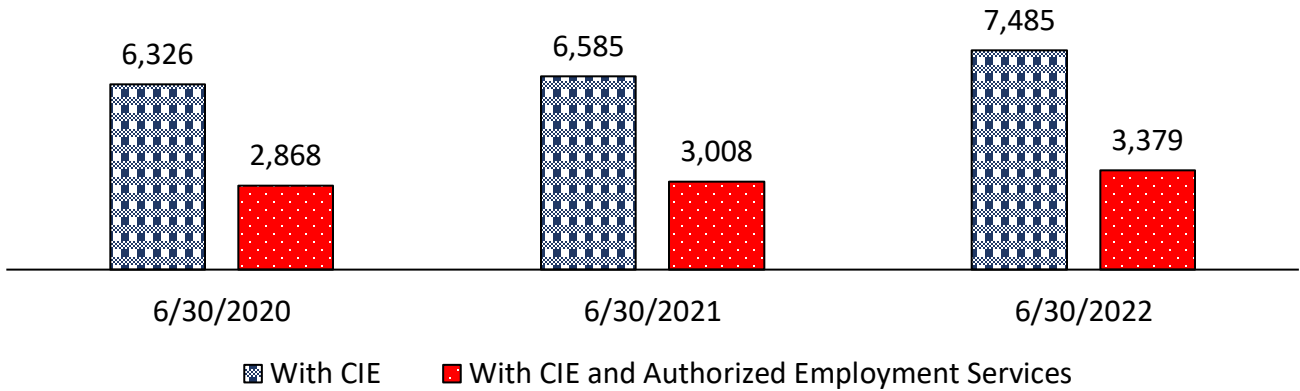
Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts
 Data extraction date: 11/04/2022

Number and Percent of Unduplicated Individuals Ages 18-64, Working in Competitive Integrated Employment (CIE) FY21-22, by Race (PM 1)		
American Indian Or Alaskan Native	<11	0.1%
Asian	83	1.1%
Black Or African American	1,228	16.4%
Native Hawaiian Or Other Pacific Islander	0	0.0%
White	5,701	76.2%
Other	411	5.5%
Unknown	24	0.3%
Multi-Race	29	0.4%
No To All Options	<11	0%
Total	7,485	100%

Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts
 Data extraction date: 11/04/2022

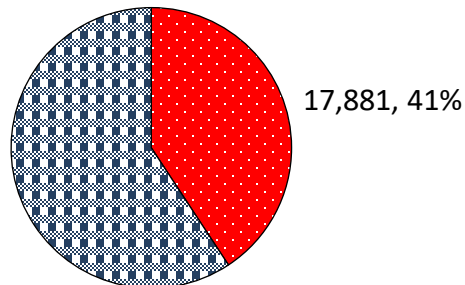
Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.

**Number of Unduplicated Individuals Employed vs. Number of
Individuals Employed and Authorized to Receive ODP Employment
Services (PM 2)**



Source: EDW HCSIS Consumer Demographics Facts and SCO/Individual Monitoring Facts
Data extraction Date: 11/04/2022

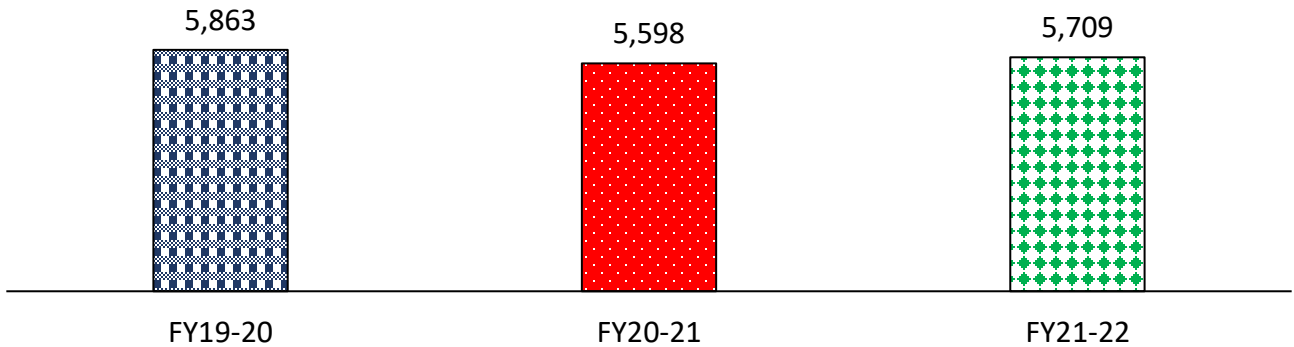
**Number and Percent of Individuals with Authorized Employment
Services and/or an ISP Employment Goal (PM 3)**



■ Employment Services and/or ISP Employment Goal

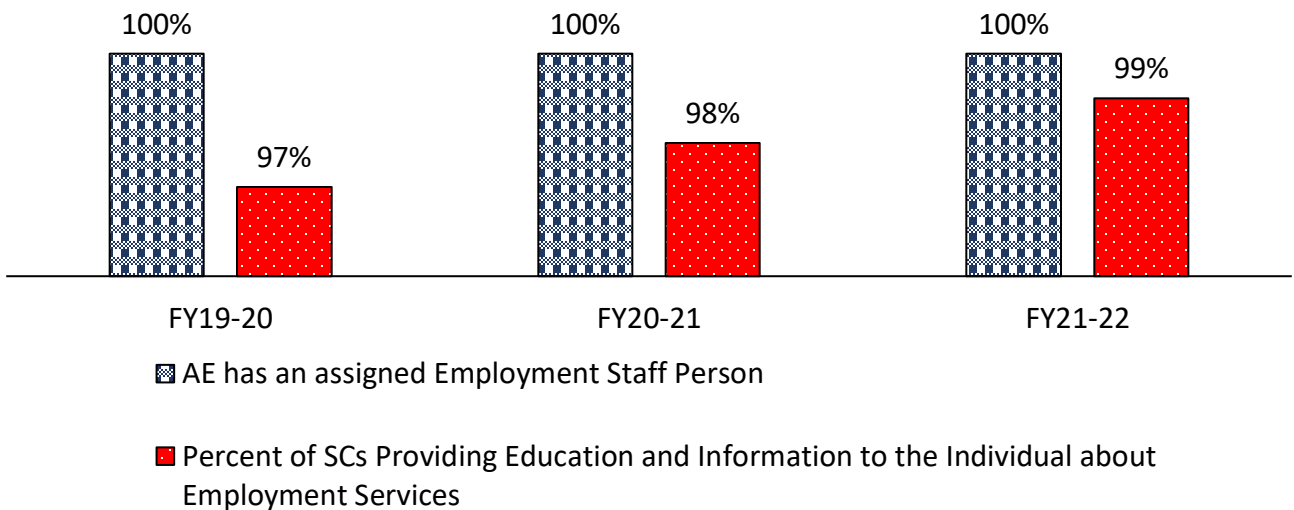
Source: EDW HCSIS Consumer Demographics Fact and SCO/Individual Monitoring Facts
Data extraction date: 11/04/2022

Individuals Utilizing Employment Services Ages 18-64 (PM 4)



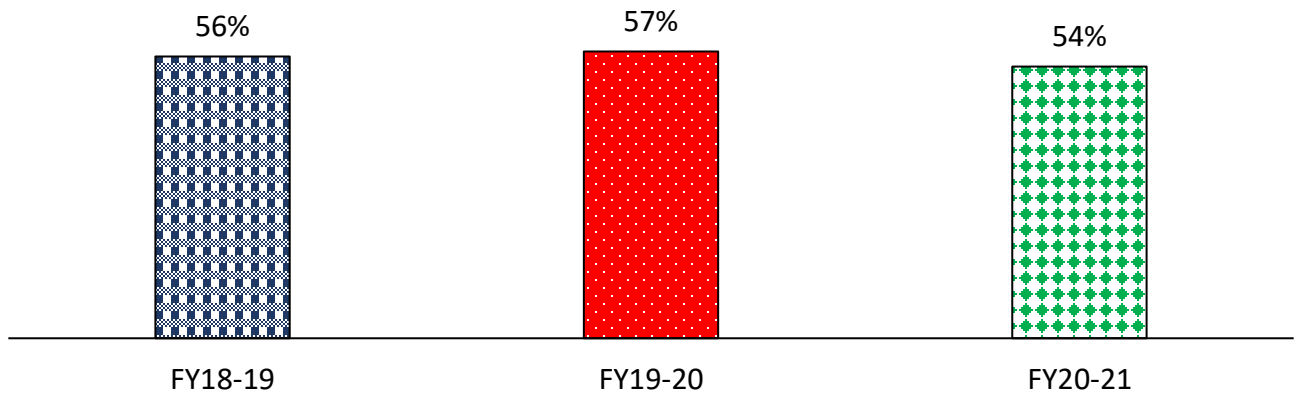
Source: EDW HCSIS Service authorizations and PROMISE™ Paid Claims, PROMISE paid claims through remittance advice date of 10/31/2022; Extraction Date: 11/17/2022

AE & SC Promote Employment (PM 5 & 6)



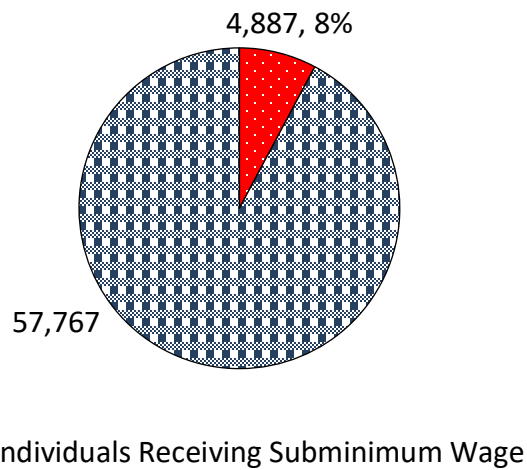
Source: QA&I

Individuals Reported Someone Talked to Them About Employment in the Planning Meeting (PM 7)



Source: IM4Q

Number and Percent of Individuals Enrolled with ODP and Receiving Subminimum Wage (PM 8)



Source: OVR Data Sharing Memorandum of Understanding FY21-22



Recommendation 4: Support Families throughout the Lifespan

The vast majority of people with disabilities in Pennsylvania live with their families. Families need support in order to make an everyday life possible throughout the person's lifetime. Families need information, resources, and training. They need connections with other families and support services. Listening to people with disabilities and their families is key to providing supports that help them achieve an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #4*

- ✓ **Pennsylvania Family Network (PAFN) and Self-Advocacy Power Network for All (SAPNA) conducted virtual workshops and hosted virtual events for connecting and networking**
- ✓ **ODP launched quarterly training opportunities for professionals on Charting the LifeCourse (CtLC)**
- ✓ **Targeted Support Management (TSM) Bulletin Released**
- ✓ **American Rescue Plan Act (ARPA) funds were announced for certifications - includes LifeCourse Ambassador Series**

ACCOMPLISHMENTS IN DETAIL *for #4*

Championed the work of PAFN partners—

- ❖ All PAFN management and Family Advisors have received their CtLC Ambassador certifications. This includes bi-lingual Advisors and Sibling Advisors.
- ❖ Conducted 11 Family Forums, which are virtual networking events for families to connect and network with one another.
- ❖ Offered 9 *Good Life Group* meetings in the Western and Central regions, where families learn from and connect with one another.
- ❖ Presented 76 workshops for families and professionals, including 10 conducted in Spanish and 11 for siblings only.
 - ✓ Delivered 30 2-part waiver workshops to assist families who are just entering the system, and an advanced curriculum for families and self-advocates who are already receiving waiver services.

- ❖ Provided numerous statewide, virtual trainings, including for the Capacity Building Institute (CBI), Spanish outreach events, Everyday Lives conference, PaTTAN Transition Conference, among others.
- ❖ Delivered over 140 hours of mentoring to families.
- ❖ Reached over 5,766 stakeholders as of November 2022.

Championed the work of SAPNA partners –

- ❖ Supporting Families Leadership team members from SAPNA participated as panel members at the 6th Annual *Charting the LifeCourse Showcase* in Kansas City, MO, along with a Coordinator who shared about the organization and its involvement with supporting families in PA.
- ❖ Supporting Families Leadership team members from SAPNA taught all Self Advocates United as 1 (SAU1) staff the *Exploring Portfolio*, which includes defining your vision for a good life, identifying integrated supports to reach that vision, and how to best support a person to achieve their vision.
- ❖ 2 SAPNA Power Coaches and professional self-advocates actively participated in statewide Community of Practice (CoP) for Supporting Families teams and workgroups.
- ❖ 7 *Let's Talk about Your Vision* virtual, peer-to-peer events were held and led by Power Coaches.
 - ✓ Engaged 51 self-advocates, 10 family members, and 21 other guests, sharing LifeCourse tools and supporting attendees to work on their own Integrated Supports Stars.
- ❖ SAPNA developed 2 new trainings that include the use of CtLC principles and tools.
- ❖ Provided remote technical assistance, after events, to 8 self-advocates working on their Integrated Supports Stars, specific to life changes.

Collaborated with Communities, Stakeholders, and Cross-System Partners –

- ❖ AEs and the Regional Collaboratives engaged in many activities to support the objectives of the CoP for Supporting Families, including updating Facebook pages with information and connections for families, hosting virtual events/trainings for families, and guiding development of local policies and practices to support families.
 - ✓ Armstrong/Indiana: Held a Meet and Greet with First Responders at the Dayton Fire Hall with over 100 attendees.
 - ✓ Allegheny: Worked with SCs to distribute 11 discrete, 1-page Profiles to search for new residential providers.
 - ✓ Huntingdon/Mifflin/Juniata/Centre: Participating in a training and technical assistance project guided by ODP Central Region Leads for Supporting Families, with support from PAFN.
 - ✓ Beaver: Implemented use of CtLC in Early Intervention, during transition to preschool services; also expanded the Family Supports Services Program coordinator position to include family advocacy to better support the Supporting Families Vision.

- ❖ ODP hosted a Regional Collaboratives Racial Diversity and Equity Conversation and shared data from the Supporting Families survey by race.
- ❖ Hosted the *3rd Regional Collaborative Summit* and the *2nd Annual PA CtLC Ambassador & Champion Event*.
- ❖ Supporting Families Leadership Team members hosted quarterly Innovation Workgroup calls for all interested stakeholders on topics of Employment, Front Door, Self-Advocate and Family Engagement, and Supports Coordination.

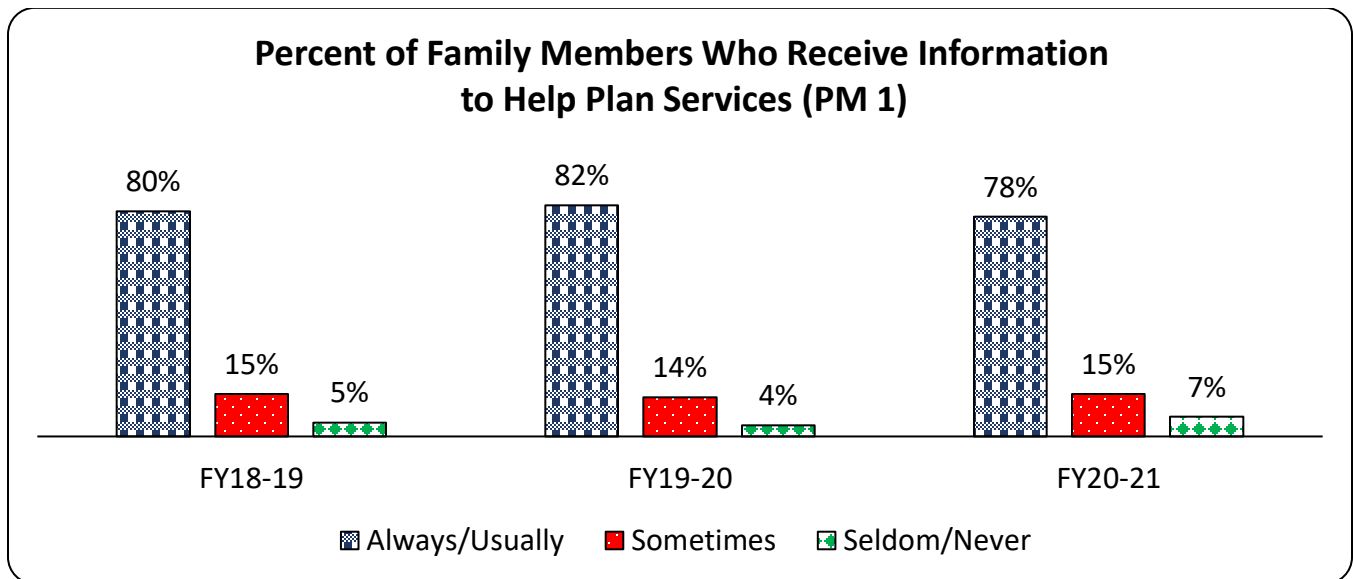
ODP Policy Enhancements, Trainings, and Use of ARPA to Improve How Families Are Supported

- ❖ ODP launched quarterly training opportunities for professionals on CtLC.
- ❖ Targeted Supports Management (TSM) Bulletin released. The purpose of the TSM service is to promote an individual’s right to an everyday life utilizing person-centered planning and self-determination principles.
 - ✓ This bulletin communicates and clarifies the Centers for Medicare and Medicaid Services (CMS) approved requirements for TSM expansion to include:
 - Children under 8 who are eligible for Medical Assistance (MA) and who have been determined to need an Intermediate Care Facility for Other Related Conditions (ICF/ORC) and
 - Children with complex medical needs (ages 0-21).
 - ✓ The TSM bulletin also clarifies expectations for the use of the LifeCourse framework and tools in TSM and states, “It is best practice for Targeted Support Managers to utilize the LifeCourse framework and tools. Using a LifeCourse framework assists individuals and families to identify both the immediate and long-term vision for the individual including community resources, experiences, opportunities, and specialized services and supports necessary to promote growth and development and to achieve the individual’s desired outcomes, which can include acquiring independent living skills, employment, and establishing a social network outside the family.”
- ❖ American Rescue Plan Act (ARPA) funds were announced for certifications including the LifeCourse Ambassador Series.

PERFORMANCE MEASURES <i>for</i> #4

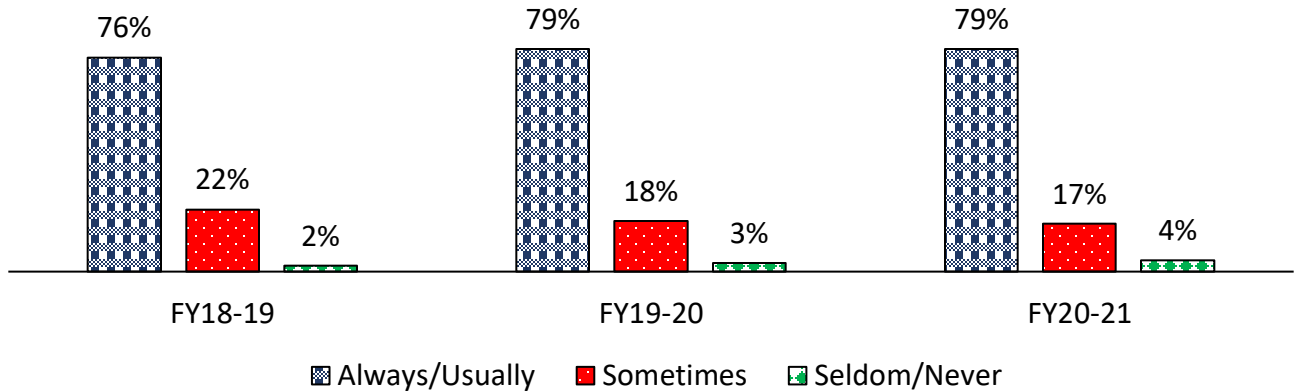
1. Percent of family members who receive enough information that helps them participate in planning services for their family. (*NCI PA Adult Family Survey*)
2. Percent of family members who report that the information received is easy to understand. (*NCI PA Adult Family Survey*)

3. Percent of family members, overall and by race, reporting the Supports Coordinator tells them about other public services for which their family is eligible (food assistance, SSI, housing subsidies, etc.). (NCI PA Adult Family Survey)
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages. (IM4Q)
5. Percent of relatives who said they were aware of the PA Family Network. (IM4Q)
6. Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors. (IM4Q)
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process. (IM4Q)
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools. (IM4Q)
9. Percent of relatives, overall and by race, who reported the Supports Coordinator asks about their vision for an everyday life for their family member. (IM4Q)



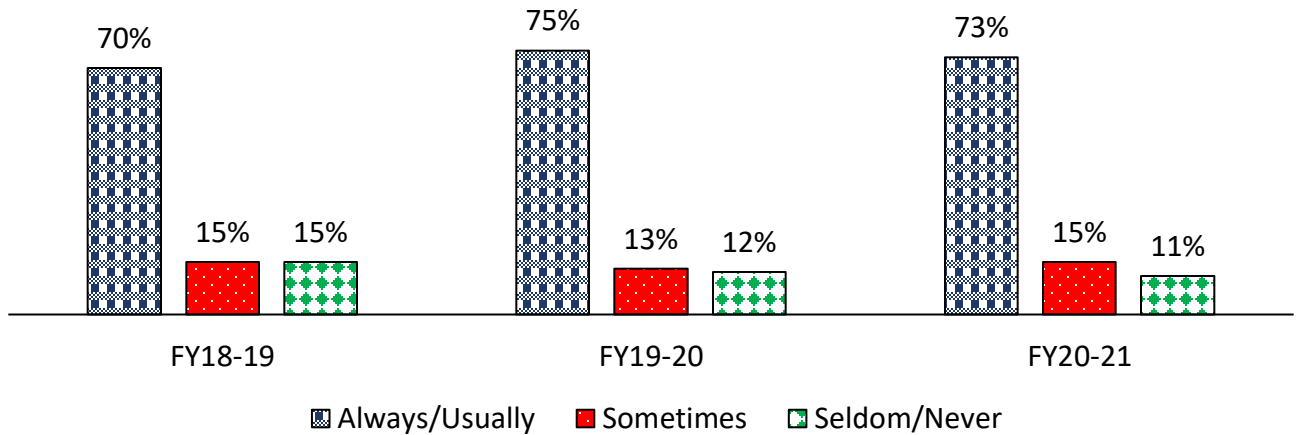
Source: National Core Indicators (NCI) PA Adult Family Survey

Percent of Family Members Who Report Information About Services is Easy to Understand (PM 2)



Source: NCI PA Adult Family Survey

Percent of Family Members Who Report SCs Tell Them About Other Public Services (PM 3)

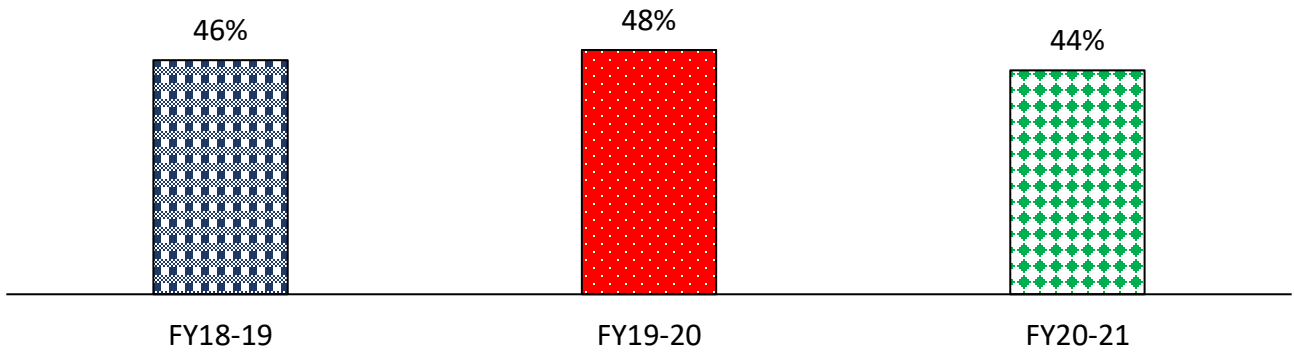


Source: NCI PA Adult Family Survey

Percent of Family Members Who Report SCs Tell Them About Other Public Services, by Race (PM 3)	Always/Usually	Sometimes	Seldom/ Never
Black or African American	75%	14%	11%
White	67%	24%	10%
Other	75%	6%	11%

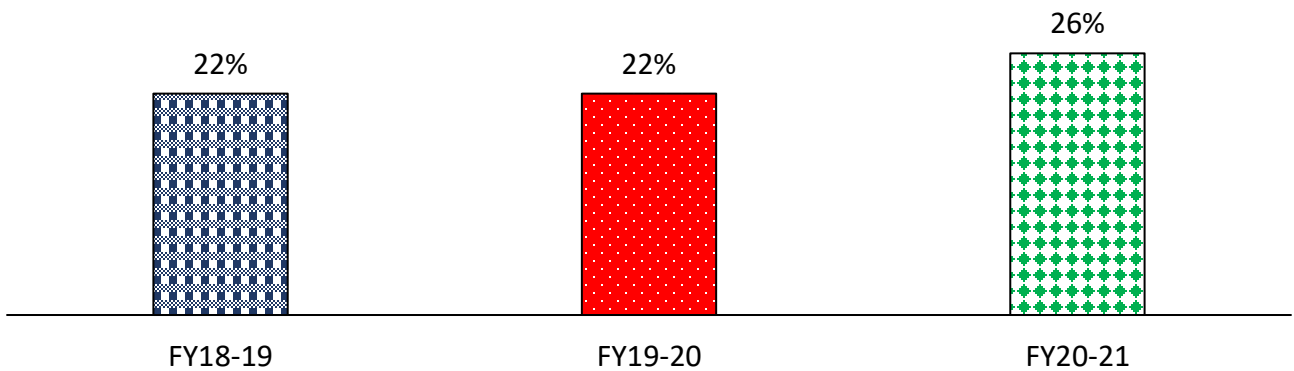
Source: NCI PA Adult Family Survey FY20-21

Percent of Relatives Who Reported They have an Opportunity to Connect and Network with Other Families with Relatives at Similar Life Stages (PM 4)



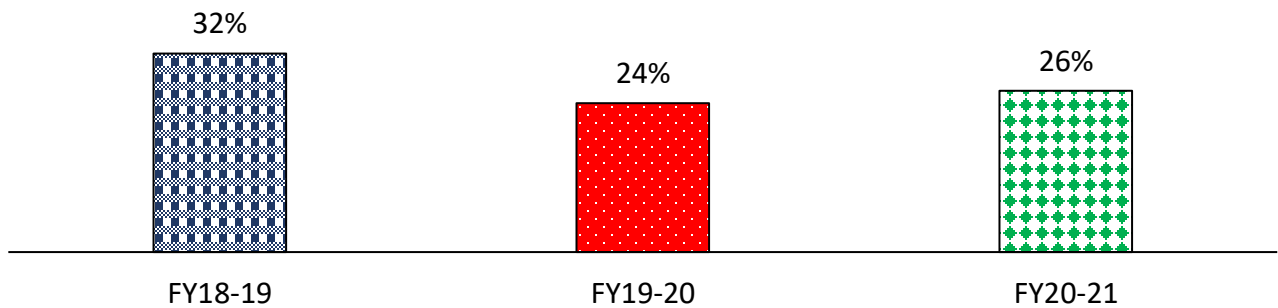
Source: IM4Q

Percent of Relatives who Said They were Aware of the PA Family Network (PM 5)



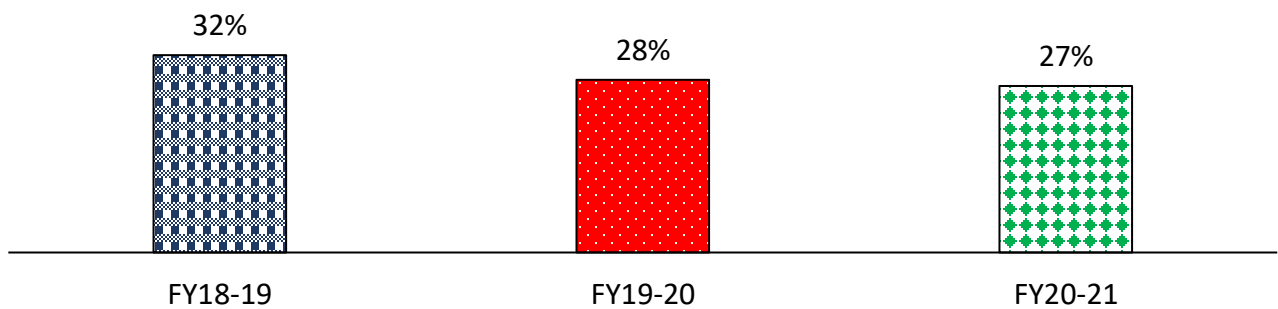
Source: IM4Q

Of those Relatives who Said They were Aware of the PA Family Network, the Percent who Reported they had Attended a Workshop Led by the Network of Family Advisors (PM 6)



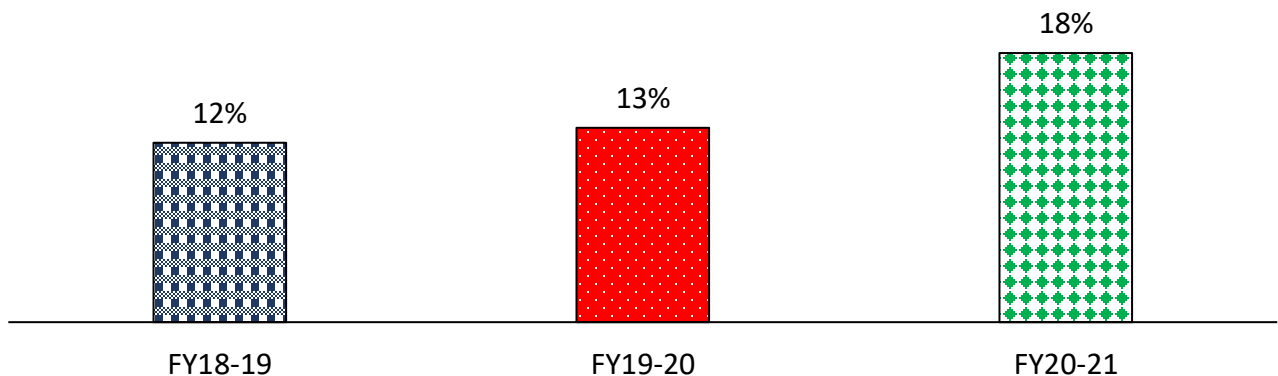
Source: IM4Q

Percent of Respondents whose Family Member Transitioned from School to Adult Services in the Past Year who were Happy with the Process (PM 7)



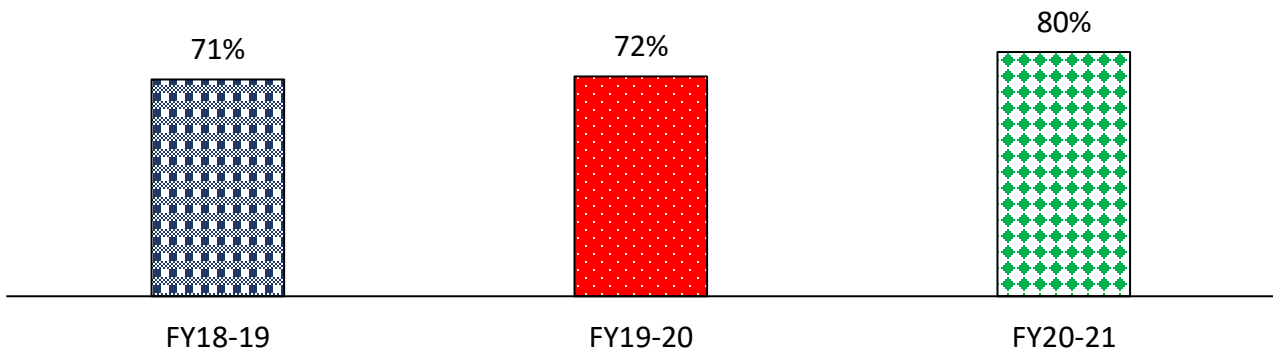
Source: IM4Q

Percent of Respondents who Reported They Learned about the LifeCourse Framework and Tools (PM 8)



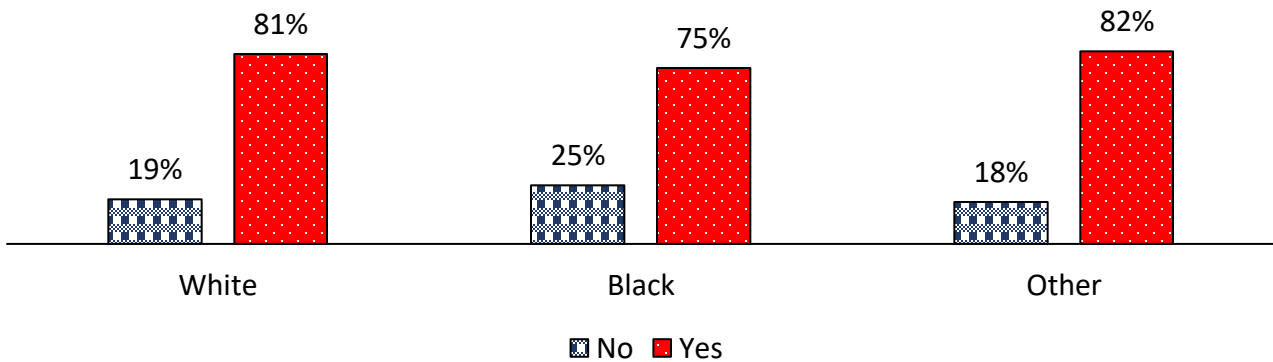
Source: IM4Q

Percent of Relatives who Report the Supports Coordinator Asks about their Vision for an Everyday Life for their Family Member (PM 9)



Source: IM4Q

Percent of Relatives who Report the Supports Coordinator Asks about their Vision for an Everyday Life for their Family Member, by Race (PM 9)



Source: IM4Q FY20-21



Recommendation 5: Promote Health, Wellness, and Safety

Promote physical and mental health, wellness, and personal safety for every individual and his or her family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Tools that help every individual adopt a healthy lifestyle — including good nutrition, healthy diets, physical activity, and strategies to reduce and manage stress and protect oneself from all types of abuse and exploitation — must be provided.

ACCOMPLISHMENT HIGHLIGHTS *for #5*

- ✓ **Skin Integrity Project transitioned from a pilot to an ongoing project of outreach by HCQUs to promote awareness of pressure injuries**
- ✓ **ODP created and delivered a webinar series for SCs to build system capacity related to expanded eligibility for children with medically complex conditions**
- ✓ **A Health Equity Webcast was created to provide information on barriers to health equity and focuses on the SC's role**

ACCOMPLISHMENTS IN DETAIL *for #5*

COVID-19 Pandemic Risk Mitigation –

- ❖ Continued intensive efforts by ODP, through 2022, to protect the health, wellness, and safety of stakeholders amongst the changing characteristics and needs of the pandemic. Worked closely with the PA Department of Health (DOH) and other Offices of the Department of Human Services (DHS), to continuously update guidance to the field via educational webinars, Health Alerts, and shared best practices.
- ❖ Successfully advocated for Intermediate Care Facilities (ICFs), Community Group Homes and Adult Day Program providers to be supported by resources assigned to the Long-Term Care Task Force (LTC-TF).
 - ✓ The LTC-TF continued to provide access to personal protective equipment (PPE) in the event of COVID-19 outbreaks, staffing assistance through contracted agencies, testing assistance through PA DOH's vendors and contracted health agencies through the Long-Term Care Resiliency, Infrastructure Supports, and Empowerment ([LTC RISE](#)).
 - ✓ At the time of this report, the LTC-TF and LTC RISE have completed 429 missions to support qualifying facilities or providers during calendar year 2022 through provision of COVID-19 prevention and response support operations (*call center, consultation &*

technical assistance, assessment & feedback, training, and incident management coaching).

- ✓ In addition, LTC-RISE provided quality improvement project opportunities to interested ICFs (*long-term care facility workforce resiliency, infection prevention and control and emergency preparedness, and sustainable outbreak response operation*).
- ❖ ODP coordinated with the Autism Services, Education, Resources, and Training (ASERT) centers and Health Care Quality Units (HCQUs) to create [AID in PA](#), an online resource collection for individuals, family members and caregivers, providers, professionals, and community members with content related to health issues during the pandemic. This effort continues to develop content and offers these sections:
 - ✓ Quick Bites provide a general overview of topics for viewers only wishing to spend a few minutes looking at information.
 - ✓ Next Steps is where viewers can find more detailed content on a topic.
 - ✓ Deeper Dive provides all site content developed on a topic to date.

Health Risk Screening Tool (HRST) –

- ❖ This tool continues to be useful in identifying health risks, including risks associated with more severe outcomes for those with COVID-19.
- ❖ Implemented in 2019, 13,700 individuals receiving residential services have been screened as of November 2022.

Skin Integrity Project –

- ❖ ODP continues to promote awareness of pressure injuries—also referred to as pressure ulcers, pressure wounds, bed sores or decubiti—as part of ongoing efforts to ensure participant health and safety.
- ❖ ODP worked in conjunction with the HCQUs to implement a Skin Integrity Initiative pilot project to raise awareness about pressure injury occurrences and to identify appropriate preventive measures that will reduce associated health risks and death. This initiative has transitioned from a pilot to an ongoing project of outreach by the HCQUs.

Infection Prevention Specialist Support –

- ❖ ODP obtained funding to “prevent, prepare for, and respond to coronavirus” through the PA DOH, from a Centers for Disease Control and Prevention (CDC) appropriation to:
 - ✓ Continue to build upon existing infrastructure and build capacity with HCQUs.
 - ✓ Support the HCQUs to contract with ID Connect, a team of infectious disease physicians and other professionals affiliated with the University of Pittsburgh Medical Center (UPMC).
 - ✓ Provide information related to COVID-19 and other infectious disease concerns via town hall meetings and information distribution on best practices and policy review for providers.

Children with Medically Complex Conditions –

- ❖ To build capacity related to expanded eligibility for children with medically complex conditions, ODP created and delivered a webinar series for SCs to become familiar with important concepts in supporting individuals with medical complexities. This 6-part series is available on MyODP.org.

Health Equity Webcast –

- ❖ Health equity means that everyone has access to healthcare and the support they need to live a healthy life.
 - ✓ To help address the longstanding concern for health equity, ODP created a webcast to provide information on the barriers to health equity and focused on the SC's role in providing information, resources, and advocacy. This webcast is available on MyODP.org.

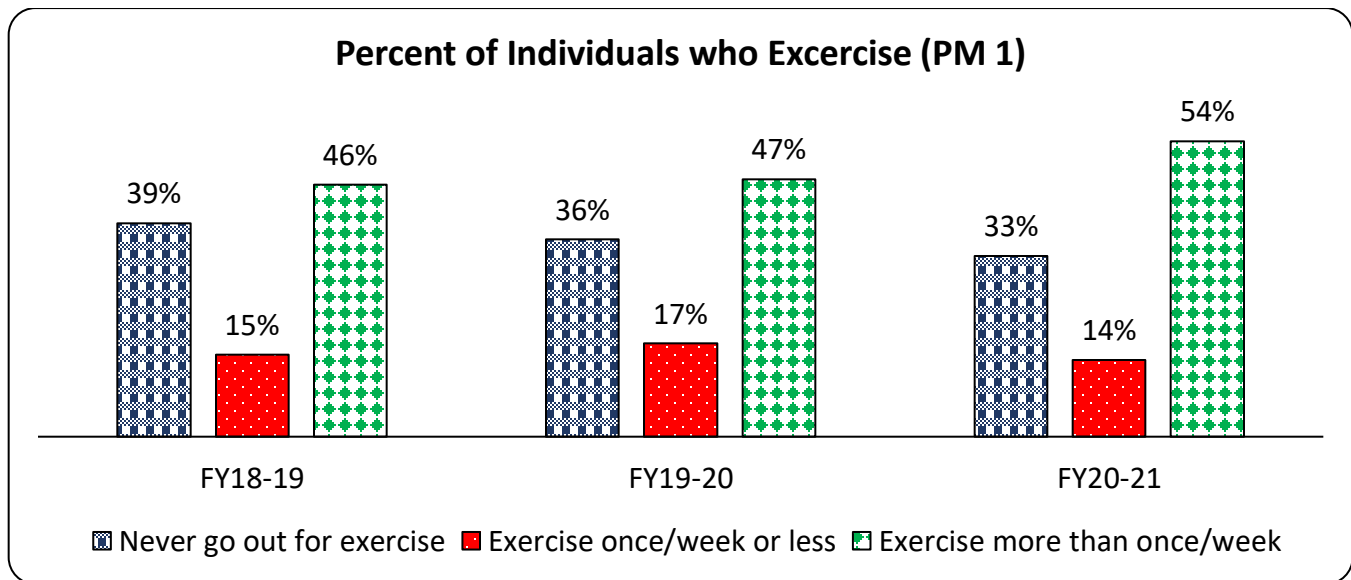
Outreach for Healthy Living –

- ❖ ODP's HCQUs continue to develop outreach to promote health and wellness through multiple training sessions.

PERFORMANCE MEASURES for #5

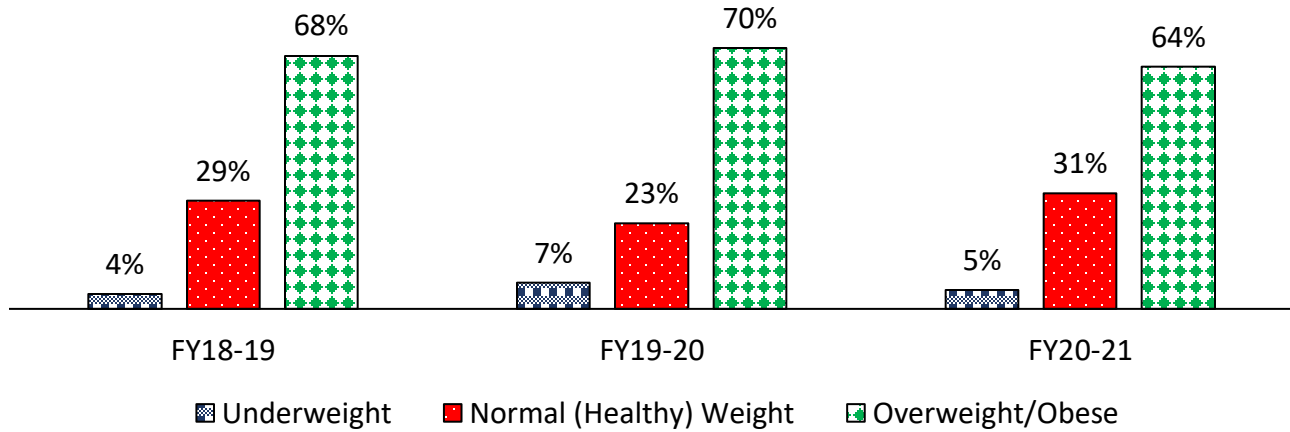
1. Regarding monthly exercise, percent of individuals who report they:
 - Never go out for exercise.
 - Exercise less than weekly.
 - Exercise once a week.
 - Exercise more than once a week. *(IM4Q)*
2. Percent of individuals, overall and by race, who are underweight, normal weight, overweight, and obese. *(NCI PA In-Person Survey)*
3. Percent of individuals, overall and by race, with medical, dental, and eye exams in the past year. *(NCI PA In-Person Survey)*
4. Percent of individuals who report that communication in their doctor's office is effective, including:
 - Percent who report if they needed help communicating at the doctor's office, it was available
 - Percent who reported they have the opportunity to discuss health with their primary care provider
 - Percent who reported their doctor speaks directly to them during appointments
 - Percent who feel they understood their doctors' instructions
 - Percent who reported they feel their doctor understands them. *(IM4Q)*

5. When asked how hard it is to get dental services in their community, percent of individuals, overall and by race, who reported it was very easy or easy, in-between, or very hard or hard. (IM4Q)
6. Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities. (IM4Q)
7. Percent of individuals in residential services with diabetes, hypertension and/or obesity. (HRST)
8. Number of individuals identified to have a pressure injury, overall and by race. (Medicaid Claims Data)
9. Percent of individuals who reported they do not have a psychiatrist but want one. (IM4Q)
10. Percent of individuals who reported they are able to provide consent for medical treatment. (IM4Q)
11. Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent. (IM4Q)



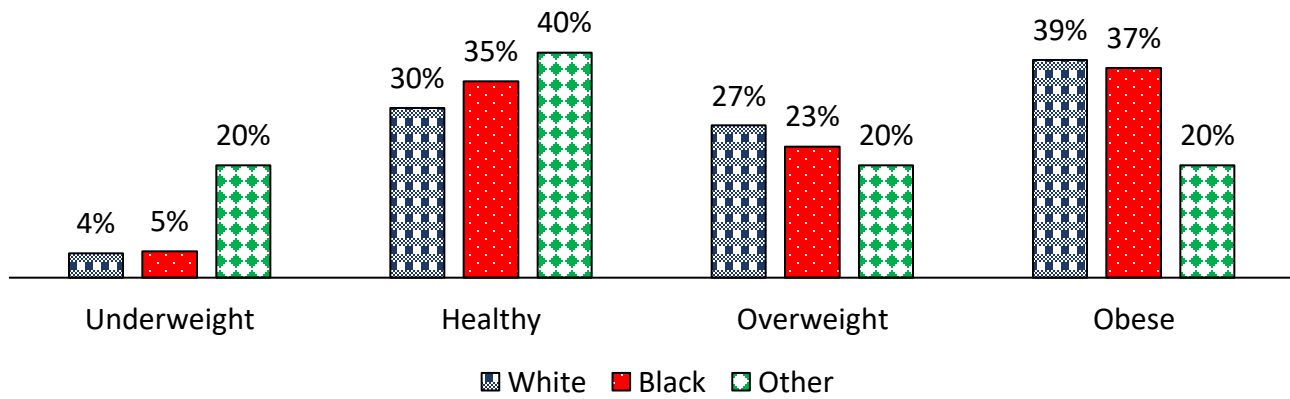
Source: IM4Q

Percent of Individuals who are Underweight, Normal Weight, Overweight, or Obese (PM 2)



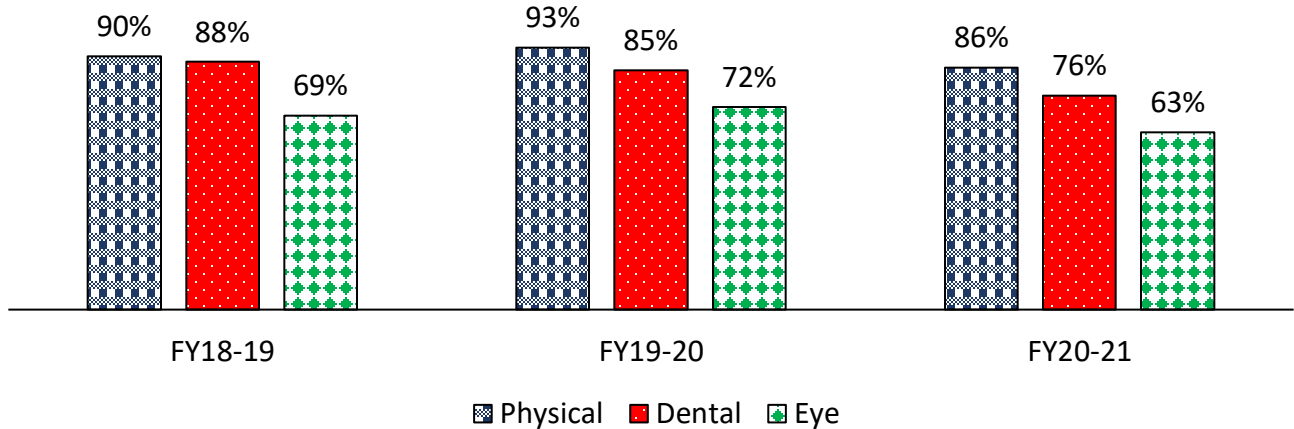
Source: NCI PA In-Person Survey

Percent of Individuals who are Underweight, Normal Weight, Overweight, or Obese, by Race (PM 2)



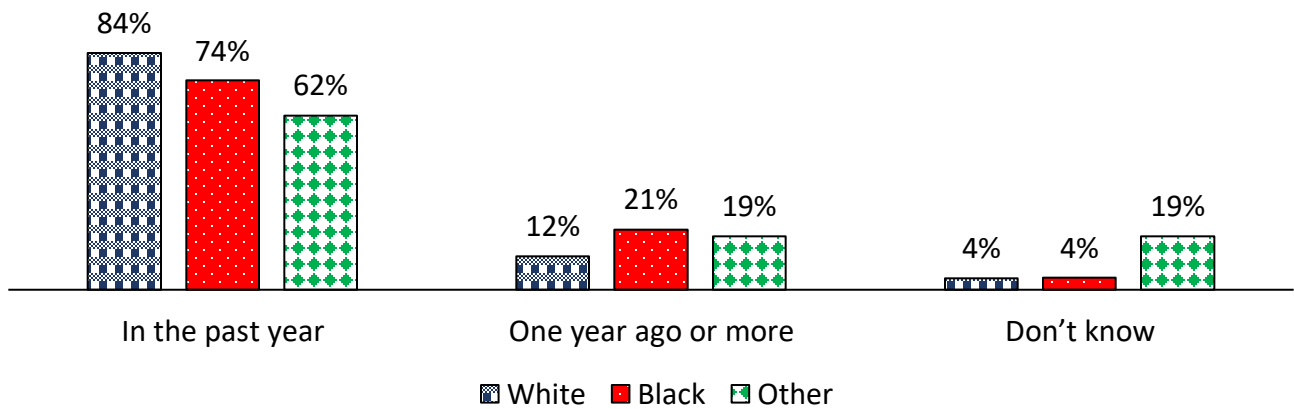
Source: NCI PA In-Person Survey FY20-21

Percent of Individuals who had a Physical, Dental, and Eye Exam in the Past Year (PM 3)



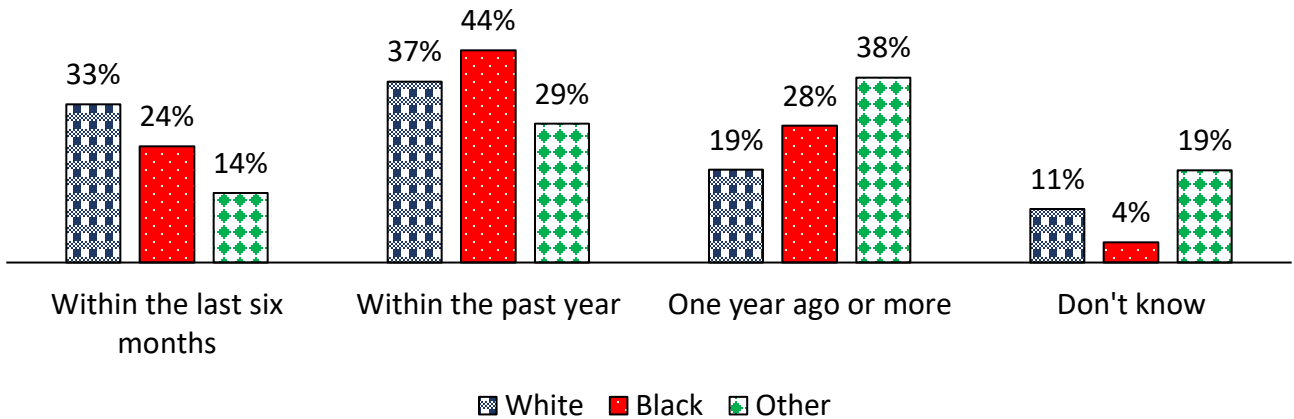
Source: NCI PA In-Person Survey

Percent of Individuals who had a Physical Exam in the Past Year, by Race (PM 3)



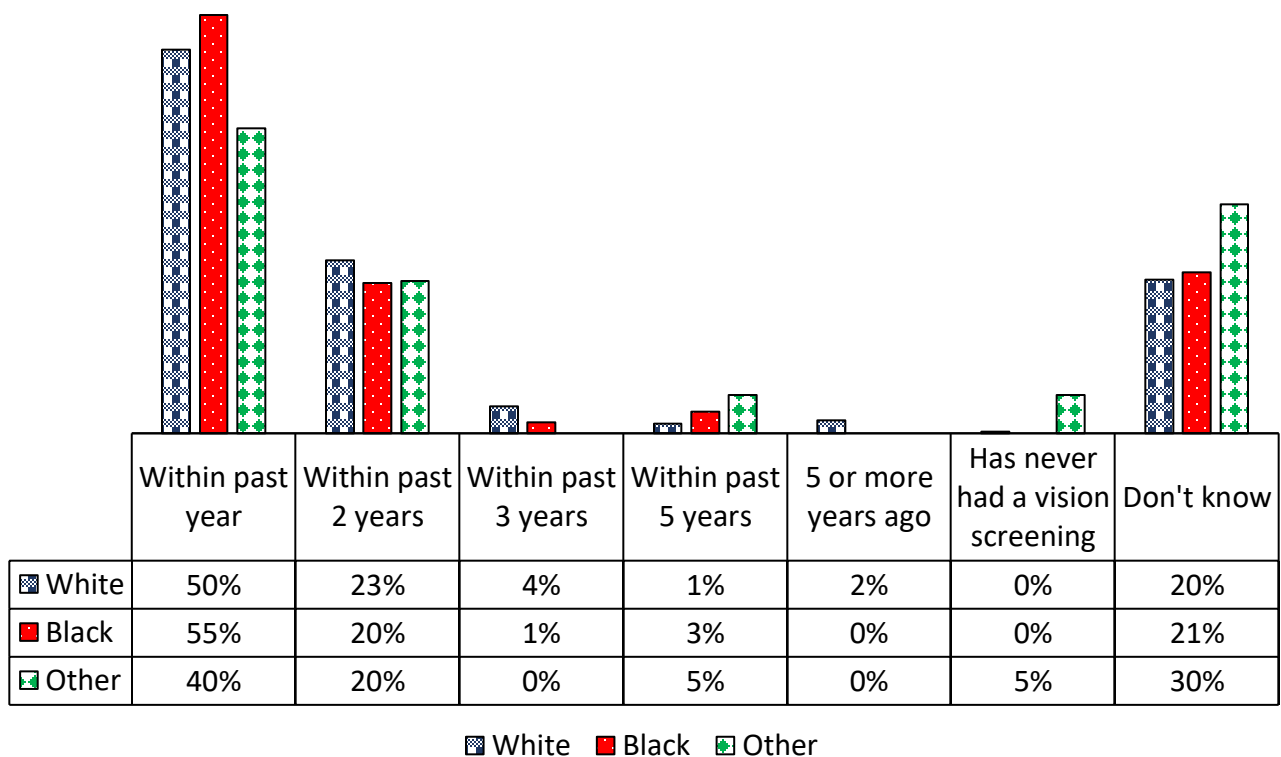
Source: NCI PA In-Person Survey FY20-21

Percent of Individuals who had a Dental Exam in the Past Year, by Race (PM 3)



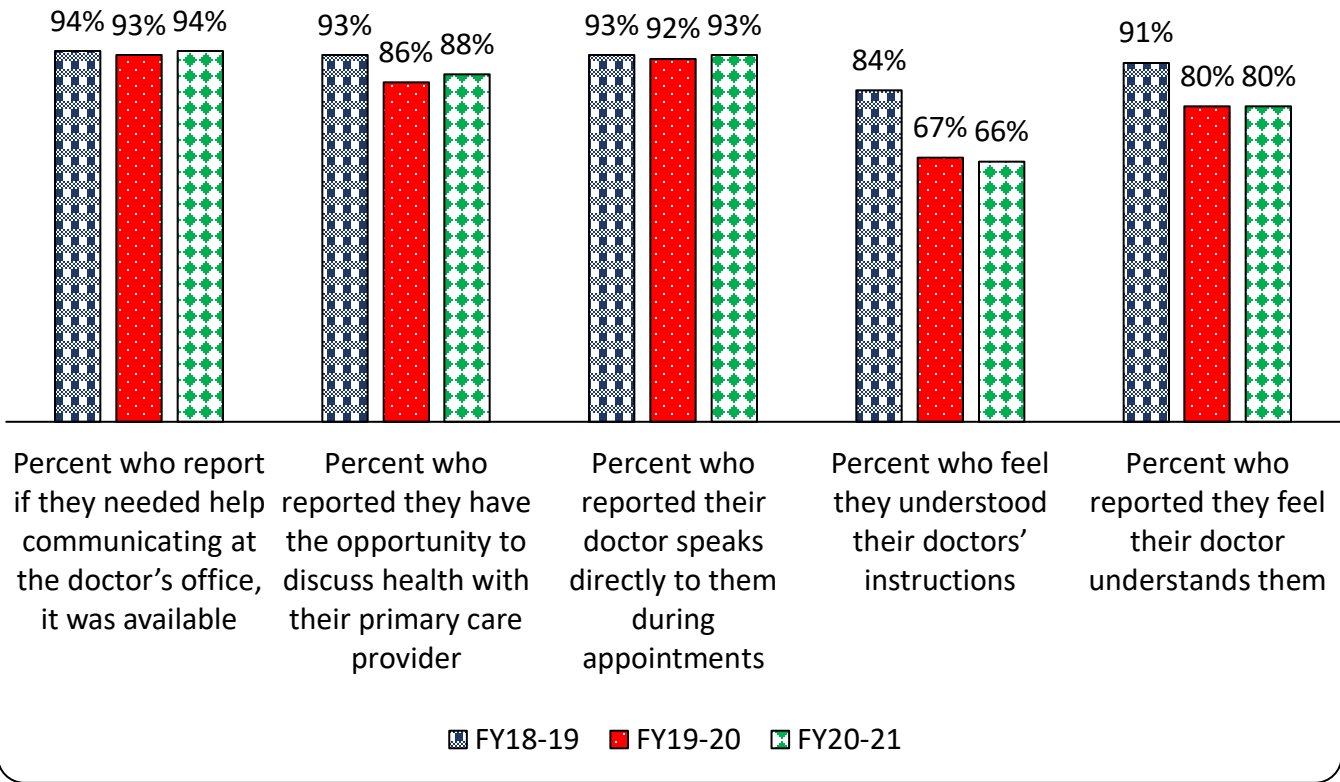
Source: NCI PA In-Person Survey FY20-21

Percent of Individuals who had an Eye Exam in the Past Year, by Race (PM 3)



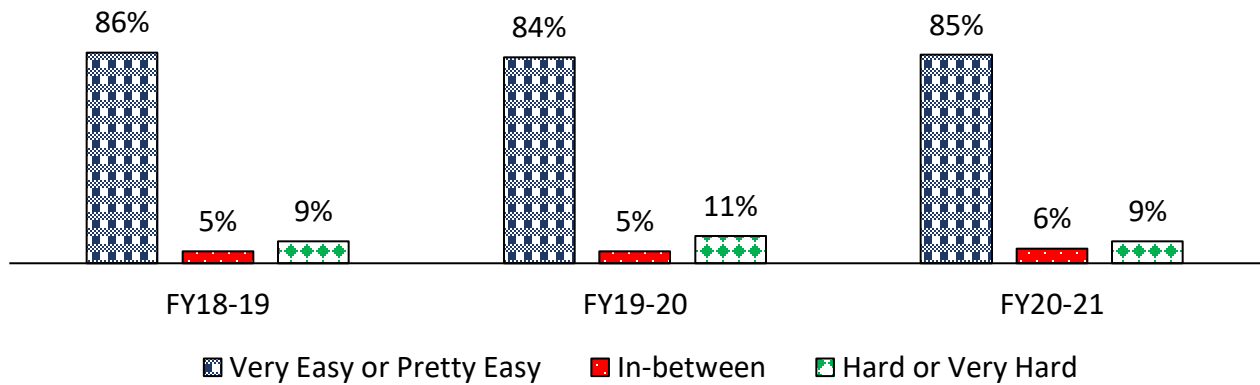
Source: NCI PA In-Person Survey FY20-21

Percent of Individuals who Report that Communication in Their Doctor's Office is Effective (PM 4)



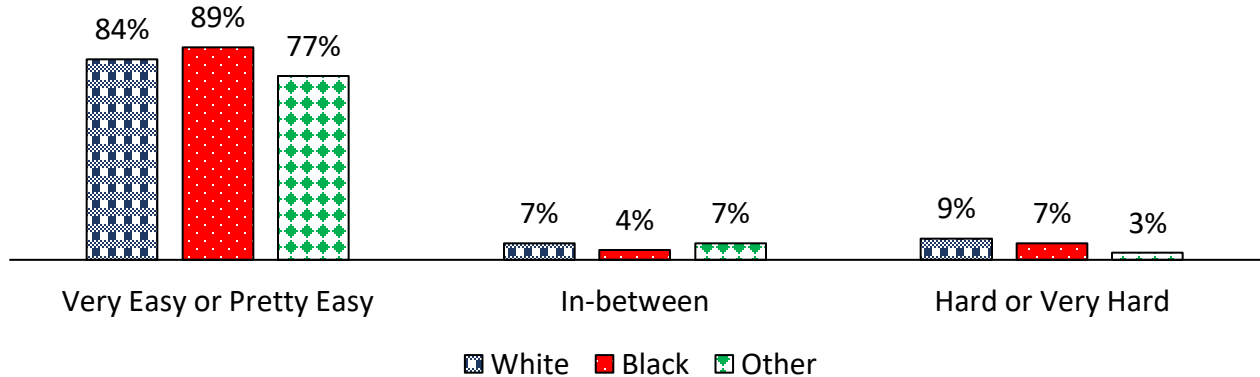
Source: NCI PA In-Person Survey

Percent of Individuals who Reported it was Very Easy or Pretty Easy, In-between, or Hard or Very Hard to Access Dental Services (PM 5)



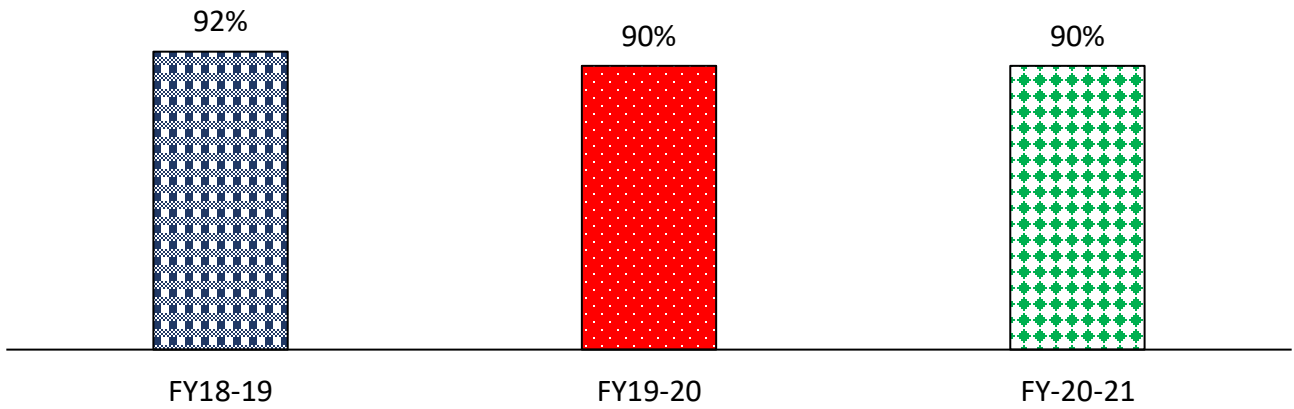
Source: IM4Q

Percent of Individuals who Reported it was Very Easy or Pretty Easy, In-between, or Hard or Very Hard to Access Dental Services, by Race (PM 5)



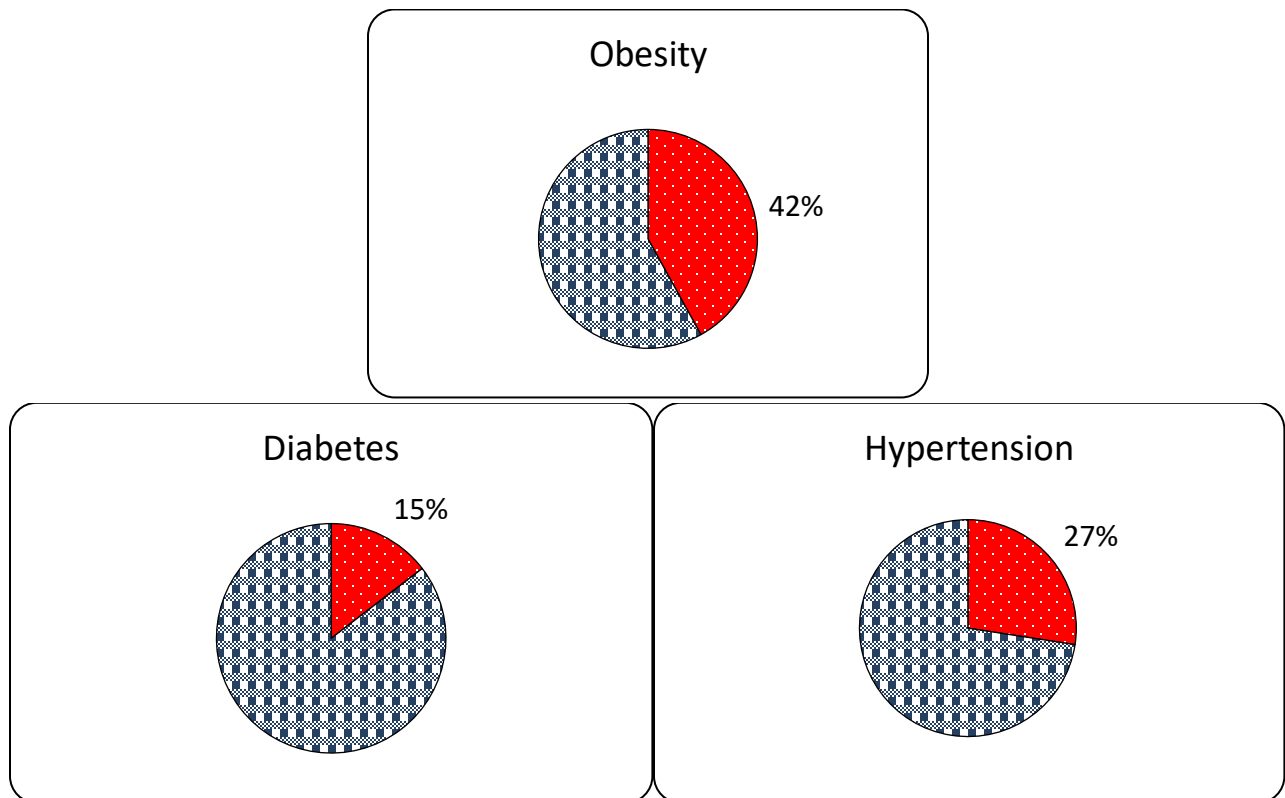
Source: IM4Q FY20-21

Percent who Reported They Have not been Prevented from Receiving Medical and Dental Services because of Their Disabilities (PM 6)



Source: IM4Q

Percent of Individuals in Residential Services with Diabetes, Hypertension and/or Obesity (PM 7)

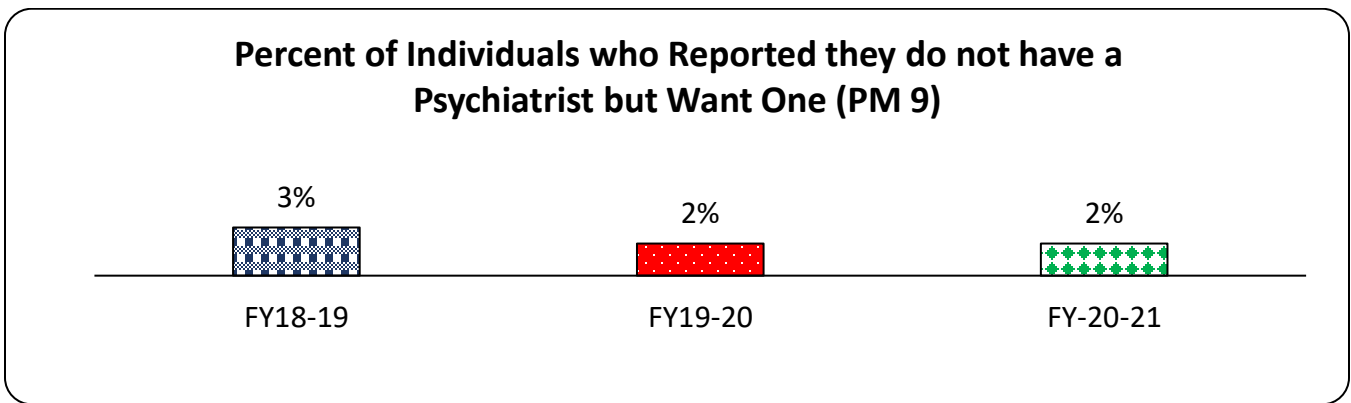


Source: HRST December 2022

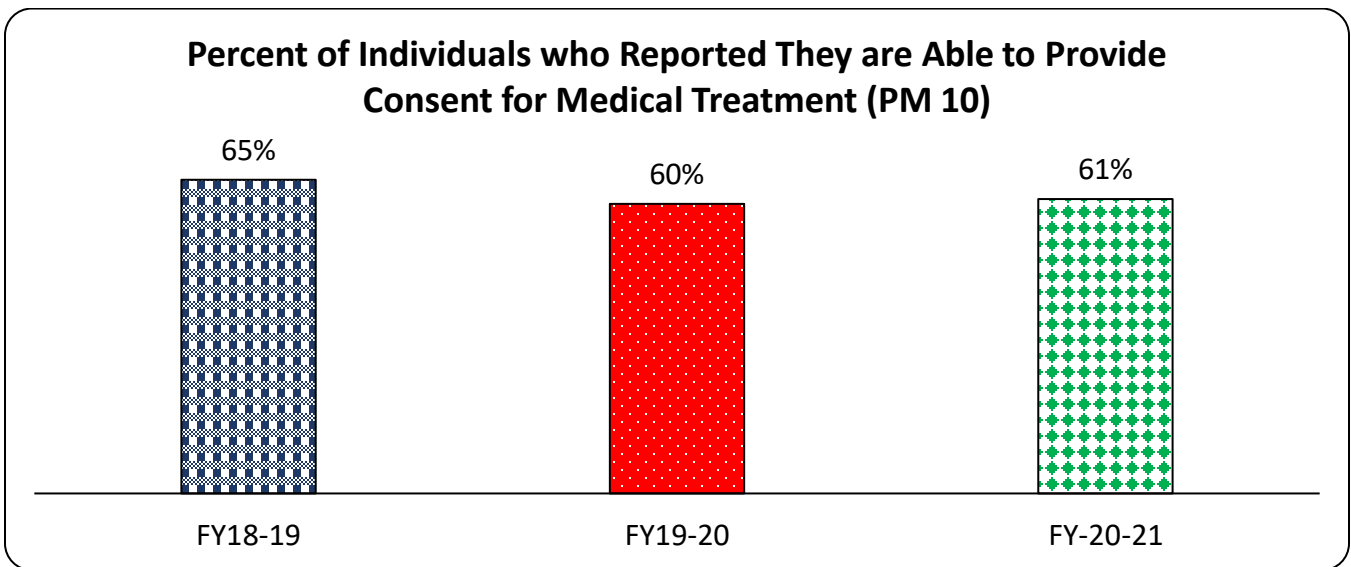
Number of Individuals Identified to have a Pressure Injury, Overall and by Race (PM 8)	FY 19-20	FY 20-21	FY 21-22
Black Or African American	23	16	17
White	193	193	251
Other	<11	<11	11
Multi-Race	<11	<11	0
No To All Options	<11	<11	0
Total Number of Individuals	224	218	279

Source: HCSIS and Medicaid claims as of 11/11/2022

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.

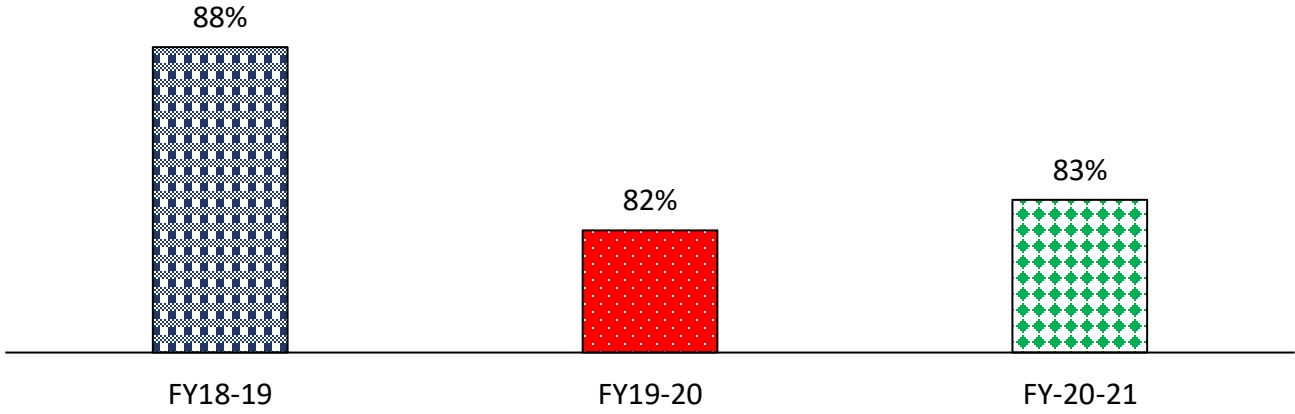


Source: IM4Q



Source: IM4Q

Of Those Able to Provide Consent for Medical Treatment, Percent who Said Their Doctor Accepts Their Consent (PM 11)



Source: IM4Q



Recommendation 6: Support People with Complex Needs

People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespan. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.

ACCOMPLISHMENT HIGHLIGHTS *for #6*

- ✓ **Trauma Recovery for Autistic, Intellectually Disabled, and Neurodiverse Individuals (TRAIN) is currently working with its 3rd statewide group of licensed professionals**
- ✓ **Project Reassure – skill building materials available to all stakeholders November 2022**
- ✓ **Systemic, Therapeutic, Assessment, Resources and Treatment (START) Model – provider contract awarded and will be taking referrals in beginning of 2023**

ACCOMPLISHMENTS IN DETAIL *for #6*

TRAIN–

- ❖ This pilot project was launched in 2021 to address the fact that there are few providers across PA equipped to offer support through both the trauma and neurodiversity lenses.
 - ✓ Developed by psychologists with diverse backgrounds in both trauma and ID/A populations, and under the leadership of Central Region ASERT director, Dr. Michael Murray, the program is comprised of live webinars and self-paced learning activities which take place over a span of 12 weeks.
 - ✓ To provide a fully robust learning experience, TRAIN offers access to discussion boards and live supervision for additional communication with and between learners.
 - ✓ TRAIN is currently working with its third statewide group of licensed professionals.

Dual Diagnosis Conference –

- ❖ The 2022 Dual Diagnosis Conference was once again held during the course of the Everyday Lives Conference. The conference was conducted as a collaboration between ODP and the Office of Mental Health and Substance Abuse Services (OMHSAS) and offered keynote speakers, breakout sessions, and networking opportunities for participants. Planning for the 2023 Dual Diagnosis conference is currently underway.

Capacity Building Institute (CBI) –

- ❖ CBI continues to focus on promoting best and promising practices for increased capacity to support individuals with complex needs in the community setting.
- ❖ More than 200 professionals expressed interest in participating in CBI’s sixth class, resulting in the largest class to date. The course will run through early 2023.
- ❖ CBI has been adapted for use on a national level by the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

Dual Diagnosis Curriculum –

- ❖ ODP continues to utilize this curriculum and all new providers are required to complete it. The curriculum contains 40 hours of material in 20 modules and is available on the [MyODP website](#). Participants earn a course certificate after completing all modules.

Project Reassure –

- ❖ This project provides trauma education and resiliency-building resources aimed at neurodiverse communities.
- ❖ A key aspect is that all stakeholder groups, including community members, have access to the same information and skill building materials and are formatted to best meet stakeholders’ learning styles/preferences, based on feedback received from stakeholder collaborators.
- ❖ Formats include video animations, narrated slide decks, infographics, social stories, 1-page summaries, and printable job aids. All course modules are self-paced, meaning the individual can go as quickly or slowly as they like.
- ❖ Contains an Expanding Community Health Options (ECHO) component, a nationally used model of capacity building that uses a video conferencing platform. The focus is “Fostering Resilience for Neurodiverse Communities.” This 7-week intervention covers topics such as trauma and trauma expressions, anxiety and intolerance of uncertainty, resilience skills, crisis risk reduction and safety considerations, adapting skills for those with brain differences, and fostering community re-engagement.

START Model Pilots –

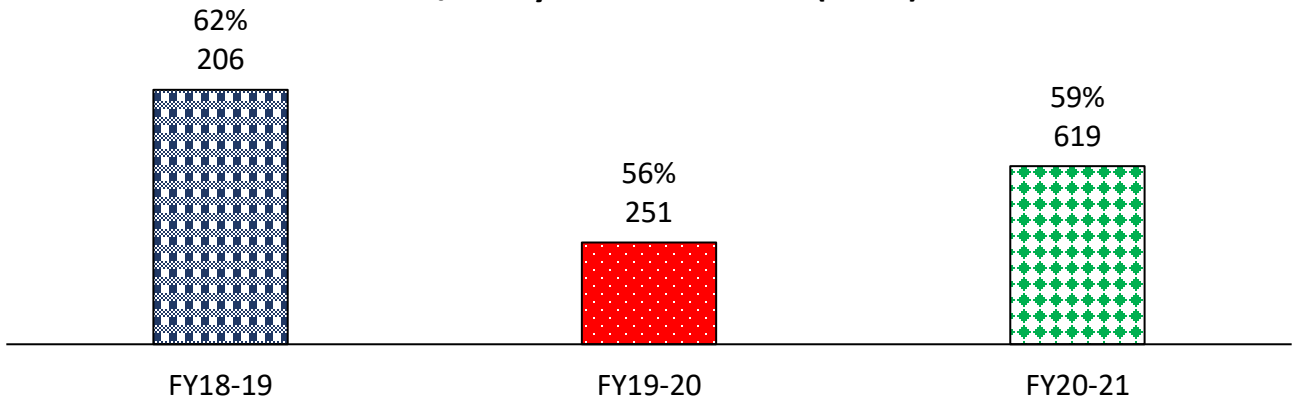
- ❖ START is a comprehensive, evidence-informed model of service supports that optimizes independence, treatment, and community living and utilizes a national database. By design, it builds upon existing resources and services. Developed in 1988, START provides community-based crisis intervention for individuals, ages 6 and older, with IDD and behavioral health needs. It was cited as a model program in the 2002 U.S. Surgeon General’s Report on mental health disparities for persons with IDD.
 - ✓ A 3-year START model pilot program was implemented in 2021 in Allegheny County. Allegheny County, along with other stakeholders, worked on the following activities in 2022:
 - Development of planning and feedback structures (Committees and Work Groups).

- Completion of a system gap analysis.
 - Identification of critical support linkages (e.g., crisis services, law enforcement, residential and community IDD and behavioral health providers).
 - Planning with the National Center for START Services (NCSS) at the University of New Hampshire.
- ✓ Allegheny issued a Request for Proposal (RFP) and awarded the contract to a provider. Allegheny DHS, NCSS, ODP and OMHSAS, and the START entity have begun implementation activities. The goal is for the START provider to begin taking referrals in January/February 2023.
 - ✓ ODP secured additional funding through Money Follows the Person to support a second START pilot in Philadelphia in 2023.

PERFORMANCE MEASURES *for #6*

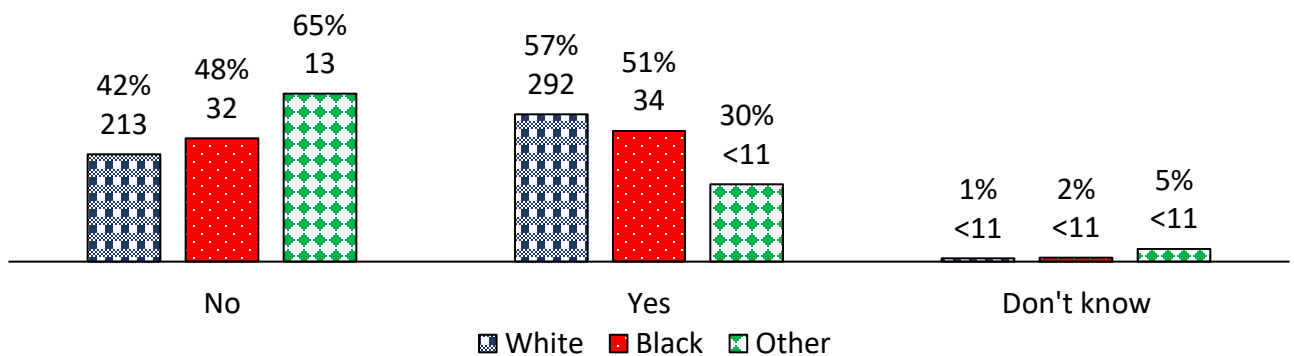
1. Number and percent of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders, overall and by race. (*NCI PA In-Person Survey*)
2. Number of individuals in residential service who require treatments which are considered inherently *high risk. (*HRST, Item Q*)
3. Number of children with medical complexities registered with ODP. (*HCSIS & PROMISe*)
4. Percentage of ODP registered children with medical complexities living in family settings. (*HCSIS*)
5. Number of providers qualified to provide behavior support services. (*HCSIS & PROMISe*)
6. If the individual has complex needs, the percent for whom the SC ensures there is a plan in place and implemented to address those needs. (*QA&I*)
7. If the individual has complex needs, the percent for whom SC addresses issues identified, via monitoring, related to support for the person. (*QA&I*)

Number and Percent of Individuals who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders (PM 1)



Source: NCI PA In-Person Survey

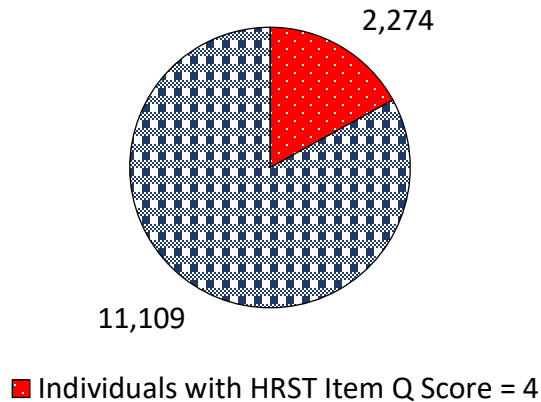
Number and Percent of People who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders, by Race (PM 1)



Source: NCI PA In-Person Survey FY20-21

Note: Data greater than zero and less than 11 is not shown in the graph for privacy purposes.

Number of Individuals in Residential Service who Require Treatments Considered Inherently High Risk (PM 2)



Source: HRST as of 12/7/2022

NOTE: High risk treatments are defined through HRST as including: 1) Tracheotomy that requires suction; 2) Ventilator dependent; 3) Nebulizer treatments one or more times daily; 4) Deep suction; 5) Requires complex medication calculations for insulin given via insulin pump or injection; 6) Has an unstable condition that requires ongoing (usually daily or more frequent) assessment and treatment by a licensed health care professional; 7) 1:1 staffing for behavioral issues: Requires 1:1 staffing 16 or more hours EACH day due to behavioral issues.

Number of Children with Medical Complexities (CMC) Registered with ODP (PM 3)		
Snapshot Date	Children < Age 21	Children < Age 21 with Medical Complexities*
6/30/21	9,712	18
6/30/22	9,350	31

Source: HCSIS

Note: *Represents children that meet new level eligibility criteria for CMC or those enrolled under CMC reserved capacity. Not representative of all children who meet CMC criteria and receive services.

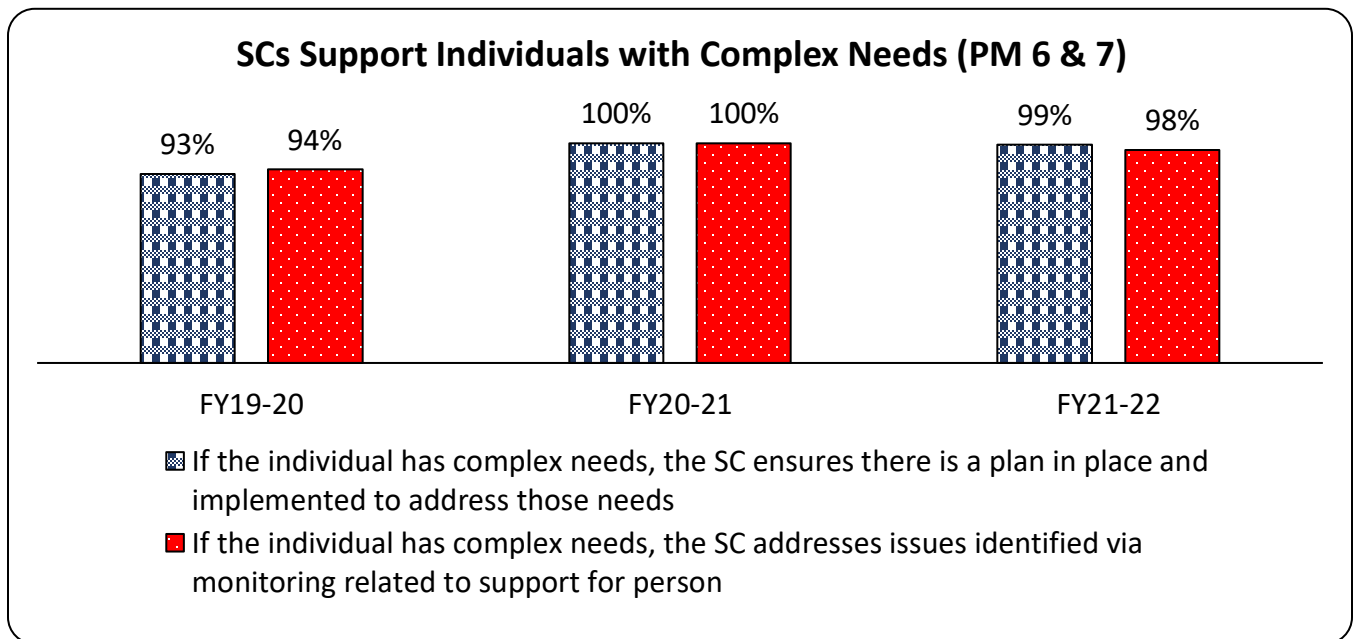
Percentage of ODP Registered Children with Medical Complexities (CMC)* Living in Family Settings (PM 4)				
Living Arrangement	As of 6/30/21	% of Total	As of 6/30/22	% of Total
Children's Residence	0	0%	<11	3.2%
Community Home 2 to 4 persons	0	0%	<11	3.2%
Other	0	0%	<11	3.2%
Relative's Home	18	100%	28	90.3%
Total	18	100%	31	100%

Source: EDW HCSIS Consumer Demographics Facts. Data Extraction Date: 11/14/2022

Note: *Represents children that meet new level eligibility criteria for CMC or those enrolled under CMC reserved capacity. Not representative of all children who meet CMC criteria and receive services. Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Number of Providers Qualified to Provide Behavior Support Services (PM 5)	
Total providers enrolled for IDA waivers only	260
Total providers enrolled for AAW only	19
Total shared providers enrolled for AAW and IDA waivers	72
Total enrolled BSS providers across all ODP waivers	351

Source: HCSIS as of 12/9/2022



Source: QA&I

Note: PM 6 measures whether there is a plan in place and PM 7 measures SC monitoring of implementation of the plan.



Recommendation 7: Develop and Support Qualified Staff

People with disabilities receiving services benefit when staff who support them are well trained. Values, ethics, and person-centered decision-making can be learned and used in daily practice through mentorship and training. Providing professional training that strengthens relationships and partnerships between individuals, families, and Direct Support Professionals (DSPs) will improve the quality of support.

ACCOMPLISHMENT HIGHLIGHTS *for #7*

- ✓ College of Direct Support (CDS) had a total of 84,260 users in FY 21-22
- ✓ College of Employment Services (CES) had a 173% increase in total users in FY 21-22
- ✓ Investment in staff credentialing – accreditation application to National Alliance for Direct Support Professionals (NADSP) for courses offered through MyODP to be included as part of E-Badge process for professional development of DSPs

ACCOMPLISHMENTS IN DETAIL *for #7*

CDS Courses –

- ❖ Many CDS courses meet the Centers for Medicare and Medicaid Services (CMS) set of Core Competencies. While there was a decrease of 856 users in FY 21-22, compared to FY 20-21, total enrollment in the CDS remains high at 84,260 learners. The top 5 topics studied included:
 - ✓ Fire Emergency Response
 - ✓ Fire Prevention
 - ✓ Individualized Fire Safety Plans and Skills
 - ✓ Fire Emergency Plans and Evacuation
 - ✓ Hand Washing Procedures

CES Courses –

- ❖ There were 3,411 new learners added to the total CES enrollment of 5,388 in FY 21-22. This was a 173% increase over FY 20-21, which emphasized the importance of expanding employment opportunities and is aligned with the Governor’s commitment to transforming PA to an Employment First state. The top 5 topics reviewed in FY 21-22 were as follows:
 - ✓ Assisting with Barriers to Career Development
 - ✓ Earnings, Benefits, and Career Choice
 - ✓ Using Conventional Approaches for Career Planning
 - ✓ Tools and Assessment Strategies for Career Discovery
 - ✓ Proactive Planning: Staying on Track with Work Incentives

MyODP Updates–

- ❖ MyODP was significantly updated during 2022.
 - ✓ A new homepage includes applications that make overall navigation much easier and more user-friendly.
 - ✓ The most active topical areas included: Incident Management/Risk Management, Medication Administration, Community Participation Support, SPeCTRUM 2.0, 6100 Orientation, and Act 62 Behavior Specialist License.
 - ✓ The total registered users for MyODP reached 150,065 as of June 29, 2022, with 563 training and resource offerings.

MyODP Training –

- ❖ Once a training is completed on MyODP, a certificate of completion is awarded to the trainee. During FY 21-22, a total of 197,742 unique certificates were issued. (Note that a user may obtain multiple certifications.)
 - ✓ MyODP roles awarded certificates included Administrative Entity staff (4,524); SCs (17,780), Direct Support Professionals (117,836), and Health Care Quality Unit staff (898).
 - ✓ Additional learners utilizing the MyODP learning management system include Support Brokers, SC Supervisors, Provider Fiscal Staff, Adult Community Autism Program (ACAP), and Behavior Specialist License Applicants.
 - ✓ ODP has completed phase 1 of the NADSP credentialing process. Once complete, DSPs will receive credit towards E-badge Academy certification for all completed ODP orientation and annual training courses.

ODP Training Webinars –

- ❖ Throughout FY 21-22, ODP utilized the GoToWebinar virtual platform to deliver 134 training and outreach webinars to staff who support individuals in the ODP service system.
- ❖ ODP-facilitated sessions accounted for 100 of the total webinars (14,330 attendees), while the Columbus Organization facilitated 34 sessions (2,492 attendees). A total of 16,822 attendees received training via these webinars.

Everyday Lives (EDL) Conference –

- ❖ The EDL Virtual Conference, held May 17 through June 16, 2022, hosted 59 speakers and 1,090 unique attendees over the entire conference. The conference was held in a daily session style that covered unique topics per session and featured topical areas that reflect ODP initiatives including Racial Equity, Supporting Families, Technology Innovation, Dual Diagnosis, and Employment.

Pennsylvania Autism Training Conference (PATC) –

- ❖ The 15th annual PATC Conference was held virtually with 528 registrants and 10 sessions that included: Developing Therapeutic Skills to Address Unmet Behavioral Health Needs of Autistic Individuals, Meaningful Engaging and Communicating: Individuals Share their Lived Experience, Skills for Healthy Online Activity, Real World Application of Positive Behavior Supports, and implementation of the Periodic Risk Evaluation (PRE).

American Rescue Plan Act (ARPA) Initiative –

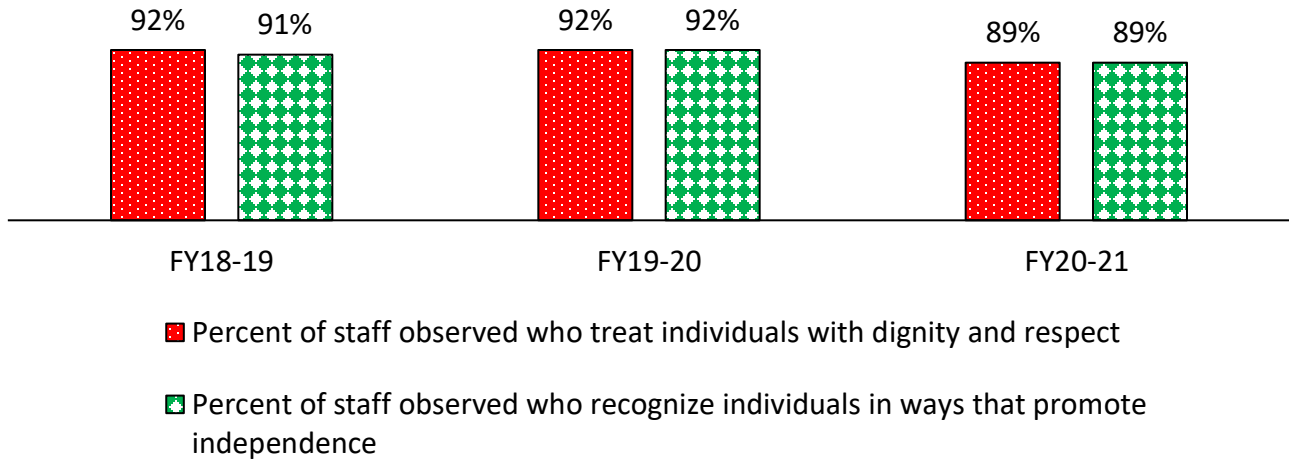
- ❖ ODP approved 275 training credentialing applications through the ARPA initiative as of November 2022.

PERFORMANCE MEASURES for #7

1. Percent of staff observed who treat individuals with dignity and respect. *(IM4Q)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(IM4Q)*
3. Percent of respondents who said staff in their relative’s home and place of work always treat people with dignity and respect. *(IM4Q)*
4. Percent of staff observed supporting individuals at home and/or work who appeared to have the skills they needed to support the person. *(IM4Q)*
5. Percent of respondents* who said staff appear to have the skills they need to support their relative at home and at their place of work. *(IM4Q)*
6. Percentage of staff that are trained in the individual’s communication profile or formal communication system. *(QA&I) – Data for this new performance measure in 2022 will not be available until the end of QA&I Cycle 2 Year 1 in 2023.*
7. Percentage of agencies that are using tiered DSP credentialing/training. *(Annual provider survey) – Data for this new performance measure in 2022 will not be available until a survey is developed and deployed in 2023.*

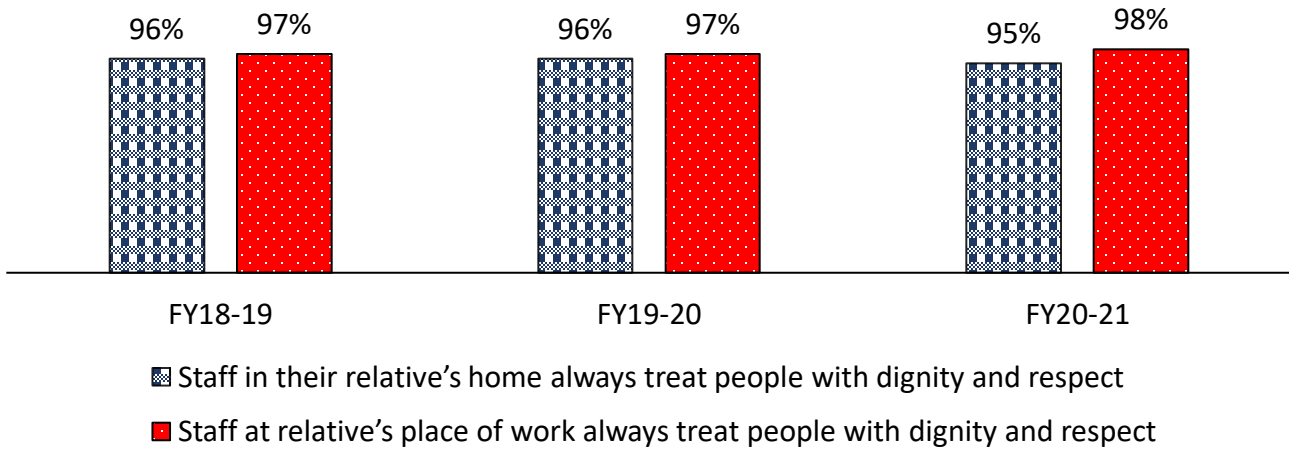
**Respondents are IM4Q team members who answered questions on staff support for the individual, after spending time with the individual and their staff.*

Support Staff Treat Individuals with Dignity and Respect and Promote Independence (PM 1 & 2)



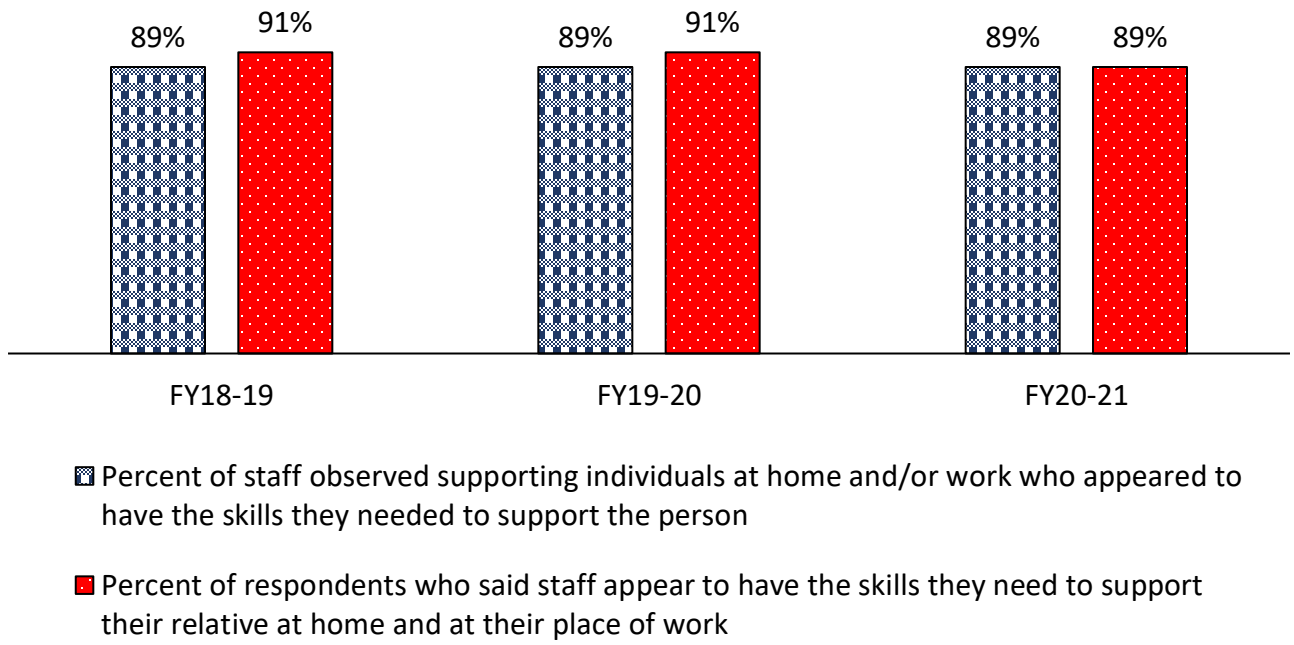
Source: IM4Q

Support Staff Treat Individuals with Dignity and Respect (PM 3)



Source: IM4Q

Support Staff have the Skills they Need (PM 4 & 5)



Source: IM4Q



Recommendation 8: Simplify the System

The system of supports and funding of those supports must be as straightforward and uncomplicated as possible. This will allow for greater understanding and use of the system by everyone — most importantly the individual needing and receiving supports.

ACCOMPLISHMENT HIGHLIGHTS *for #8*

- ✓ **System Integrator was selected for HCSIS replacement activities, the contract is being negotiated, and the anticipated contract start date is March 2023**
- ✓ **SC Strategic Thinking Group (STG) advisement for revisions to Supports Coordination (SC) Orientation**

ACCOMPLISHMENTS IN DETAIL *for #8*

HCSIS Replacement Activities –

- ❖ The Department of Human Services (DHS) continued the planning process to procure a new Enterprise Case Management (ECM) system that will replace the current Home and Community Services Information System (HCSIS).
 - ✓ ECM business requirement activities are anticipated to begin in FY 22-23.
 - ✓ The System Integrator Request for Proposal was released in Fall 2021 and Accenture was the selected system integrator vendor. As of November 2022, negotiations with the Accenture are in process.
 - ✓ DHS is targeting a March 2023 start date for Accenture.
 - ✓ Detailed data sharing scenarios are being prepared for discussions with DHS Legal.
 - ✓ A new ECM webpage went live December 2021.
 - ✓ A design team has been convened to develop the framework and content of the new Individual Support Plan (ISP) in ECM.

Medicaid Management Information System (MMIS) Modernization Platform Project –

- ❖ The current plan for the Medicaid Management Information System (MMIS) replacement for PROMISe remains on hold.

Resource and Referral Tool –

- ❖ DHS continued planning for procurement of a single online resource and referral tool to assist people in finding and connecting with community resources related to housing, employment, and basic and financial needs. This tool will allow for screening of social needs and connection to local community-based organizations to address these needs. DHS is working with PA-

Certified Health Information Organizations (HIOs) to improve health outcomes of HCBS participants and other Pennsylvanians.

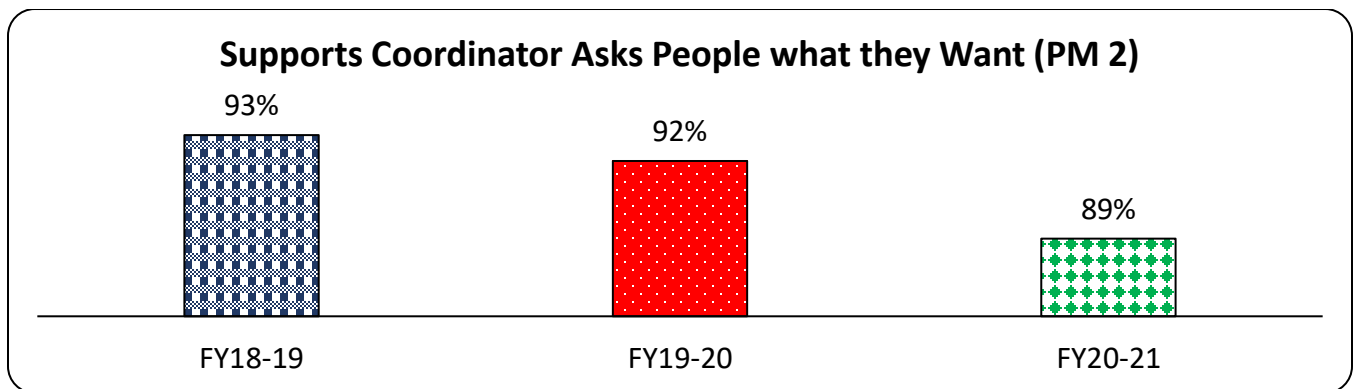
- ✓ In March 2022, Request for Application (RFA) 03-22 was issued with responses due in May.
- ✓ In July 2022, the RFA solicitation period had closed, and responses began to be reviewed by the HIOs, who will collaborate with DHS to choose the system to use.

Supports Coordination (SC) Strategic Thinking Group (STG) –

- ❖ ODP is updating SC orientation to be more streamlined for efficiency, meet all regulatory requirements and to focus on strengthening the purpose and importance of the SC role in helping individuals live an everyday life. The SC STG reviewed the SC orientation curriculum and provided recommendations for improvement that will be incorporated into the final curriculum.

PERFORMANCE MEASURES for #8

1. Evaluate the redesign of ISP process and format for: reduction in time that SC spends on administrative tasks, reduction in the number of pages in the ISP, and increase time spent with individuals, self-advocates, and families in person-centered planning.
2. Percent of respondents who report their supports coordinator asks them what they want. (*NCI PA In-Person Survey*)



Source: *NCI PA In-Person Survey*



Recommendation 9: Improve Quality

Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #9*

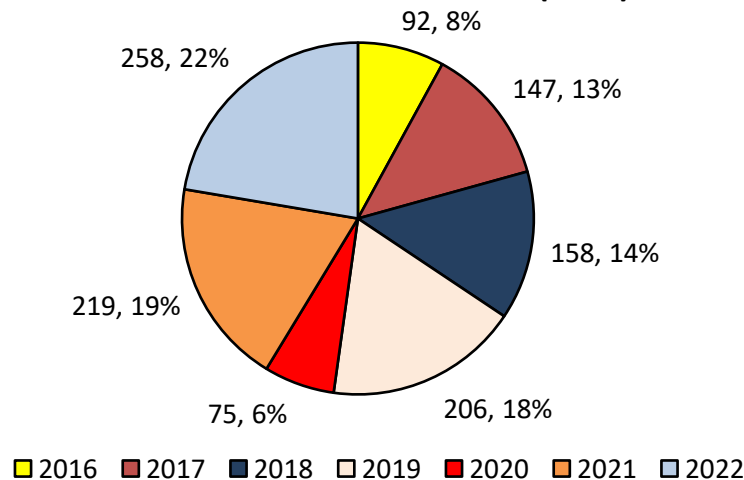
- ✓ ODP QM Certified Staff increased to 1,155 as of December 2022
- ✓ ISAC Performance Measure (PM) Improvement Project completed
- ✓ QA&I Interim Year 2 completed, and the Annual Report distributed in October 2022

ACCOMPLISHMENTS IN DETAIL *for #9*

Quality Management (QM) Certification –

- ❖ In 2022, 258 additional ODP staff and stakeholders became ODP QM certified. Since 2016, the total number of people who have become certified is 1,155. The pie chart below displays the total number of people certified since the program began, broken into yearly “slices.” The percentages displayed represent the portion of the total number certified through December 2022. A continuous increase in total numbers each year is notable, except for 2020, when the COVID-19 pandemic impacted the ability to meet in person and ODP’s QM Division was working to transition the class to a virtual Zoom platform.

Number and Percentage of ODP Staff and Stakeholders who are ODP QM Certified (PM1)



Source: ODP QM Certified Tracking Spreadsheet

The breakdown of the total number of people ODP QM Certified, by where the people work(ed) at the time of certification is as follows:

Number of People ODP QM Certified by Entity Type (PM1)				
AE	SCO	Provider	ODP/HCQU	Total
163	130	753	109	1,155

Source: ODP QM Certified Tracking Spreadsheet as of 12/2022

- ❖ Pre-requisite training modules and a [QM Certification Handbook](#) remain available to everyone in the ODP system on MyODP. This includes those who may not want to formally pursue certification but are just interested in learning about components of QM. These resources were developed with the goal of improving the ability to learn and retain concepts and emphasize QM planning focused on person-centered outcomes, as well as collecting and analyzing meaningful data. During class, participants practice using their QM skills with a quality improvement (QI) team and are encouraged to develop goals and target objectives in QM plans that directly impact individuals’ lives (e.g., increase competitive integrated employment (CIE) opportunities, reduce medication errors, etc.). ODP conducted 12, 2-day virtual classes in 2022.

Develop, Implement, and Maintain Quality Assessment and Improvement (QA&I) process –

- ❖ As a result of COVID-19 pandemic challenges, a QA&I Interim review process that aligned across all ODP waivers was developed and implemented for FY20-21 and referred to as Interim Year 1 (IY1). As a result of continuing pandemic challenges, ODP implemented the QA&I interim review process for a second year (IY2) for FY21-22. IY2 was successfully completed, and an [IY2 Annual Statewide Report](#) was developed and published in October 2022. The report continues to be organized intentionally to call attention to specific areas that AEs, SCOs and providers need to focus on for quality improvement (QI) activities. QA&I Cycle 2, Year 1 (C2Y1) began in August 2022, and this marked a return to the full QA&I process that existed prior to the pandemic.
- ❖ In 2022, ODP continued to receive technical assistance from the National Association of State Directors of Developmental Disabilities (NASDDDS) to shift the QA&I process towards measuring more person-centered outcomes (those that have more direct impacts on people’s everyday lives), and not just compliance. This work included significant revisions to some of the QA&I tools that are used to monitor how AEs, SCOs, and providers are doing with requirements and ODP expectations. Revisions to these tools included development of variation responses for 2 questions used to inform ISAC performance measures related to QM plans under this recommendation. Variation responses are more than a “Yes/No” option and help focus entities on what to improve if they are found noncompliant. Additionally, if an entity is found to be minimally compliant (meet basic requirements) but is not meeting best practice standards that improve the likelihood of success, then responses help them identify what they need to improve to increase the likelihood of success.

Additional QM Activities in 2022 –

- ❖ ODP continued to convene bimonthly (every other month) virtual ISAC meetings throughout 2022.
- ❖ ODP distributed the following reports (PM2) over the last year, for use in quality improvement (QI) activities:
 - ✓ 5th ISAC Annual Report in February 2022 (this current report is the 6th)
 - ✓ ODP Annual Data Report
 - ✓ Independent Monitoring for Quality (IM4Q) Annual Reports including:
 - [IM4Q Statewide data report](#) - Significant revisions to the format of the statewide report were implemented in 2022 as a result of extensive collaboration between ODP, the Institute on Disabilities (at Temple) and other stakeholders in efforts to make the report more reader-friendly and useable for all stakeholders, particularly for QI activities.
 - [User-friendly report \(1\)](#)
 - [User-friendly report \(2\)](#)
 - [“Storybook” report](#) – new in 2022 and highlights how IM4Q positively impacted the lives of individuals through the “considerations” process. Considerations are suggestions for changes or improvement indicated by individuals, their family and/or staff, or the IM4Q monitoring team, during the interview process.
- ❖ ISAC Performance Measure (PM) Improvement Project (PM3) - Based on feedback from the ISAC during review of the last ISAC Annual Report and the collaborative work with NASDDDS on the QA&I tools, where there are questions that measure ISAC performance measures (PMs), ODP embarked on an ISAC PM improvement project in 2022. In collaboration with statewide recommendation leads and ODP leadership, ISAC PMs were added, a racial equity lens was added to many PMs across recommendations, some PMs were revised to provide consistency with data sources (such as IM4Q) and/or clarity to reviewers, and some PMs were removed altogether, as it was determined that they were not effectively measuring what was meaningful or intended. All PM revisions were recorded on a Record of Change document and reviewed with, and approved by ISAC, in meetings held in June and August 2022.
- ❖ In June 2022, ODP’s QM Division, in collaboration with ODP’s Regional QM Leads, released the “QM Spotlight,” the first in a series of quarterly publications intended to provide guidance and helpful hints for applying QM principles and best practices. AEs, QA&I reviewers, and anyone who reviews QM plans (including their own) can reference this information as they evaluate QM plans. This initiative is part of ODP’s continued effort to build system capacity in effective QM.

PERFORMANCE MEASURES *for #9*

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status.
2. ODP develops and distributes annual reports, including the ISAC Annual Report, ODP's Annual Data Report, the Annual QA&I Aggregate Report of Self-Assessment and the Annual QA&I Statewide Report.
3. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.
4. Number and percent of AEs, SCOs and Providers that use person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan. (QA&I) – *Data for this new performance measure in 2022 will not be available until the end of QA&I Cycle 2 Year 1 in 2023.*
5. Number and percent of AEs, SCOS, and Providers who use data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives. (QA&I) – *Data for this new performance measure in 2022 will not be available until the end of QA&I Cycle 2 Year 1 in 2023.*



Recommendation 10: Expand Options for Community Living

Expand the range of housing options in the community so all people can live where and with whom they want to live. Listening to people with disabilities and their families, providers, and Support Coordinators will help people locate affordable and accessible housing, find house mates, and identify housing resources/supports and other government benefits that, when blended with natural supports, will promote an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #10*

- ✓ **Housing Transition and Tenancy Services increased to 213 individuals**
- ✓ **Lifesharing services increased to 108 individuals**
- ✓ **Supported Living increased to 120 qualified providers**

ACCOMPLISHMENTS IN DETAIL *for #10*

Housing Transition and Tenancy Services –

- ❖ The number of individuals receiving Housing Transition and Tenancy Services has increased from 162 in FY 20-21 to 213 in FY 21-22, a 31% increase.
- ❖ The number of qualified Housing Transition and Tenancy Providers (HTTP) increased from 10 in FY 20-21 to 17 in FY 21-22, a 70% increase.

Lifesharing Services –

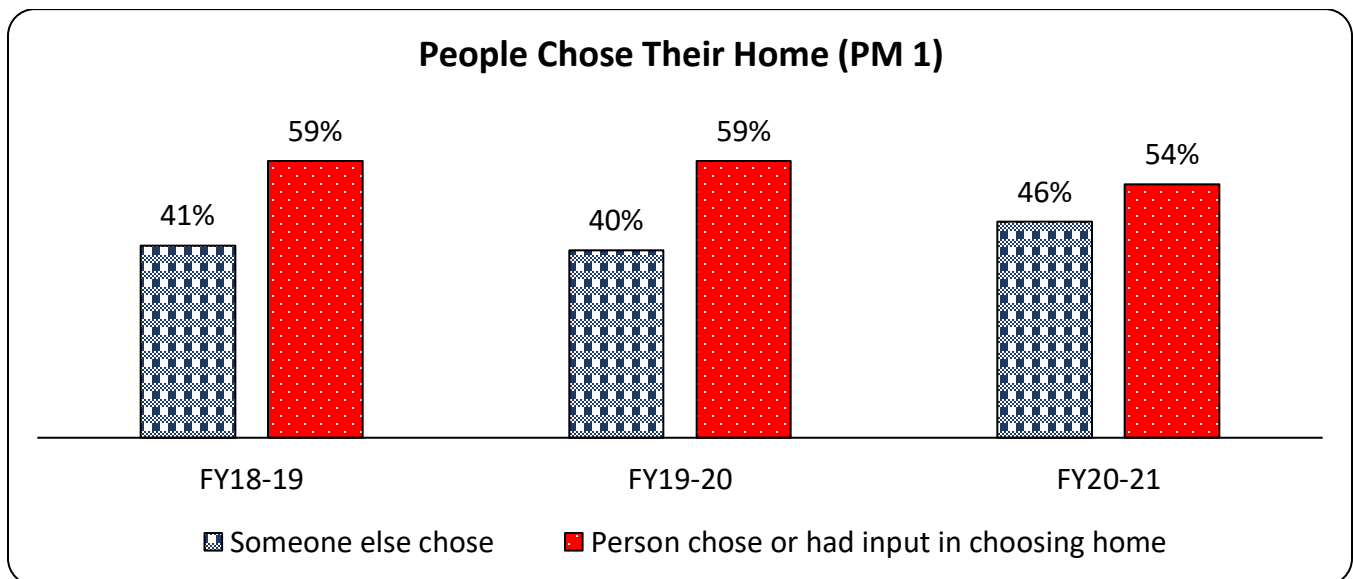
- ❖ The number of individuals receiving Lifesharing supports, provided by a relative, increased from 76 individuals in FY 20-21 to 108 in FY 21-22, a 42% increase.
- ❖ In 2022, ODP had 3 individuals move from a group home to a Lifesharing setting through the Transition to Independent Living initiative.

Supported Living –

- ❖ The number of individuals receiving Supported Living services increased from 110 in FY 20-21 to 142 in FY21-22, a 29% increase.
- ❖ The number of qualified providers increased from 117 in FY 20-21 to 120 in FY 21-22.

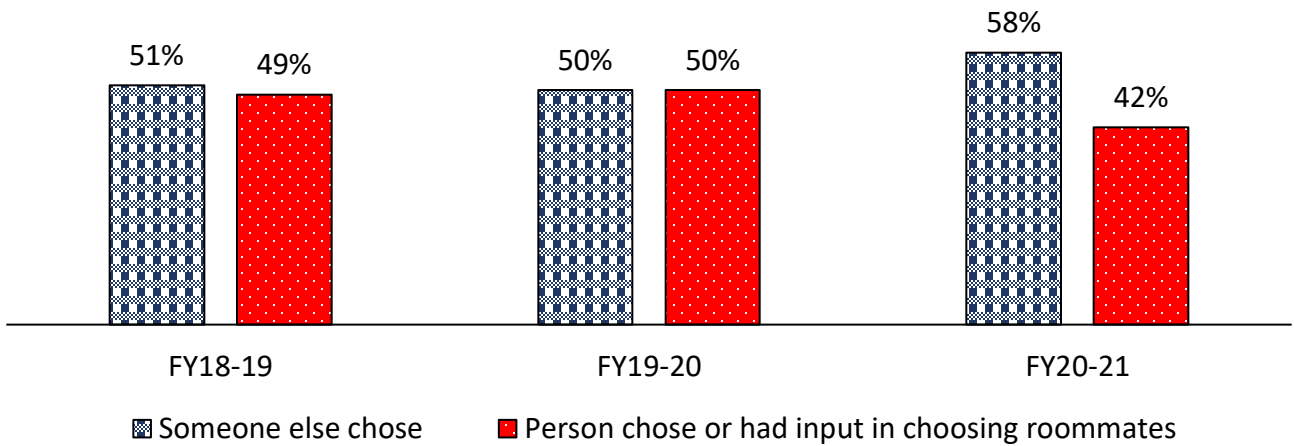
PERFORMANCE MEASURES for #10

1. Percent of people who choose their home. (*NCI PA In-Person Survey*)
2. Percent of people who choose their roommate. (*NCI PA In-Person Survey*)
3. Percent of people who rent or own their homes. (*NCI PA In-Person Survey*)
4. If people do not get needed services, the percent whose unmet need is in the area of finding/changing housing. (*NCI PA In-Person Survey*)
5. Percent of people who like where they live, overall and by race. (*IM4Q*)
6. Number of people who transition from residential habilitation to life-sharing or supported living. (*PROMISE*)



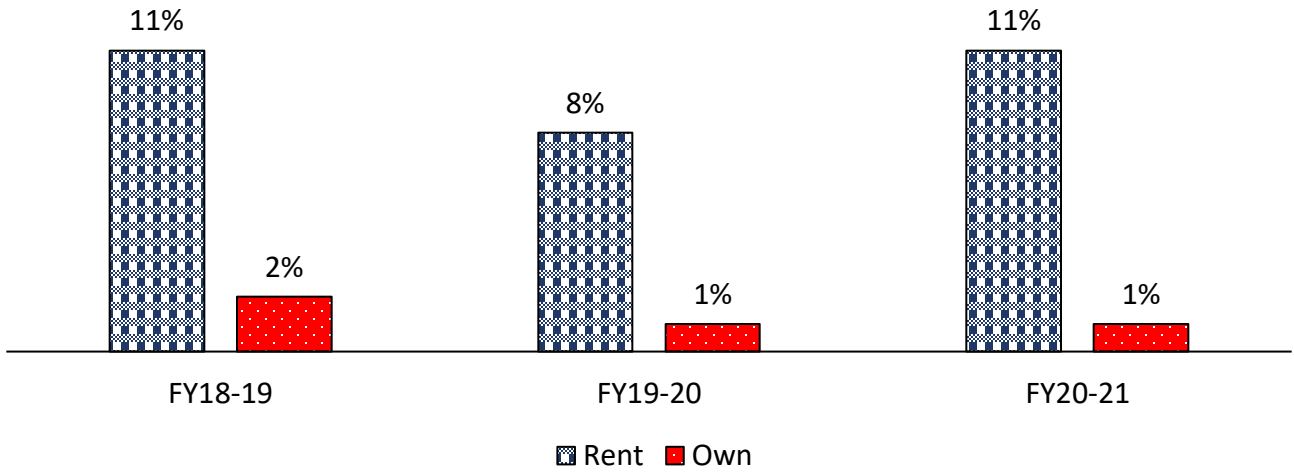
Source: *NCI PA In-Person Survey*

People Chose Their Roommates (PM 2)



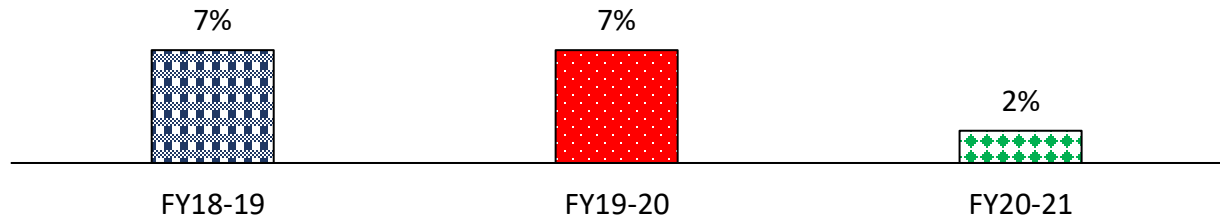
Source: NCI PA In-Person Survey

Percent of Individuals who Rent or Own their Home (PM 3)



Source: NCI PA In-Person Survey

**Percent of Individuals who Need Help Finding/Changing Housing
(PM 4)**



Source: NCI PA Adult Consumer Survey

**Percent of People who Liked Where they Lived,
Overall and by Race (PM 5)**

White	89.5%
Black or African American	84.2%
Other	91.7%
Overall Percent	88.9%

Source: IM4Q FY20-21

**Number of people who Transitioned from Residential Habilitation to
Lifesharing or Supported Living during FY21-22 (PM 6)**

Life Sharing	11
Supported Living	14
Total	25

Source: EDW HCSIS Services and Support Fact; Data extraction date: 12/13/2022



Recommendation 11: Increase Community Participation

Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An interdependent life, where people with and without disabilities are connected, enriches all of our lives.

ACCOMPLISHMENT HIGHLIGHTS *for #11*

- ✓ Hosted 4 regional risk reduction and reopening webinars for Community Participation Support (CPS) providers
- ✓ Promoted flexible guidance for continuing to return to CPS services
- ✓ Under standardized CPS curriculum, 55,284 users have received a certificate for required training

ACCOMPLISHMENTS IN DETAIL *for #11*

Regional Reopening Webinars -

- ❖ For many individuals, CPS is a primary way they receive services in the community. By educating providers on common and best practices to increase service capacity, more individuals can continue to return to services.
 - ✓ In collaboration with Health Care Quality Units (HCQUs), ODP hosted 4 regional webinars, with 610 attendees. These webinars reviewed topics for both short and long-term changes and adjustments to assist with current and future concerns around transmission of disease. The topics included infection control, risk mitigation, and best practices for CPS providers who were still closed as a result of the pandemic and for CPS providers who had reopened and were interested in increasing capacity.

Standardized CPS Curriculum -

- ❖ ODP previously implemented a standardized curriculum for CPS, which includes topics such as community mapping, inclusion/integration, and building relationships in the community. As of November 2022:
 - ✓ 55,284 users have received a certificate for required training
 - ✓ 5,591 users have received a certificate for professional development

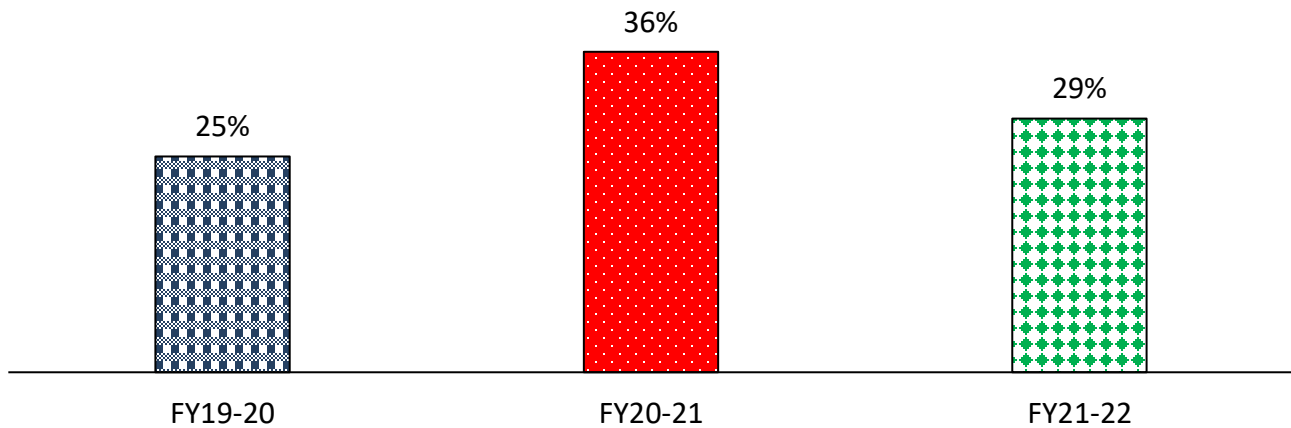
Updated CPS Guidance -

- ❖ ODP published updates to the Appendix K Operational Guide for CPS, which further promoted flexible service delivery for individuals who needed it, clarified criteria for when those flexibilities can occur, and provided additional general guidance to providers as prior suspensions of requirements began to end.

PERFORMANCE MEASURES *for #11*

1. Percent of Community Participation Support (CPS) service units used by recipients in a community setting, overall and by race. (PROMISe)
2. Percent of individuals who received Community Participation Support (CPS) in community settings, overall and by race. (PROMISe)
3. Percent of authorized CPS service locations that delivered CPS in community settings. (PROMISe)
4. Percent of individuals, overall and by race, who receive at least a quarter of their community participation support service in community settings. (HCSIS & PROMISe)
5. Percent of individuals who report that when they choose what they do during the day, they are given a choice to go where people without disabilities go. (IM4Q)
6. Percent of people who report that they were given options of where to go during the day. (IM4Q)
7. Percent of individuals who report that they visit with friends, relatives, or neighbors at least weekly. (IM4Q)
8. Percent of individuals who report that they have friends who are not staff and family. (IM4Q)
9. Percent of respondents who say their relative has enough opportunities to participate in activities outside of where they live. (IM4Q)
10. Percent of respondents who say their relative has the opportunity to learn new things. (IM4Q)

**Percent of Community Participation Support (CPS) Service Units
Used by Recipients in a Community Setting (PM 1)**



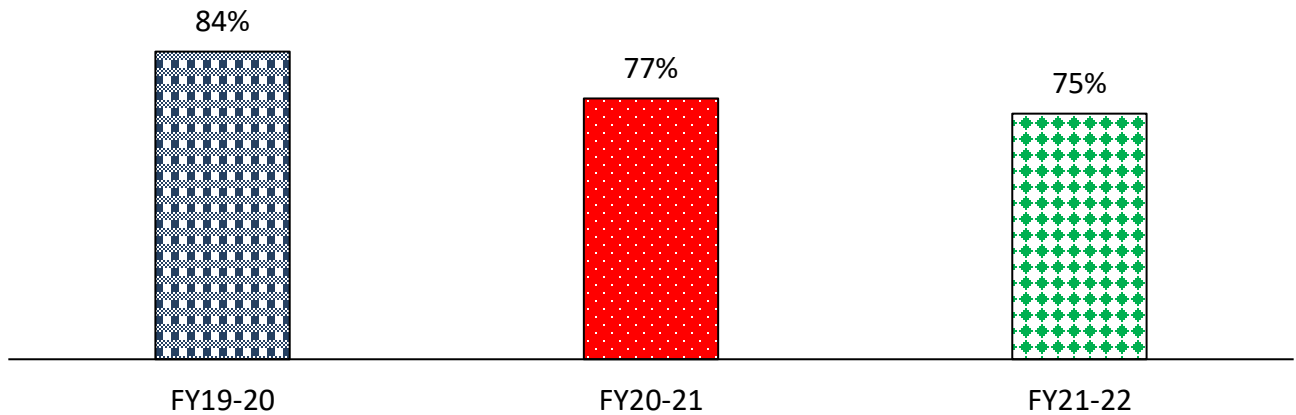
Source: EDW PROMISE Paid Claims Table; Data extraction date: 12/13/2022 with remittance advice dates through 11/30/2022.

Note: “CPS service units used by recipients in a community setting” includes units provided remotely.

Percent of Community Participation Support (CPS) Service Units Used by Recipients in a Community Setting, by Race (PM 1)			
Race	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	33%	21%	20%
Asian	26%	40%	28%
Black or African American	28%	48%	36%
Native Hawaiian or Other Pacific Islander Indicator	20%	4%	4%
White	24%	34%	27%
Other	29%	43%	32%
Unknown	25%	35%	57%
Multi-Race	26%	35%	31%
No to All Options	3%	N/A	N/A
Total	25%	36%	29%

Source: EDW PROMISE Paid Claims Table; Data extraction date: 12/13/2022 with remittance advice dates through 11/30/2022.

**Percent of Individuals who Received CPS in Community Settings
(PM 2)**

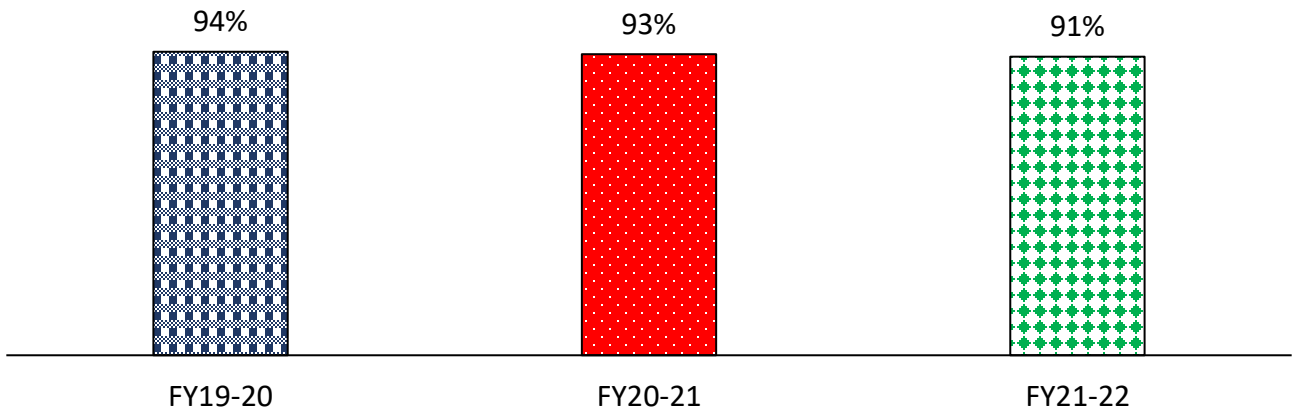


Source: EDW PROMISE Paid Claims Table; Data extraction date: 12/13/2022 with remittance advice dates through 11/30/2022

Percent of Individuals who Received CPS in Community Settings, by Race (PM 2)			
Race	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	0.1%	0.1%	0.1%
Asian	1%	1%	1%
Black or African American	15%	13%	13 %
Native Hawaiian or Other Pacific Islander Indicator	0.01%	0.02%	0.02%
White	79%	80%	80%
Other	5%	5%	5%
Unknown	0.1%	0.1%	0.1%
Multi-Race	0.4%	0.5%	0.5%
No to All Options	0.01%	N/A	N/A
Total	100%	100%	100%

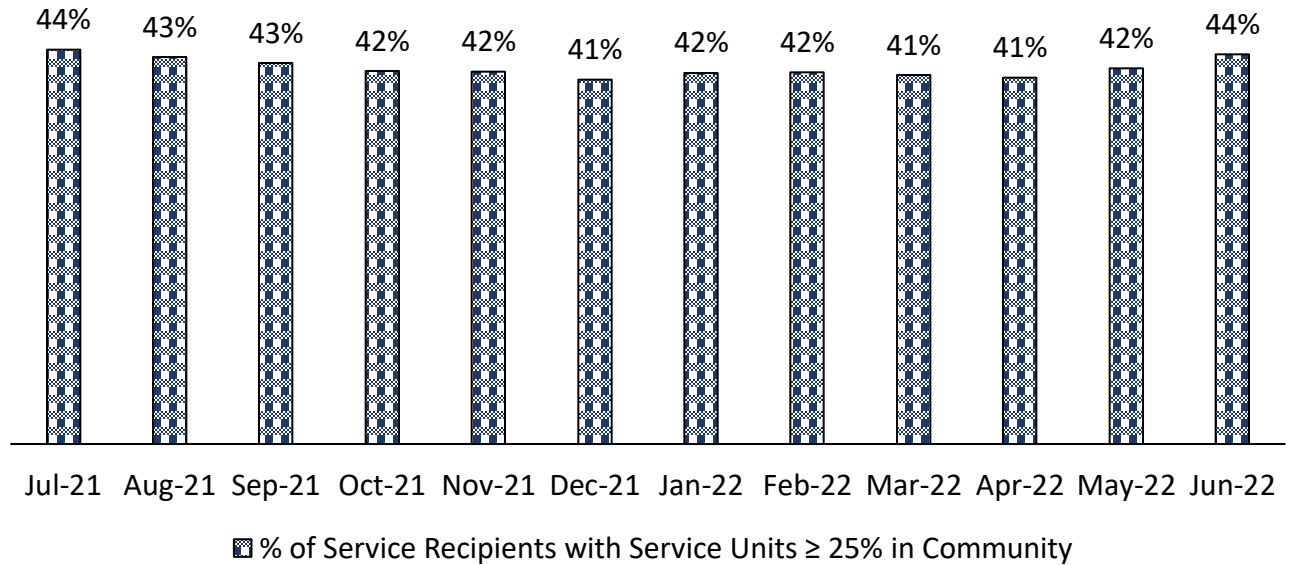
Source: EDW PROMISE Paid Claims Table; Data extraction date: 12/13/2022 with remittance advice dates through 11/30/2022

Percent of Authorized CPS Service Locations that Delivered CPS in Community Settings (PM 3)



Source: EDW PROMISe Paid Claims Table; Data extraction date: 12/13/2022 with remittance advice dates through 11/30/2022

Percent of Individuals who Receive at Least a Quarter ($\geq 25\%$) of Their Community Participation Support Service in Community Settings (PM 4)



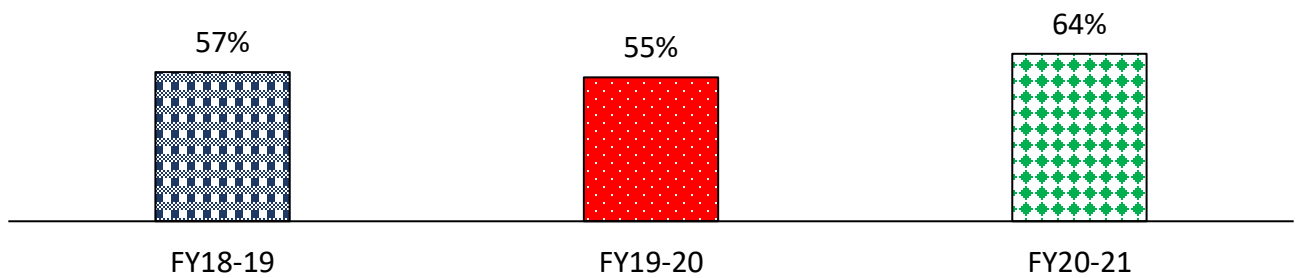
Source: EDW PROMISE Paid Claims Table; Data extraction date: 12/31/2022 with remittance advice dates through 11/30/2022

Percent of Individuals who Receive at Least a Quarter ($>25\%$) of Their Community Participation Support Service in Community Settings by Race (PM 4)

Month	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander Indicator	White	Other	Multi-Race
21-Jul	0%	1%	13%	0%	81%	5%	0%
21-Aug	0%	1%	13%	0%	80%	5%	0%
21-Sep	0%	1%	14%	0%	80%	5%	0%
21-Oct	0%	1%	14%	0%	80%	5%	0%
21-Nov	0%	1%	14%	0%	79%	5%	0%
21-Dec	0%	1%	14%	0.02%	79%	5%	1%
22-Jan	0%	1%	14%	0.02%	80%	5%	1%
22-Feb	0%	1%	14%	0%	79%	5%	0%
22-Mar	0%	1%	14%	0%	80%	5%	1%
22-Apr	0%	1%	14%	0%	80%	5%	1%
22-May	0%	1%	14%	0%	79%	5%	0%
22-Jun	0%	1%	14%	0%	80%	5%	0%

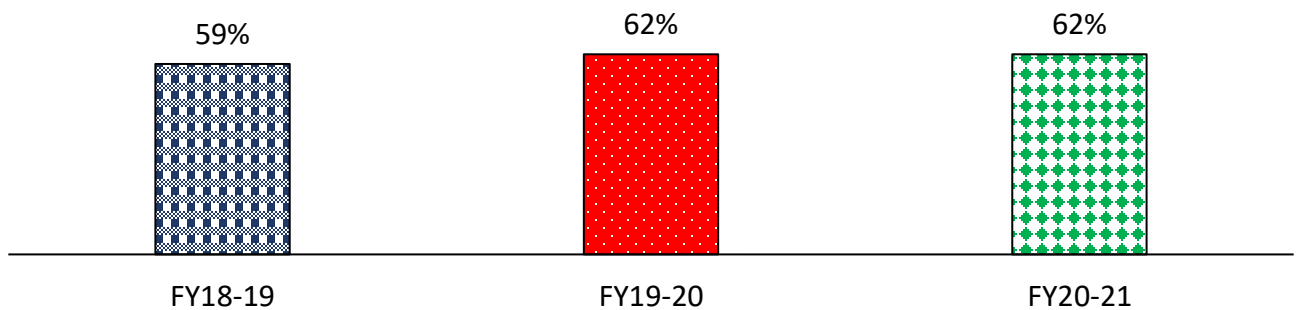
Source: EDW PROMISE Paid Claims Table, Data Extraction Date: 12/31/2022 with remittance advice dates through 11/30/2022.

Individuals Reported that When They Chose Their Work or Day Activity, they had an Option to Go Where People without Disabilities Go (PM 5)



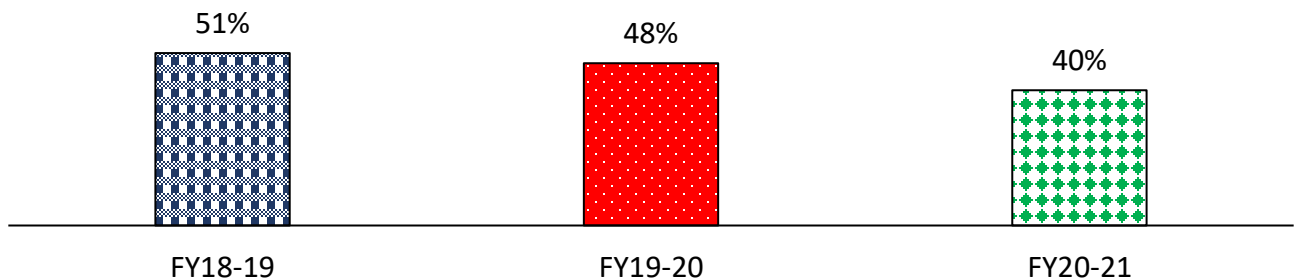
Source: IM4Q

Percent of People who Report that they were Given Options of Where to go During the Day (PM 6)



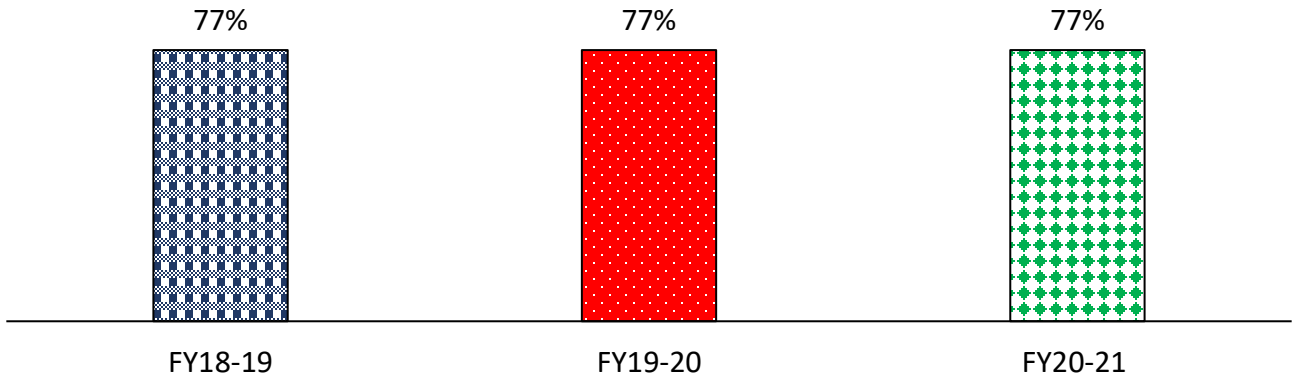
Source: IM4Q

Percent of Individuals who Report that they Visit with Friends, Relatives, or Neighbors at Least Weekly (PM 7)



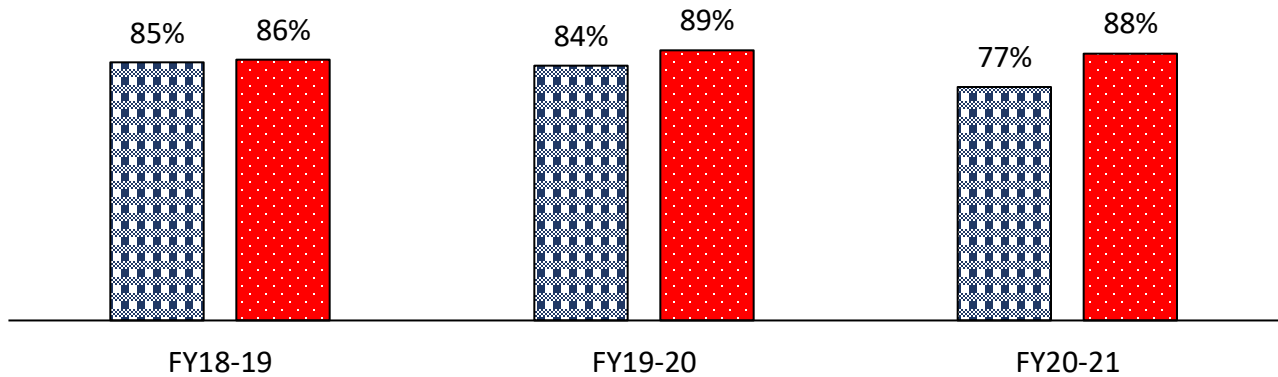
Source: IM4Q

Percent of Individuals Who Have Friends Other Than Staff and Family (PM 8)



Source: IM4Q

Respondents' Satisfaction with Opportunities for Individuals (PM 9 & 10)



- Percent of respondents who say their relative has enough opportunities to participate in activities outside of where they live.
- Percent of respondents who say their relative has the opportunity to learn new things.

Source: IM4Q



Recommendation 12: Provide Community Services to Everyone

People with disabilities — whether living on their own, with families, or in institutions — are waiting for community services. The goal is to build a system having the capacity to provide services in a timely fashion for all people who need supports.

ACCOMPLISHMENT HIGHLIGHTS *for* #12

- ✓ Expanded waiver eligibility for individuals with medically complex conditions
- ✓ Continued expansion of waiver opportunities for individuals with Autism Spectrum Disorder (ASD)
- ✓ Developed and delivered training to help systems partners to better navigate the criminal justice system

ACCOMPLISHMENTS IN DETAIL *for* #12

Expanded eligibility in Waiver Programs for Individuals with Medically Complex Conditions —

- ❖ In June 2022, expanded eligibility in the 3 Intellectual Disabilities/Autism (ID/A) waivers, by including Developmental Disability due to a Medically Complex Condition (MCC) prior to age 22, opening new opportunities for children and young adults to receive care in their home and community.
- ❖ Added a new service, Family Medical Support Assistance, to aid with the management of services in an individual's private home related to the use of medically necessary technology and nursing services.
- ❖ Expanded rates and provider qualifications to provide care for an individual with a MCC, in a Lifesharing setting, and expanded respite services.

Expanded Waiver Opportunities for Individuals with ASD —

- ❖ In January 2020, ODP began transitioning 2,228 individuals on the Adult Autism Waiver (AAW) interest list to ODP's waiting list, so that eligible individuals could be assessed for their urgency of need and prioritized accordingly for waiver enrollment. As of September 2022:
 - ✓ 537 of the 2,228 individuals are no longer on the AAW interest list due to their enrollment in a waiver, no longer being interested, or no longer meeting the eligibility requirements.
 - ✓ 445 of the 1,691 remaining individuals from the AAW interest list have completed their eligibility determination and are currently on the ODP waiting list.

- ✓ 1,246 of the 1,691 remaining individuals from the AAW interest list are pending transition to the ODP waiting list, upon completion of the process for determining eligibility.

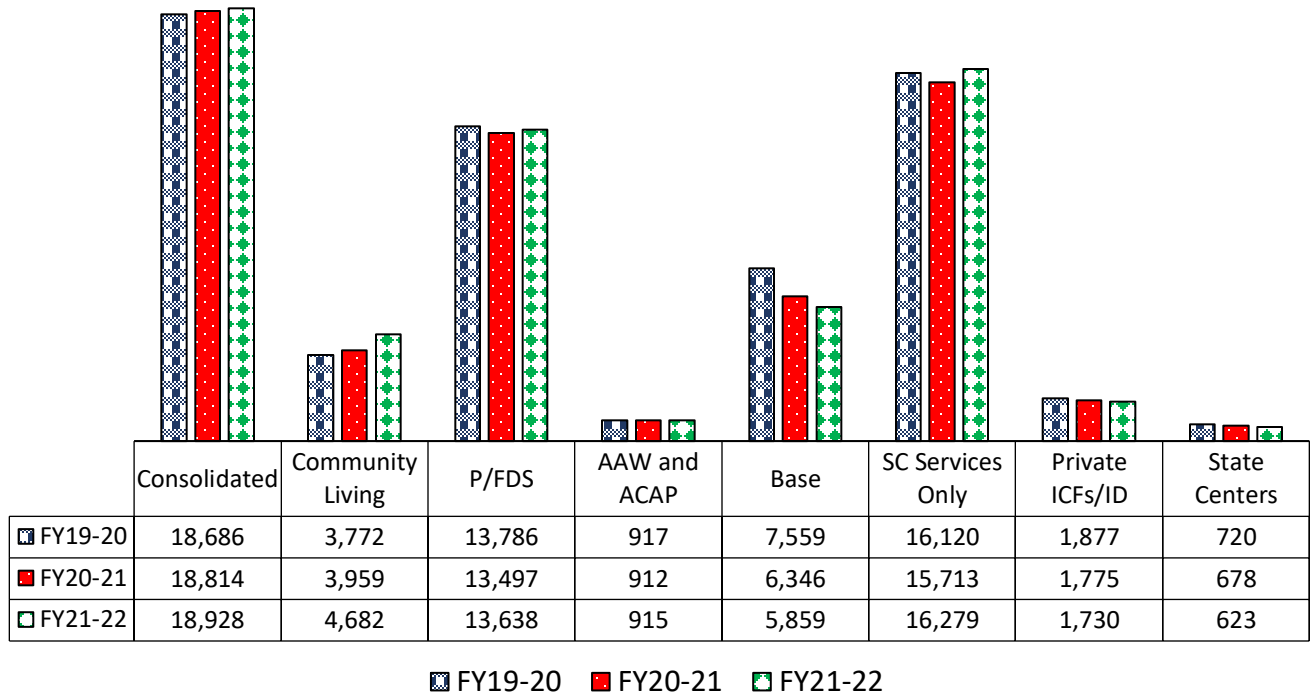
Intellectual Disabilities/Autism (ID/A) & Criminal Justice Systems —

- ❖ Developed and delivered training for professionals in the disability, justice, law enforcement, and advocacy fields, on the criminal justice process, with a focus on individuals with autism and intellectual disability.
 - ✓ Training materials included the development and presentation of a *Justice Process Intervention & Opportunities Map* designed to visually outline the criminal justice system.
- ❖ Expanded PA's Department of Corrections (DOC) process for screening all inmates for ASD, including a pilot unit at the State Correctional Institution (SCI) Albion, for neurodiverse inmates, which is grounded in the Positive Behavior Support (PBS) model.

PERFORMANCE MEASURES *for* #12

1. Number of unduplicated people served, by program, by fiscal year (FY), during the year, overall and by race. (*HCSIS & PROMISE*)
2. Number of people newly enrolled in a HCBS waiver, overall and by race, from:
 - a. ID waiting list, by category, (Emergency, Critical, Planning), by age,
 - b. Interest list, by category, by age,
 - c. Institutional settings (ICF, RTF, and congregate settings for children with complex needs,
 - d. ID waiting list, by program enrolled (*HCSIS & PROMISE*)

Number of Unduplicated People Served By Program (PM 1)



Sources: HCSIS as of 10/31/2022 and PROMISe cycles through 12/05/2022

Number of Unduplicated People Served by Program, by Race (PM 1)

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes and in some cases, a category of race is not included due to number of people being "0" for all years.

Base Services	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	<11	<11	<11
Asian	79	64	55
Black or African American	774	643	588
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	6,223	5,231	4,828
Other	413	336	317
Unknown	20	23	26
Multi-Race	40	39	37
Community Living Waiver	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	<11	<11	<11
Asian	51	53	75
Black or African American	580	634	732
White	2,860	2,977	3,520
Other	251	262	314
Unknown	<11	<11	12
Multi-Race	17	18	24
No to all Options	0	<11	<11
Consolidated Waiver	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	14	17	18
Asian	154	157	164
Black or African American	2,989	3,045	3,105
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	14,665	14,709	14,728
Other	792	809	829
Unknown	<11	<11	13
Multi-Race	60	64	67
No to all Options	<11	<11	<11
P/FDS Waiver	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	17	18	22
Asian	192	200	224
Black or African American	2,198	2,150	2,132
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	10,385	10,154	10,242
Other	922	908	938
Unknown	20	19	26
Multi-Race	46	43	49
No to all Options	<11	<11	<11

Number of Unduplicated People Served by Program, by Race (PM 1)--Continued			
SC Services Only	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	32	29	32
Asian	387	394	443
Black or African American	3,095	2,966	3,028
Hawaiian or Other Pacific Islander Indicator	11	<11	11
White	10,992	10,757	11,178
Other	1,434	1,361	1,372
Unknown	96	117	132
Multi-Race	71	77	82
No to all Options	<11	<11	<11
ACAP	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	16	17	17
White	159	156	154
Other	11	<11	<11
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
Adult Autism Waiver	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	<11	<11	<11
Asian	<11	<11	<11
Black or African American	62	60	63
White	612	611	615
Other	35	35	35
Unknown	<11	<11	<11
Multi-Race	<11	<11	<11
Private ICF/ID	FY19-20	FY20-21	FY21-22
American Indian or Alaskan Native	<11	<11	<11
Asian	19	19	19
Black or African American	299	284	282
Hawaiian or Other Pacific Islander Indicator	<11	<11	<11
White	1,450	1,372	1,331
Other	103	94	92
Unknown	<11	<11	<11
State Centers	FY19-20	FY20-21	FY21-22
Asian	<11	<11	<11
Black or African American	60	57	56
White	646	609	555
Other	<11	<11	<11
Unknown	<11	0	0

Sources: HCSIS as of 10/31/2022 and PROMISE cycles through 12/05/2022

**Individuals Newly Enrolled in Waivers, from ID Waiting List,
by Urgency of Need Category and Age Group (PM 2a)**

E = Emergency; C = Critical; P = Planning

Age Group	FY19-20			FY20-21			FY21-22		
	E	C	P	E	C	P	E	C	P
50 and up	320	13	<11	250	<11	<11	226	19	<11
21-49	1,608	45	<11	1,101	62	<11	1,457	84	16
18-20	664	39	<11	418	25	<11	452	30	<11
Birth to 17	114	<11	<11	65	<11	<11	56	<11	<11

Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2022

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Individuals Newly Enrolled in Waivers from AAW Interest List, by Age (PM 2b)

Age Group	FY19-20	FY20-21	FY21-22
50 and up	0	<11	<11
21-49	20	17	19

Source: HCSIS as of 10/31/2022

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Individuals Newly Enrolled in Waivers from Institutional Settings, FY21-22 (PM 2c)	
Nursing Homes	20
State Hospitals	0
State Centers	<11
Private ICF-IDs	13
Private ICF-ORCs	0
Residential Treatment Facility (RTF)	13
53: RTF (Mental Health) BH Medically Necessary <i>Placement into a mental health residential treatment facility. It provides 24-hour supervision to persons 18 years or older or persons under 21 who qualify for EPSDT extended services.</i>	<11
56: CSC-BH Medically Necessary RTF (other) <i>Placement of a Child in Substitute Care (CSC) into a Mental Health residential treatment facility. This code is to be used for a child from a HealthChoices zone, a voluntary plan, or fee-for-service being placed in substitute care that does not meet the 55 criteria described above (includes zone to zone transfers).</i>	<11

Source: HCSIS, PROMISe and Facility Fact; Data extraction date: 12/16/2022

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Individuals Newly Enrolled in Waivers by Program (PM 2d)									
<i>E = Emergency; C = Critical; P = Planning</i>									
Waiver Program	FY19-20			FY20-21			FY21-22		
	E	C	P	E	C	P	E	C	P
Consolidated	581	13	<11	635	27	<11	618	31	<11
Community Living	890	41	<11	309	26	<11	639	48	12
P/FDS	1,281	51	11	922	46	<11	959	61	<11

Data Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2022

Note: Data greater than zero and less than 11 is not shown in the table for privacy purposes.



Recommendation 13: Evaluate Future Innovations Based on Everyday Lives Principles

Future consideration of service models and reimbursement strategies must be based on the principles of person-centered planning, individual choice, control over who provides services and where, and access to/full engagement in community life. Innovative approaches should be evaluated based on the recommendations of *Everyday Lives*, including employment, recognizing and supporting the role of families, and meeting the diverse needs of all individuals. Stakeholders should be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness of innovative service models and service delivery systems.

Principles: Consideration of new service delivery systems or payment models such as managed care, accountable care organizations, medical homes* or pay for performance must include the following:

- ❖ Adherence to the values and principles of *Everyday Lives*.
- ❖ Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing, and monitoring the outcomes.
- ❖ Recognition that payment models assume that individuals and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.
- ❖ Recognition that while individuals and self-advocates with intellectual disability or autism have medical, mental health, and dental needs that require medical services, the goal of home and community-based services is to enable people to live and engage in community life.
- ❖ Incorporation of the Federal Home and Community-Based Services rule, which requires person-centered planning, individual choice, and control over who provides services and where and supports access to the greater community and full engagement in community life.
- ❖ Adoption of a performance evaluation system founded in the principles of *Everyday Lives* and the Home and Community-Based Services Rule.
- ❖ Recognition that most individuals and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.

* A typical description of a medical home is a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.

ACCOMPLISHMENT HIGHLIGHTS *for* #13

- ✓ **ODP contracted with Mercer to explore selective contracting and alternative payment methods for selected HCBS services to improve quality**

ACCOMPLISHMENTS IN DETAIL *for* #13

- ❖ In 2022, ODP contacted with Mercer to conduct an environmental scan of other states and to explore selective contracting and alternative payment methods for selected ODP HCBS services. The goal of this is to improve the quality of selected services by aligning payment for services with satisfying identified performance targets and outcomes.



Recommendation 14: Promote Racial Equity

Communities are richer, more just, and stronger when we honor and respect the whole of racial diversity. Access to a quality, person-centered, culturally competent system of supports and funding must be equally available regardless of race. Services must include planning over a life span and address racial disparities, including disparate outcomes. The duty to ensure that racial diversity is promoted and supported, at all levels within the services system, must be embraced.

ACCOMPLISHMENT HIGHLIGHTS *for* #14

- ✓ **ISAC Racial Equity Subcommittee developed and approved 3 new strategies for this ISAC recommendation**
- ✓ **Racial Equity presentations provided at IM4Q Annual Statewide Training and The Provider Alliance (TPA) 2022 Conference**
- ✓ **Race-related data added to ODP reports**
- ✓ **20 new racial equity performance measures added to 9 ISAC recommendations**

ACCOMPLISHMENTS IN DETAIL *for* #14

- ❖ During 2022, the ISAC Racial Equity Subcommittee continued to convene virtually, on a regular basis, to analyze data and discuss racial equity strategy development and applications. Three newly developed strategies were approved and added to the recommendation including:
 - ✓ Strategy #1: Consistently include breakdowns, by race, in data analysis and reporting, and incorporate in Quality Management (QM) plans.
 - ✓ Strategy #2: Develop and provide peer training for self-advocates on racial bias and racial equity.
 - ✓ Strategy #3: Support organizations with tools to improve racial equity performance and ensure increasing levels of racial diversity and inclusion, across all levels of the organization, as part of their quality management strategy.
- ❖ In June 2022, 20 new racial equity performance measures were approved by ISAC and added to 9 ISAC recommendations including recommendations #1: Assure Effective Communication, #2: Promote Self-Direction, Choice and Control, #3: Increase Employment, #4: Support Families Throughout the Lifespan, #5: Promote Health, Wellness and Safety, #6: Support People with

Complex Needs, #10: Expand Options for Community Living, #11: Increase Community Participation, and #12: Provide Community Services to Everyone.

- ❖ In July 2022, a presentation was provided at the IM4Q Annual Statewide Training, that shared information regarding ODP's new racial equity strategies and the use of IM4Q data to inform new racial equity performance measures.
- ❖ In July 2022, a presentation was also provided at The Provider Alliance (TPA) Conference regarding ODP's new racial equity strategies.
- ❖ Race-related data has been added and published in multiple ODP reports including the Annual Waiting list report and Employment report.

Acronyms

AAW	Adult Autism Waiver
ACAP	Adult Community Autism Program
AE	Administrative Entity
AID in PA	Autism & Intellectual Disabilities in PA
ARPA	American Rescue Plan Act
ASD	Autism Spectrum Disorder
ASERT	Autism Services, Education, Resources & Training
AWC	Agency with Choice
BH	Behavioral Health
CBI	Capacity Building Institute
CDC	Centers for Disease Control & Prevention
CDS	College of Direct Support
CES	College of Employment Services
CH	Community Home
CIE	Competitive Integrated Employment
CMS	Centers for Medicare & Medicaid Services
CoP	Community of Practice
COVID-19	Coronavirus Disease 2019
CPS	Community Participation Support
CSC	Child in Substitute Care
CtLC	Charting the LifeCourse
DHS	Department of Human Services
DOC	Department of Corrections
DOH	Department of Health
ECHO	Expanding Community Health Options
ECM	Enterprise Case Management
EDL	Everyday Lives
EDW	Enterprise Data Warehouse
EPSDT	Early & Periodic Screening, Diagnosis & Treatment
FY	Fiscal Year
HCBS	Home & Community Based Services
HCQU	Health Care Quality Unit
HCSIS	Home & Community Services Information System
HIO	Health Information Organization
HRST	Health Risk Screening Tool
HTTP	Housing Transition & Tenancy Providers
ICF	Intermediate Care Facility
ICF/ORC	Intermediate Care Facility for Other Related Conditions
ID/A	Intellectual Disability/Autism
IM4Q	Independent Monitoring for Quality
InVEST	Integrated Vocational Engagement & Supports Team
ISAC	Information Sharing & Advisory Committee
ISP	Individual Support Plan

LTC RISE	Long-Term Care Resiliency, Infrastructure Supports & Empowerment
LTC-TF	Long-Term Care Task Force
MA	Medical Assistance
MCC	Medically Complex Condition
MMIS	Medicaid Management Information System
NADSP	National Alliance for Direct Support Professionals
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators
NCSS	National Center for START Services
ODP	Office of Developmental Programs
OMHSAS	Office of Mental Health & Substance Abuse Services
OVR	Office of Vocational Rehabilitation
PAFN	Pennsylvania Family Network
PATC	Pennsylvania Autism Training Conference
PaTTAN	PA Training & Technical Assistance Network
PBS	Positive Behavior Support
PDE	PA Department of Education
PDS	Participant Directed Services
PECS	Picture Exchange Communication System
PM	Performance Measure
PPE	Personal Protective Equipment
PRE	Periodic Risk Evaluation
PROMISE	Provider Reimbursement & Operations Management Information System
QA&I	Quality Assessment & Improvement
QI	Quality Improvement
QM	Quality Management
QMP	Quality Management Plan
RFA	Request for Application
RTF	Residential Treatment Facility
SAPNA	Self-Advocacy Power Network for All
SC	Supports Coordinator
SCI	State Correctional Institution
SCO	Supports Coordination Organization
SCSTG	Supports Coordination Strategic Thinking Group
SPeCTRUM	Supporting Person-Centered Training, Resources, Understanding & Mentorship
START	Systemic, Therapeutic, Assessment, Resources & Treatment Model
STG	Strategic Thinking Group
SWTCIE	Subminimum Wage to Competitive Integrated Employment
TPA	The Provider Alliance
TRAIN	Trauma Recovery for Autistic, Intellectually Disabled & Neurodiverse Individuals
TSM	Targeted Support Management
UPMC	University of Pittsburgh Medical Center
VF/EA	Vendor Fiscal/Employer Agent

Data Sources

[College of Direct Support \(CDS\)](#) – A national, web-based learning system that the Commonwealth has used since 2003, that's designed for people who support individuals with intellectual/developmental disabilities.

Enterprise Data Warehouse (EDW) – A repository that stores and manages historical business data for ODP.

[Home and Community Services Information System \(HCSIS\)](#) – A web-based application that supports the Department of Human Services, including ODP, AEs, SCs, and providers, in the administration of federal and state-funded home and community-based programs.

Health Risk Screening Tool (HRST) – A web-based, HIPAA compliant rating instrument developed to detect health destabilization in at-risk populations.

[Independent Monitoring for Quality \(IM4Q\)](#) – People with disabilities, family members, and support professionals in Pennsylvania are interviewed by the IM4Q project to learn about the overall quality of life for people who receive support through ODP.

[MyODP.org](#) – ODP's online Training and Resource Center.

[National Core Indicators \(NCI\)](#) – Supports member agencies to gather a standard set of performance and outcome measures used to track their own performance over time, to compare results across states, and to establish national benchmarks. NCI includes an Adult In-Person Survey and Adult Family Survey.

ODP Monitoring of Waivers: Participant Record Review – ODP evaluates the experience of waiver participants annually to document system performance, remediate any individual problems found, identify opportunities for systemic improvement, and develop and implement quality improvement plans. Performance data and follow-up are submitted to CMS as evidence of the state's quality oversight of its waiver programs.

[Provider Reimbursement and Operations Management Information System \(PROMISe™\)](#) – Pennsylvania's CMS-certified Medicaid Management Information System (MMIS) and HIPAA-compliant claims processing and financial management information system.

Prioritization of Urgency of Need for Services (PUNS) – This tool is used by ODP to assist in evaluating the waiting list to better target policies to address the needs of individuals with ID/A and their families.

[Quality Assessment and Improvement \(QA&I\)](#) – A statewide assessment with 100% participation from AEs, SCOs and providers (entities) over a three-year cycle. During a full QA&I review, in addition to completing an annual self-assessment, an entity undergoes desk and onsite reviews, receives a comprehensive report, may be required to complete corrective action and quality improvement activities, and receives technical assistance upon request.

Vendor Fiscal/Employer Agent (VF/EA) and Agency with Choice (AWC) Participant Satisfaction Surveys – VF/EA vendors and AWCs are required to complete an annual satisfaction survey to measure the quality of services rendered to participants in each of these programs.