Everyday Lives: Values in Action
Information Sharing and Advisory Committee (ISAC)
Recommendations, Strategies & Performance Measures

2020

Contents

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

"It is how we are living the vision that matters."

Savannah Logsdon-Breakstone, Past ISAC member
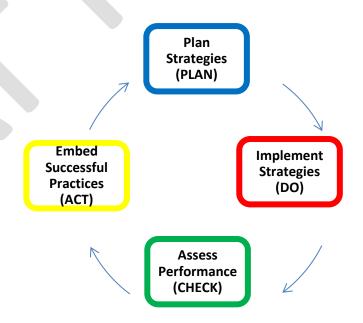
INTRODUCTION:

Following the publication of *Everyday Lives: Values in Action*, in 2016, the Information Sharing and Advisory Committee (ISAC) became ODP's Stakeholder Quality Council. The ISAC 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 put forth in *Everyday Lives*. These strategies and recommendations developed by the ISAC continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system today.

These recommendations and strategies have influenced the development of new waiver applications, new regulations and policies and improved trainings. They also helped to launch the Supporting Families Collaborative and several employment initiatives.

Independent Monitoring for Quality (IM4Q) is an information-gathering method used by the Office of Developmental Programs (ODP) to improve the lives of individuals with an intellectual or developmental disability. Independent teams monitor the satisfaction and outcomes of a random sample of individuals receiving services statewide. In 2019 ODP adopted new sampling methodology. The nature of the changes is such that independent teams are performing more activities in individuals' private homes, as opposed to provider-operated group homes.

The ISAC will continue to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. Together, as we carry out ISAC recommendations and strategies, we will continue to use our quality improvement framework to assess our progress and continue 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 a challenging COVID-19 pandemic that has consumed much of 2020; and it will help us to continue to move forward and strive for a better tomorrow.

Managing for Quality – Planning and implementing strategies, measuring performance, and embedding successful practices

- Plan Strategies (PLAN)
- Implement Strategies (DO)
- Assess Performance (CHECK)
- Embed Successful Practices (ACT)

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.

Accomplishments:

Build capacity in understanding and supporting people with nontraditional communication needs:

- Over the last year, ODP held 8 webinars and 2 virtual office hours. Through these 10 sessions, ODP has had more than 1,100 attendees. Each webinar was recorded and posted on MyODP.org in both English and American Sign Language (ASL).
- ODP held 4 *Communication Matters* training sessions. These sessions were offered to anyone, with the intent of sharing information surrounding the complexity and importance of communication. These four sessions had 1,000 attendees. Ninety-eight percent (98%) of attendees who completed a post training survey reported that the training was helpful.

Individuals Utilizing the Communication Specialist Service – As of June 2020, 261 individuals had the Communication Specialist Service approved and authorized on their ISPs as a discrete service. This is an increase of 105 individuals from the previous year. Many individuals also receive this service as a part of their Residential Habilitation service, which is not captured in this data.

Supports Coordinator Monitoring Tool - This tool was updated in December 2019 to add the question: "Are the individual's communication needs being met?" Eighty percent (80%) of Supports Coordinators answered "Yes" and 1% answered "No." A combined 19% either did not answer the question or marked it as Not Applicable (N/A).
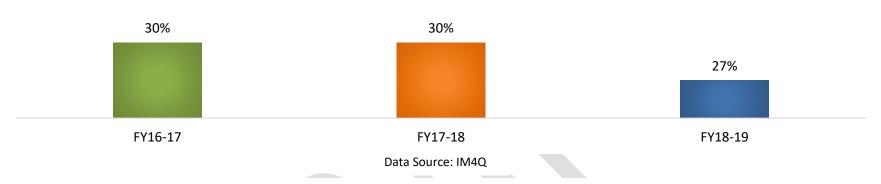
Accomplishments

✓ **Continued to build capacity in understanding complex communication**

✓ **Increased use of Communication Specialist Service**

✓ **Updated SC Monitoring Tool to capture whether individual's communication needs are met**

Performance Measures (PMs):

1. For people who do not communicate effectively using words, the percent of people with a communication system in place, 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. *(Source: Independent Monitoring for Quality (IM4Q))*
2. For people with communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*
3. For people with communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community). *(Source: IM4Q)*
4. Percent of individuals who report that their staff understand their communication. *(Source: IM4Q)*

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5. Percent of individuals for whom the Supports Coordinator (SC) explores with the individual options for communication assistance when appropriate and supports the individual to choose. *(Source: QA&I)*
6. Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier). *(Source: Provider Reimbursement & Operations Management Information System in Electronic format (PROMISe™))*

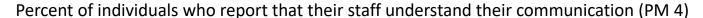## Percent of individuals with formal communication system in place (PM 1)

- FY16-17: 30%
- FY17-18: 30%
- FY18-19: 27%

Data Source: IM4Q

People with communication systems in place (PM 2 & 3)

- FY16-17: 88% / 79%
- FY17-18: 89% / 79%
- FY18-19: 86% / 73%
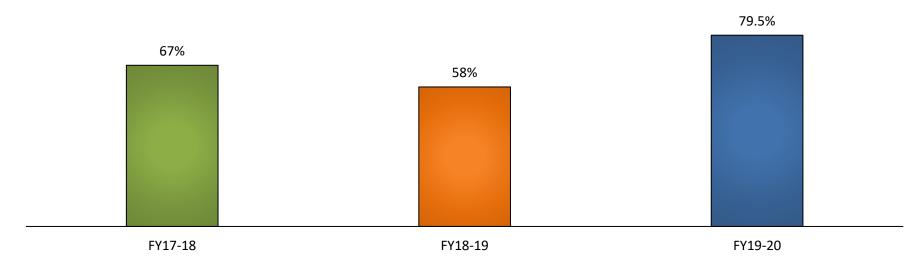
■ Percent of individuals whose formal communication systems are working and used
■ Percent of individuals who reported formal communication systems are used across all settings

Data Source: IM4Q

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Percent of individuals who report that their staff understand their communication (PM 4)

FY17-18: 63%	FY18-19: 86%

Data Source: IM4Q

Percent of individuals whose supports coordinators explore with the individual options for communication assistance when appropriate and support the individual to choose (PM 5)

FY17-18: 67%	FY18-19: 58%	FY19-20: 79.5%

Data Source: QA&I

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Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier) (PM 6)

Service Ending SFY	Service Program	Service Recipient Count
SFY15-16	CONSOLIDATED WAIVER	5
SFY15-16 - Total		**5**
SFY16-17	CONSOLIDATED WAIVER	31
SFY16-17 - Total		**31**
SFY17-18	CONSOLIDATED WAIVER	46
	PERSON/FAMILY DIRECTED SUPPORT WAIVER	1
SFY17-18 - Total		**46**
SFY18-19	COMMUNITY LIVING WAIVER	1
	CONSOLIDATED WAIVER	76
	PERSON/FAMILY DIRECTED SUPPORT WAIVER	2
SFY18-19 - Total		**77**
SFY19-20	COMMUNITY LIVING WAIVER	1
	CONSOLIDATED WAIVER	88
	PERSON/FAMILY DIRECTED SUPPORT WAIVER	2
SFY19-20 - Total		**91**

Data Source: PROMISe paid claims through remittance advice date of 11/02/2020.
Data Extraction Date: 11/11/2020.

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.

Primary Objective: Protect and promote individual choice and control in all aspects of daily living and service provision.

Accomplishments:

Increased Use of Agency with Choice Participant-Directed Service Model — In FY19-20, 5,327 individuals used Agency with Choice (AWC) to self-direct services, an increase of 9.5% compared to FY18-19.

Increased Use of Vendor/Fiscal Employer Agent Participant-Directed Service Model — In FY19-20, 888 individuals used Vendor/Fiscal Employer Agent (VF/EA) to self-direct services, an increase of 5.5% compared to FY18-19.

Increased Number of Individuals/Self Advocates who Self-Direct More than One Service — In FY19-20, 1,453 individuals self-directed more than one service compared to FY18-19, an increase of 7.7%.

Increased Use of the Supports Broker Service – The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order 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, approximately 100 participants received Supports Broker services; that number increased to approximately 390 in 2019 and continued to increase in 2020. As of November 1, 2020, 519 participants received Supports Broker services.
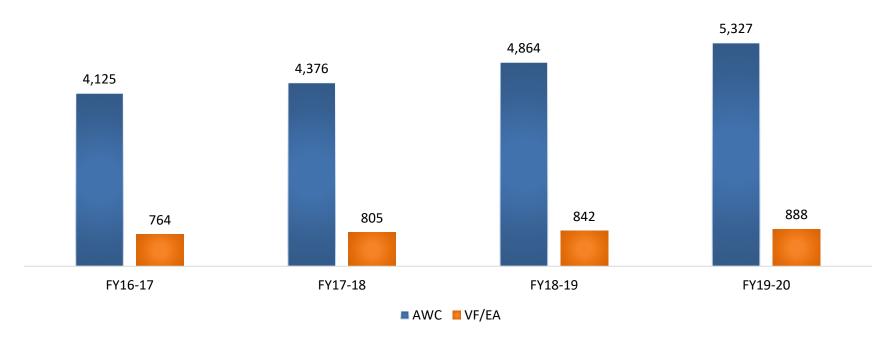
Accomplishments

✓ **Increased use of Agency with Choice Participant-Directed Service by 9.5%**

✓ **Increased use of Vendor/Fiscal Employer Agent Participant-Directed Service by 5.5%**

✓ **Increased use of the Supports Broker Service by 33%**

✓ **Increased emphasis on Self-Direction, Choice, and Control in traditional service models**

✓ **Increased Number of Individuals / Self Advocates who Self-Direct More than One Service**

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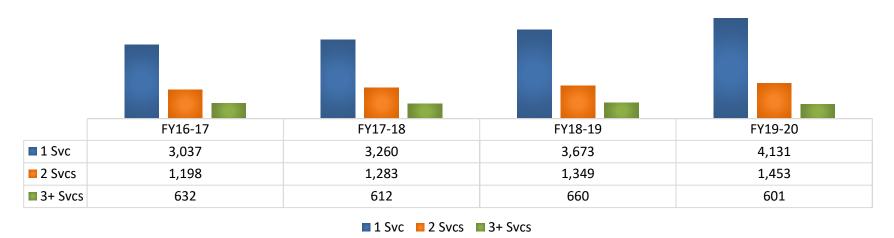
Performance Measures (PMs):

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

Number of Individuals and Self-Advocates who use Participant-Directed Services (PM 1)
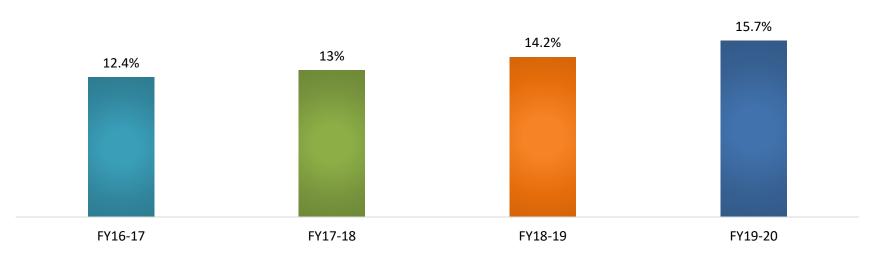

	FY16-17	FY17-18	FY18-19	FY19-20
AWC	4,125	4,376	4,864	5,327
VF/EA	764	805	842	888

Data Source: HCSIS as of 09/30/2020

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Number of Self-directed Services Utilized Per Unduplicated Individual/Self-Advocate (PM 2)

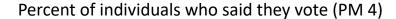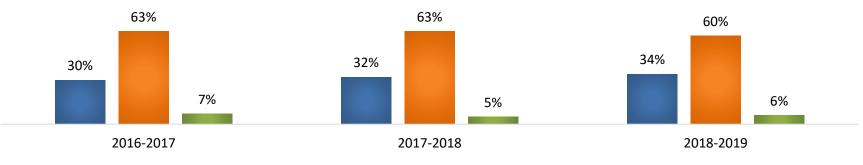|	FY16-17	FY17-18	FY18-19	FY19-20
■ 1 Svc	3,037	3,260	3,673	4,131
■ 2 Svcs	1,198	1,283	1,349	1,453
■ 3+ Svcs	632	612	660	601

■ 1 Svc   ■ 2 Svcs   ■ 3+ Svcs

Data Source: HCSIS as of 09/30/2020

Percent of Individuals and Self-Advocates with Participant-Directed Services (PM 3)

FY16-17	FY17-18	FY18-19	FY19-20
12.4%	13%	14.2%	15.7%

Data Source: HCSIS as of 09/30/2020

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Percent of individuals who said they vote (PM 4)

2016-2017
- 30%
- 63%
- 7%

2017-2018
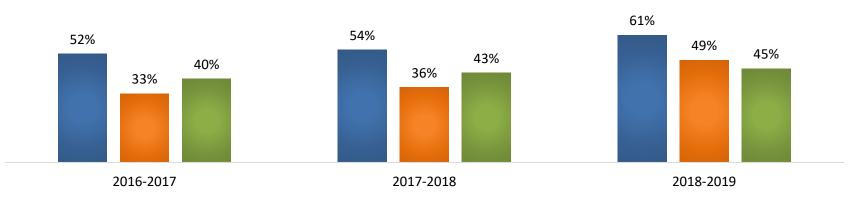- 32%
- 63%
- 5%

2018-2019
- 34%
- 60%
- 6%

- ■ Percent of individuals who reported they vote
- ■ Percent of individuals who reported they don't vote & are not interested
- ■ Percent of individuals who reported they don't vote but would like to
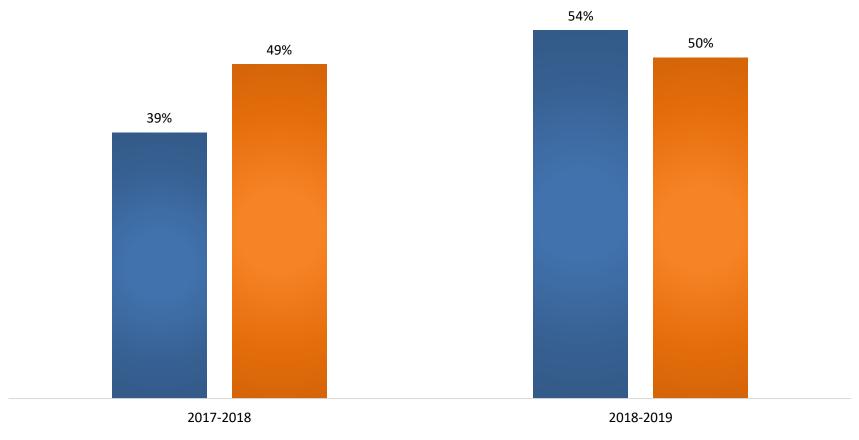
Data Source: IM4Q

Choice and Control at home and during the day (PM 5, 6 & 7)

2016-2017
- 52%
- 33%
- 40%

2017-2018
- 54%
- 36%
- 43%

2018-2019
- 61%
- 49%
- 45%

- ■ Percent of individuals who report they always carry a form of identification
- ■ Percent of the individuals surveyed who have a key/way to get into to their house or apartment on their own
- ■ Percent of the people interviewed who reported that they chose what they do during the day

Data Source: IM4Q

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Choice and Control on where to live (PM 8 & 9)

- Percent of individuals who said they were given a choice to live where people without disabilities live
- Percent of individuals surveyed who saw no other places before they moved into their residence

Data Source: IM4Q

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.

Accomplishments:

Data Enhancements –

- Through a Memorandum of Understanding (MOU), ODP granted access in the Home and Community Services Information System (HCSIS) to the Office of Vocational Rehabilitation (OVR) staff to assist them with maintaining contact with individuals as required under section 511 of the Rehabilitation Act during the COVID-19 Pandemic.
- Delivered a data progress report on the *Employment First Cabinet's* three-year plan, to the Governor's Policy Office, for presentation to the Pennsylvania General Assembly.
- Released a public data report on the first three quarters of Fiscal Year 19-20.

Training and Communication –

- Collaborated with the Office of Long-Term Living (OLTL) and the Office of Mental Health and Substance Abuse Services (OMHSAS) to present on Department of Human Services (DHS) employment initiatives at the Pennsylvania Workforce Development Association conference.
- Collaborated with the OVR Business Services Division to develop a two-part web series entitled *Effective Placement and Business Strategies for Business Outreach Professionals.*
- Presented on setting high expectations for competitive integrated employment to more than 250 people at the 2020 Virtual Transition Conference.

Policy Improvements –

Responded aggressively to COVID-19 pandemic by:

- Expanding the definition of Supported Employment to include assisting individuals to apply for and maintain unemployment benefits.
- Allowing for employment services to be delivered remotely where possible.
- Providing $10.64M in retainer payments to providers of Supported Employment services.
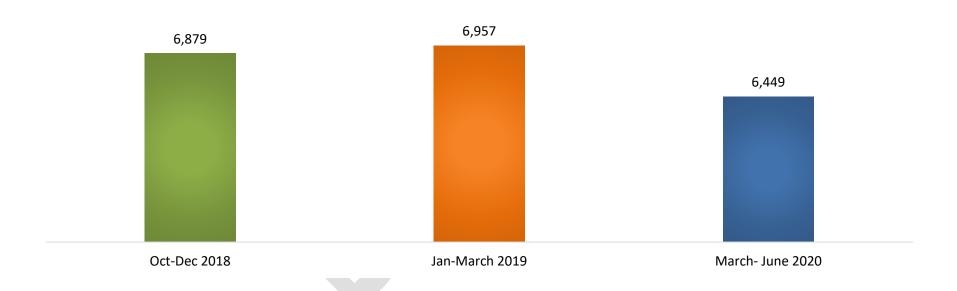- Expanding the qualifications of who can provide Benefits Counseling in an effort to build provider capacity.

Accomplishments

✓ **OVR/ODP Data Sharing utilized**

✓ **Expanding the definition of Supported Employment**

✓ **Expanded the qualifications of who can provide Benefits Counseling**

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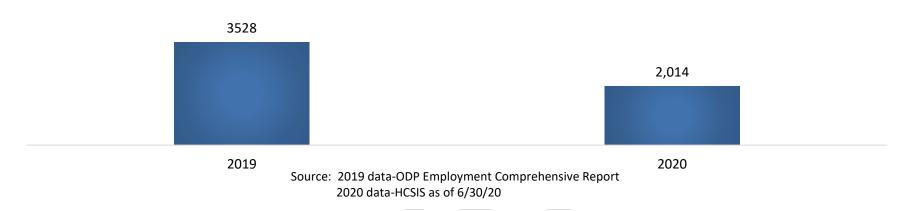
Performance Measures (PMs):

1. Number of Individuals working in Competitive-Integrated Jobs. *(Source: HCSIS)*
2. Number of Individuals Employed vs Number of Individuals Employed and Receiving ODP Employment Services. *(Source: HCSIS)*
3. Top 5 Most Utilized Job Types Among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated Employment. *(Source: HCSIS)*
4. Number of people with authorized employment services. *(Source: HCSIS)*
5. Number of people receiving employment services. *(Source: PROMISe™)*
6. Percent of AEs having a designated employment lead. *(Source: QA&I)*
7. Percent of SCs providing education and information to the individual about employment services. *(Source: QA&I)*
8. Percent of people reporting their supports coordinators talked with them about employment at their most recent planning meetings. *(Source: IM4Q)*

Number of Individuals working in Competitive-Integrated Jobs (PM 1)

6,879	6,957	6,449
Oct-Dec 2018	Jan-March 2019	March- June 2020

Source: 2019 data-ODP Employment Comprehensive Report
2020 data-HCSIS as of 6/30/20

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Number of Individuals Employed and Receiving ODP Employment Services (PM 2)

	2019	2020
	3528	2,014

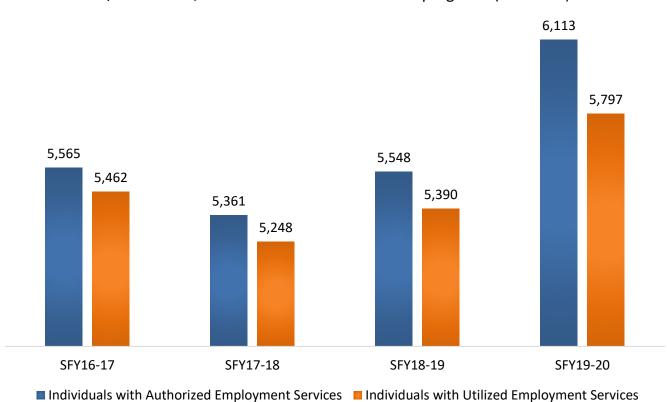Source: 2019 data-ODP Employment Comprehensive Report
2020 data-HCSIS as of 6/30/20

ODPTop 5 Most Utilized Jobe Types Among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated (PM 3)

Job Type	2019	2020
Food Preperation and Serving Related	732	552
Sales Related	446	296
Building and Grounds Cleaning and Maintenance	432	270
Production	159	72
Personal Care and Service	97	50

■ 2019   ■ 2020

Source: 2019 data-ODP Employment Comprehensive Report
2020 data-HCSIS as of 6/30/20

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Individuals Age 21-64 under Community Living Waiver, Consolidated Waiver, P/FDS Waiver, Adult Autism Waiver and Base programs (PM 4 & 5)

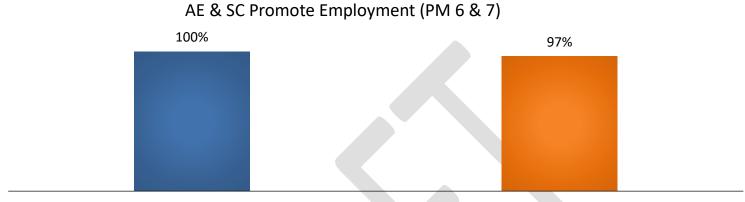|	Utilization %
SFY16-17	**98.1%**
SFY17-18	**97.9%**
SFY18-19	**97.2%**
SFY19-20	**94.8%**

■ Individuals with Authorized Employment Services ■ Individuals with Utilized Employment Services

Sources: Service authorizations from HCSIS under snapshot date of 09/30/2020.
PROMISe paid claims through remittance advice date of 11/02/2020.
Data Extraction Date: 11/11/2020

AE & SC Promote Employment (PM 6 & 7)
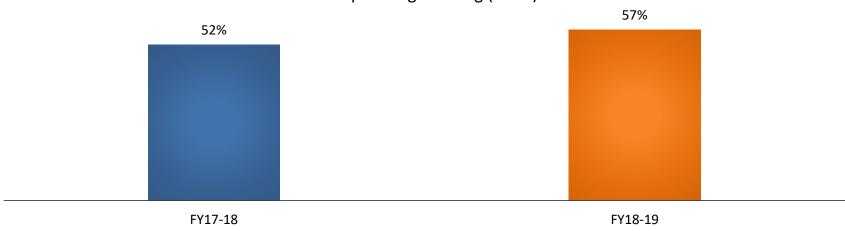
100%

97%

The AE has a designated Employment Lead

The SC provides education and information to the individual about employment services

Data Source: QA&I FY19-20

Individuals surveyed reported that someone had talked to them about employment in their planning meeting (PM 8)

52%

57%

FY17-18

FY18-19

Data Source: IM4Q

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 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.

Accomplishments:

Strategized remote ways to disseminate information to individuals and families during the pandemic–

Self-Advocates United as One (SAU1) –
- Switched to use of an online platform for trainings during the pandemic
- Started a Facebook group for Charting the LifeCourse: "Living an Everyday Good Life: Community of Practice"

PA Family Network (PAFN) –
- Since the beginning of the pandemic, PAFN has held 30 online Family Forums including six which were offered in both English and Spanish.

ODP Staff with SAU1 and PAFN
- During the initial months of the pandemic in 2020, 12 information web sessions were held for self-advocates. Hosted by SAU1, these sessions provided touchpoints for self-advocates across the state with ODP regional staff. They were attended by 203 people.
- On several occasions, ODP staff joined Family Forums hosted by PAFN to participate in discussions, listen to families and to provide information and clarification.

Self-advocates develop a vision of a good life using integrated approaches –
- Twenty-three (23) Star Power and Vision workshops have been led by SAU1, including 8 using the online platform, with 346 people across the state attending.

Support the work of PAFN –
- In 2020, 15 advisors taught and mentored families on *Charting the LifeCourse*, including 3 bilingual advisors.
- 1,424 people were reached directly through outreach activities and workshops throughout Pennsylvania in 2020.
- More than 6000 people were reached indirectly via social media engagements and direct digital mail in 2020.
- 25 workshops in 2020 were delivered in both English and Spanish for individuals and families, presenting an overview of *Charting the LifeCourse*.

Accomplishments

- ✓ **LifeCourse Charting Training for families**

- ✓ **PA Family Network reached thousands of individuals through various activities and workshops**

- ✓ **Self-Advocates United as One (SAU-1) provided Star Power and Vision Training across the state**

- ✓ **43 of 48 AEs have joined the Community of Practice**

- ✓ **27 Regional Collaboratives building stakeholder groups and strategies for supporting families in their local communities**

- 106 people were touched through individualized mentoring, face-to-face or by phone, addressing specific topics.

Work toward communities and all stakeholders experiencing genuine direction and ownership in local approaches to ensure equal access and support of individuals and families –

Accomplishments

- Statewide, all but 5 of the 48 Administrative Entities (AEs) have joined the Community of Practice (CoP) and are working to develop a CoP for ALL through Regional Collaboratives. Twenty-seven Regional Collaboratives (individual counties or joinders, or groups of adjacent counties accounting for all, except two counties and one county joinder), are in various stages of building stakeholder groups and strategies for supporting families in their local communities. During the pandemic, ODP Regional Leads brought their Regional Collaboratives together to revisit and reenergize the work of supporting families with local approaches.

  ✓ **Regional Collaboratives participated in and/or hosted events to reach the Community of Practice for ALL**

  ✓ **Supports Coordination practices and language framed in alignment with Charting the LifeCourse Framework**

- All counties engage in activities so that individuals, in the context of families, have exposure to *Charting the LifeCourse* as a lens for person centered planning. In 2020, these activities adapted due to the pandemic, including creation and dissemination of tools related to the pandemic.
- The *ODP-Supporting-Families listserv* was established to support members of Regional Collaboratives as the starting group; currently 300+ individuals subscribe to the listserv and 130 emails have been sent via the listserv, each of which respond to one of the three buckets of need: Discovery & Navigation, Connecting & Networking, or Goods & Services.
- MyODP pages for Supporting Families were established in 2020 and will continue to expand in content based on reporting from Regional Collaboratives and updates from the PA CoP for Supporting Families Leadership Team.
- 61 Ambassadors across the state and across all stakeholder groups participated in the *Charting the LifeCourse Ambassador* series. Currently, there are an additional 4 people in an Ambassador series.

Align supports coordination with the LifeCourse Framework –

- All Supports Coordination Organizations (SCO) have had individual trainings for their staff on *Charting the LifeCourse*, as well as mandatory online webinars for all Supports Coordinators (SC); with some SCOs adopting it as their total organization approach.
- A Quality Management plan was initiated with a target objective to establish a baseline for the number of family members who report that SCs help them get the support they need, when they need it, by June 20, 2021. Self-advocate and family surveys will be used to establish the baseline.

Focus on the engagement of cross-systems partners in the Community of Practice –

- Allegheny County is engaging youth, families and the school through a pilot a program of a sample of transition-aged youth, with the aim of high expectations for integrated employment outcomes

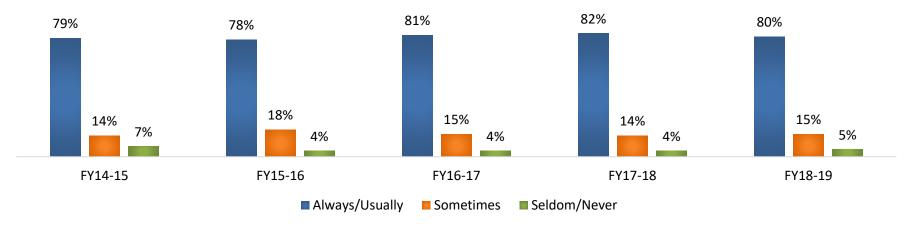- The Huntingdon/Mifflin/Juniata joinder is engaging paraprofessionals in schools by offering the *Charting the LifeCourse* training to educators and paraprofessionals and offering professional credits for attendance.
- *Early Childhood* provided a virtual session with over 400 people in 2020 and the recording will be shared with *Early Childhood* Home Visitors.
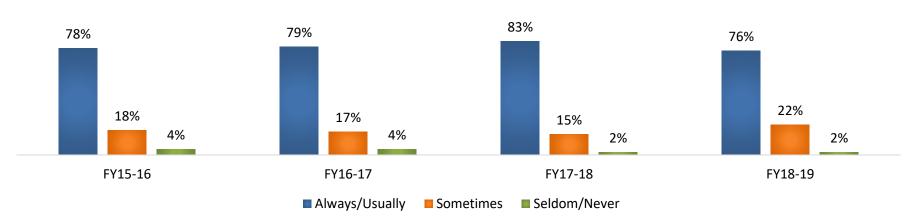
Performance Measures (PMs):

1. Percent of family members who receive enough information that helps them participate in planning services for their family. *(Source: NCI PA Adult Family)*
2. Percent of family members who report that the information received is easy to understand. *(Source: NCI PA Adult Family)*
3. Percent of family members reporting the Supports Coordinator tells them about other public services for which their family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.) *(Source: NCI PA Adult Family)*
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages. *(Source: IM4Q)*
5. Percent of relatives who said they were aware of the PA Family Network. *(Source: 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. *(Source: IM4Q)*
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process. *(Source: IM4Q)*
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools. *(Source: IM4Q)*
9. Percent of relatives who reported the services coordinator asks about their vision for an everyday life for their family member. *(Source: IM4Q)*

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Percent of Family Members Who Receive Information to Help Plan Services (PM 1)

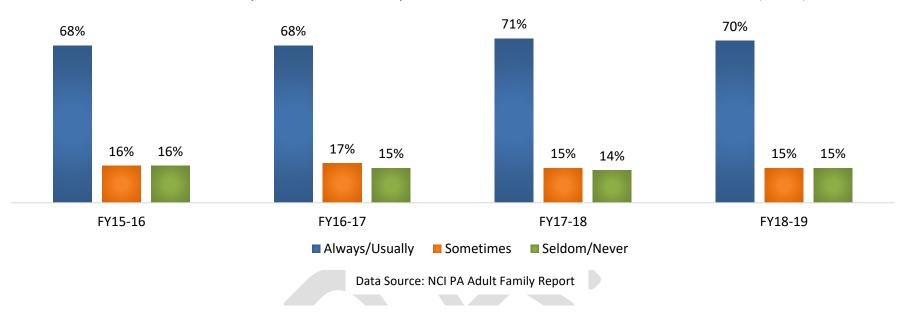|	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
Always/Usually	79%	78%	81%	82%	80%
Sometimes	14%	18%	15%	14%	15%
Seldom/Never	7%	4%	4%	4%	5%

Data Source: NCI PA Adult Family Report

Percent of Family Members Who Report Information About Services is Easy to Understand (PM2)

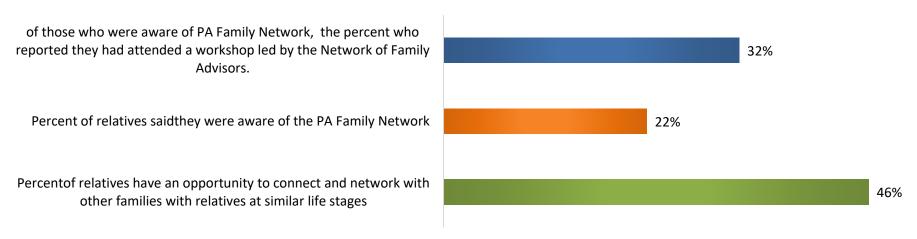|	FY15-16	FY16-17	FY17-18	FY18-19
Always/Usually	78%	79%	83%	76%
Sometimes	18%	17%	15%	22%
Seldom/Never	4%	4%	2%	2%

Data Source: NCI PA Adult Family Report

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

	FY15-16	FY16-17	FY17-18	FY18-19
Always/Usually	68%	68%	71%	70%
Sometimes	16%	17%	15%	15%
Seldom/Never	16%	15%	14%	15%

Data Source: NCI PA Adult Family Report

Individuals and Families Networking (PM 4, 5 & 6)

of those who were aware of PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors. — 32%

Percent of relatives said they were aware of the PA Family Network — 22%

Percent of relatives have an opportunity to connect and network with other families with relatives at similar life stages — 46%

Data Source: IM4Q FY18-19

22

Percent of respondents whose family member transitioned from school to adult services in the past year were happy with the process (PM 7)

31%

32%

FY17-18

FY18-19

Data Source: IM4Q

Percent of respondents had learned about the Life Course Framework and Tools (PM 8)

11%

12%

FY17-18

FY18-19

Data Source: IM4Q

Percent of relatives who report that the supports coordinator asks about their vision for an everyday life for their family member PM 9)

65% FY17-18

71% FY18-19

Data Source: IM4Q

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.

Accomplishments:

Health Risk Screening Tool (HRST) – The implementation of the HRST for individuals receiving residential services, which began in July 2019, continued throughout 2020. As of the beginning of November 2020, nearly 11,000 individuals receiving residential services had been screened. The tool has been useful in identifying health risks, including risks associated with more severe outcomes for those with COVID-19. Following the initial screening, individuals will have updated screenings annually, or with changes in health status.

Mental Health First Aid (MHFA) – All 8-hour, in-person training sessions were suspended with the onset of the pandemic. However, the training course has recently been adapted to allow for an all virtual or a hybrid version of both virtual and in-person instruction to be provided. MHFA teaches participants how to identify, understand, and respond to signs and symptoms of mental illnesses and substance use disorders. Target audiences include Individuals, families, Direct Support Professionals (DSPs), Supports Coordinators (SCs), Providers, and staff of State Facilities. Topics covered include anxiety, depression, psychosis, and addictions.

Skin Integrity Pilot Project – Governor Wolf recognized November 19, 2020 as Pressure Injury Prevention Day in conjunction with ODP's Skin Integrity Initiative to provide education, training, and technical assistance to reduce the incidence and severity of pressure injuries. Additionally, the data collection tool continues to be updated and a Health Alert on Pressure Injuries is planned for December 2020.

Outreach for Healthy Living – ODP's Health Care Quality Units (HCQUs) developed outreach to promote health and wellness through multiple training sessions. A small sampling of these efforts includes:

- *HCQU Question Sessions* on various topics, including obesity and weight management. – Northwest HCQU
- *Fun & Fitness with Marena*: Each week, two new videos are available online that focus on topics such as balance, strengthening muscles and joints, or workouts that are quick and effective. A live session is held monthly so that participants can ask questions and share their experience. This program runs until Sept 2021. – Western HCQU

Accomplishments

✓ **Implementation of the Health Risk Screening Tool for individuals receiving residential services continued throughout 2020**

✓ **Pressure Injury Prevention Day was recognized in conjunction with ODP's Skin Integrity Initiative**

✓ **HCQUs continued their outreach to promote Health and Wellness through multiple training sessions**

- *Easy and Healthy Recipes* on the "Pocket HCQU" App: This app was updated to include a "recipe" section that contains meals that are easy and fun to make, giving families and DSPs an alternative to processed foods. The recipes were developed by Laura Yautz, a Registered Dietician. – Western HCQU
- Spring Newsletter released on the topic of sexuality. – Southwest HCQU
- Presentation to nurses on *Best Practices for Working with People who Have ID*. – Southwest HCQU
- Presentations on *Healthy Relationships, Boundaries, Internet and Social Media Safety, Stress Management, Skin Integrity/Pressure Injury Prevention, Healthy Teeth/Dental Care* – Central HCQU
- Presentation on *Telehealth* offered. – South Central HCQU
- Webinar training as an overview of diabetes related to ID and medications by a pharmacist consultant. – Southeast HCQU
- *Medical-Dental Linkages* webinar by a public health consultant. – Southeast HCQU
- Training and technical assistance related to the Fatal Four/Five. – Eastern HCQU and other HCQUs
- *How to Communicate Effectively for the Deaf and Hard of Hearing Population* and *How to Communicate Effectively at the Time of an Emergency* and Promotion of the Inclusive Dental Program. – Northeast HCQU
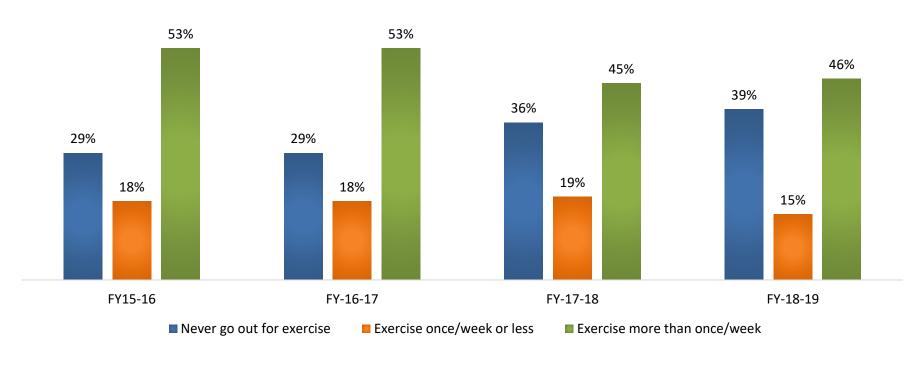
AID in PA – ODP coordinated with the Autism Services, Education, Resources, and Training (ASERT) centers and HCQUs to create online content for individuals and families related to health issues during the pandemic.

Performance Measures (PMs):

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*. (Source: IM4Q)*

2. Percent of individuals who are underweight, normal weight, overweight, and obese. *(Source: NCI PA Adult Consumer Survey)*
3. Percent of individuals with medical, dental, and eye exams in the past year. *(Source: NCI PA Adult Consumer Survey)*
4. Percent of individuals and self-advocates who routinely engage in physical activity at least once a week for at least 10 minutes. *(Source: NCI PA Adult Consumer Survey)*
5. 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;
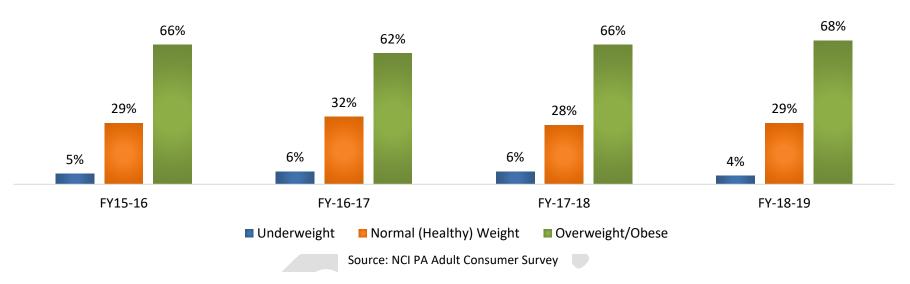   - Percent who reported they feel their doctor understands them. *(Source: IM4Q)*

6. Percent of individuals who report they can access necessary medical services, including:
   - When asked how hard it is to get health care services in their community, percent who reported it was very easy or pretty easy, in-between, or very hard or hard;
   - When asked how hard it is to get dental services in their community, percent who reported it was very easy or easy, in-between, or very hard or hard;
   - Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities;
   - Percent who reported they were able to see a medical specialist if they needed to;
   - Percent who reported they have the opportunity to discuss health concerns with the psychiatrist;
   - Percent who reported they do not have the opportunity to discuss health concerns with the psychiatrist.
   - Percent of individuals who reported they do not have a psychiatrist but want one. *(Source: IM4Q)*
7. Percent of individuals who reported they are able to provide consent for medical treatment. *(Source: IM4Q)*
8. Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent. *(Source: IM4Q)*

Percent of Individuals Who Excercise (PM 1)

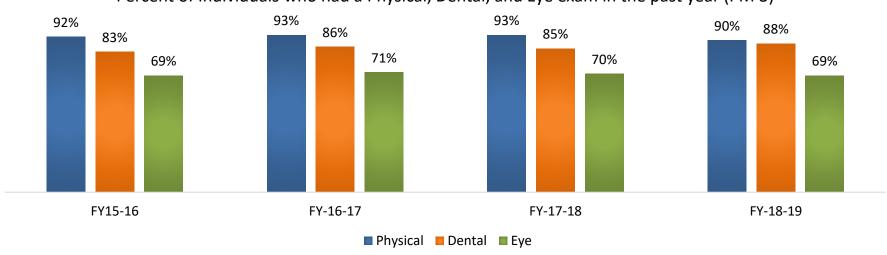|	FY15-16	FY-16-17	FY-17-18	FY-18-19
Never go out for exercise	29%	29%	36%	39%
Exercise once/week or less	18%	18%	19%	15%
Exercise more than once/week	53%	53%	45%	46%

Data Source: IM4Q

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

Source: NCI PA Adult Consumer Survey

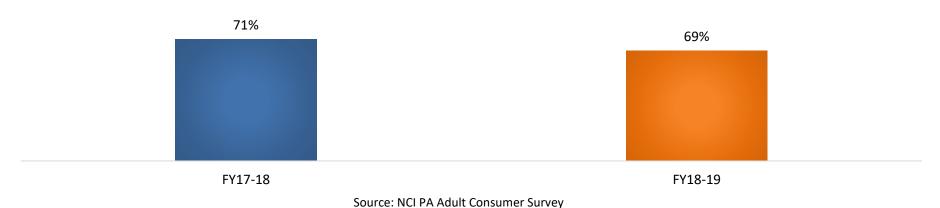## Percent of Individuals who had a Physical, Dental, and Eye exam in the past year (PM 3)

Source: NCI PA Adult Consumer Survey

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES
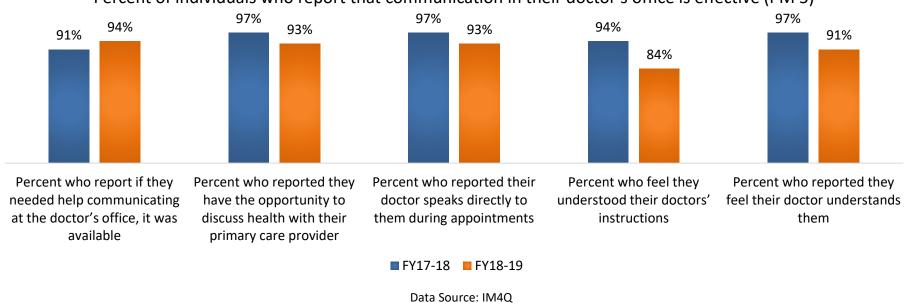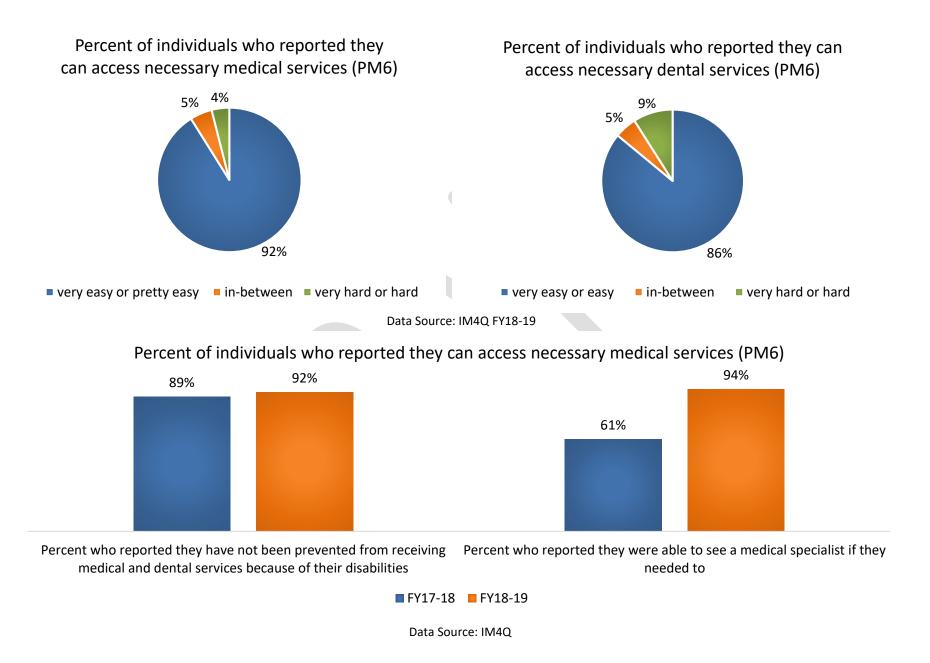
Percent of individuals who exercise or do physical activity at least once a week for at least 10 minutes at a time (PM 4)

- FY17-18: 71%
- FY18-19: 69%

Source: NCI PA Adult Consumer Survey

Percent of individuals who report that communication in their doctor's office is effective (PM 5)

Measure	FY17-18	FY18-19
Percent who report if they needed help communicating at the doctor's office, it was available	91%	94%
Percent who reported they have the opportunity to discuss health with their primary care provider	97%	93%
Percent who reported their doctor speaks directly to them during appointments	97%	93%
Percent who feel they understood their doctors' instructions	94%	84%
Percent who reported they feel their doctor understands them	97%	91%

Data Source: IM4Q

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Percent of individuals who reported they can access necessary medical services (PM6)

5% 4%

92%

- very easy or pretty easy
- in-between
- very hard or hard

Percent of individuals who reported they can access necessary dental services (PM6)

9%

5%

86%

- very easy or easy
- in-between
- very hard or hard

Data Source: IM4Q FY18-19

Percent of individuals who reported they can access necessary medical services (PM6)

89% 92%

Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities

61% 94%

Percent who reported they were able to see a medical specialist if they needed to

- FY17-18
- FY18-19

Data Source: IM4Q

Percent of individuals who reported they can access necessary medical services (PM 6)

77%		
57%	40%	
	21%	3% 3%

Percent who reported they have the opportunity to discuss health concerns with the psychiatrist

Percent who reported they do not have the opportunity to discuss health concerns with the psychiatrist

Percent of individuals who reported they do not have a psychiatrist but want one

■ FY17-18   ■ FY18-19

Data Source: IM4Q

Consent at the doctor's office (PM 7 & 8)

85%	90% 88%
65%	

Percent of individuals who reported they are able to provide consent for medical treatment. (Source: IM4Q) 65%

Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent. (Source: IM4Q)

■ FY17-18   ■ FY18-19

Data 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.

Accomplishments:

Increasing Intervention Competency and Capacity to Serve Individuals with I/DD/A Recovering from Victimization – ODP continues to create online educational experiences for therapists (both webinar and online self-paced eLearning) with the goal of improving outcomes for individuals with I/DD/A recovering from victimization. The intent is to provide a robust resource for providers who want to serve this population at a time of high need. This project is a collaboration with Penn State Hershey Medical Center under the direction of Dr. Michael Murray, Director of the Central Region ASERT.

Capacity Building Institute (CBI) – Sixty-six (66) attendees attended the fourth class of CBI in September 2019. After a suspension in monthly sessions during the pandemic, CBI resumed via an online format for participants. Completion of the fourth class of CBI will occur in December 2020. CBI continues to focus on promoting best and promising practices for increased capacity to support individuals with complex needs in the community setting.
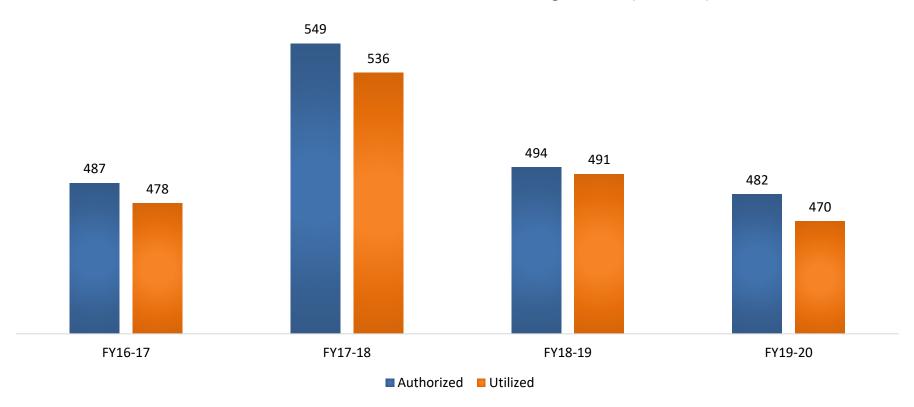
Performance Measures (PMs):

1. Number of people with authorized nursing services. *(Source: HCSIS)*
2. Number of people who use nursing services. *(Source: PROMISe™)*
3. Number of people with ID with authorized behavioral support services *(Source: HCSIS)*
4. Number of people with ID who use behavioral support services. (*Source: PROMISe™*)
5. Number of people with Autism with authorized behavioral support services *(Source: HCSIS)*
6. Number of people with Autism who use behavioral support services. (*Source: PROMISe™*)

Accomplishments

✓ **Increasing Intervention Competency and Capacity to Serve Individuals with I/DD/A Recovering from Victimization**

✓ **Capacity Building Institute was transitioned to an online format, in response to the pandemic**

7. Number and percent or people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders. *(Source: NCI PA Adult Consumer Survey)*
8. Number of providers qualified to provide behavior support services. *(Source: HCSIS)*
9. 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. *(Source: QA&I)*
10. If the individual has complex needs, the percent for whom SC addresses issues identified via monitoring related to support for the person. *(Source: QA&I)*

Number of individuals with ID who use Nursing Services (PM 1 & 2)

	FY16-17	FY17-18	FY18-19	FY19-20
Authorized	487	549	494	482
Utilized	478	536	491	470

Sources: Service authorizations from HCSIS under snapshot date of 09/30/2020.
PROMISe paid claims through remittance advice date of 11/02/2020.
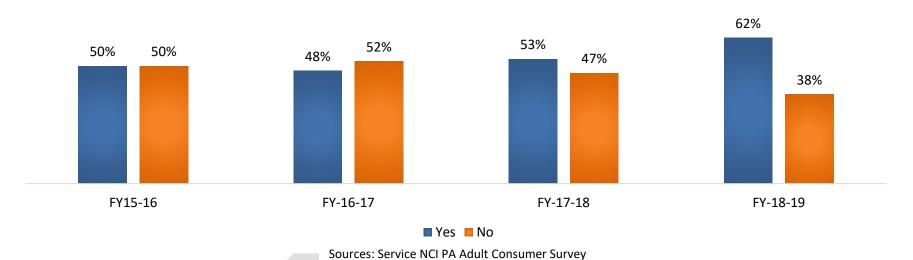Data Extraction Date: 11/16/2020

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Number of Individuals with ID who use Behavioral Support Services (PM 3 & 4)

SFY18-19: Individuals with Authorized Behavioral Support Services 4,196; Individuals with Utilized Behavioral Support Services 3,987
SFY19-20: Individuals with Authorized Behavioral Support Services 4,480; Individuals with Utilized Behavioral Support Services 4,172

■ Individuals with Authorized Behaviroal Support Services   ■ Individuals with Utilized Behavioral Support Services

Sources: Service authorizations from HCSIS under snapshot date of 09/30/2020.
PROMISe paid claims through remittance advice date of 11/02/2020.
Data Extraction Date: 11/11/2020

Number of Individuals with Autism who use Behavioral Support (PM 5 & 6)

SFY16-17: Authorized 400; Utilized 391
SFY17-18: Authorized 458; Utilized 450
SFY18-19: Authorized 481; Utilized 472
SFY19-20: Authorized 476; Utilized 465

■ Individuals with Authorized Behaviroal Support Services   ■ Individuals with Utilized Behavioral Support Services

Sources: Service authorizations from HCSIS under snapshot date of 09/30/2020.
PROMISe paid claims through remittance advice date of 11/02/2020.
Data Extraction Date: 11/11/2020

Percent of Individuals and Self-Advocates Who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders (PM 7)
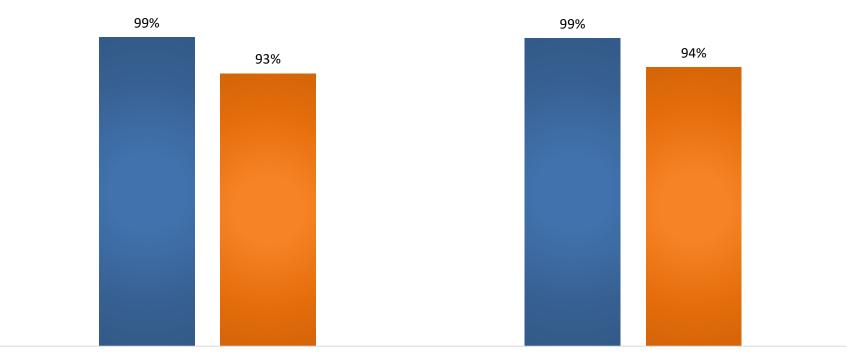

Sources: Service NCI PA Adult Consumer Survey

Number of Enrolled Behavior Specialist Providers by Waiver (PM 8)

Sources: HCSIS as of November 2020

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

SCs support individuals with Complex Needs (PM 9 & 10)

	FY18-19	FY19-20
If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	99%	93%
If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	99%	94%

Sources: QA&I

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.

Accomplishments:

College of Direct Support (CDS) – CDS courses meet the CMS set of Core Competencies. The addition of 3,745 new learners for FY19-20, brings total enrollment in the CDS to 83,191. The top 5 topics studied included:

- Introduction to Medication Support: An Overview of Direct Support Roles in Medication Support
- Positive Behavior Supports: Introduction
- Individual Support Plan: Person-Centered Planning
- Person-Centered Planning: Lesson 3: The Person-Centered Planning Process
- Positive Behavior Supports: Behavior Support Plans

College of Employment Services (CES) – For FY19-20, an additional 361 new learners increased the total enrollment to 1,265. The top 5 topics reviewed are as follows:

- Strategies for Job Development, Part Two, Lesson 3: Online Applications and Personality Tests
- Using Work Incentives to Increase Self-Sufficiency, Lesson 2: Proactive Planning - Staying on Track with Work Incentives
- Principles of Career Development, Lesson 6: Earnings, Benefits, and Career Choice
- Performance Coaching and Support, Part 2, Lesson 3: Supporting Employees' Learning Styles
- Performance Coaching and Support Part 1, Lesson 3: The First Days of Work and the Employment Support Plan

MyODP – MyODP contains ODP's Learning Management System (LMS). The most active topical areas include: Medications Administration, Community Participation Supports, Autism, Individual Support Plan, Risk Mitigation, Incident Management, Provider Applicant Orientation, and Certified Investigations. The total registered users for MyODP reached 96,150 as of June 30, 2020, with 559 course offerings.

Accomplishments

- ✓ **16,983 participants attended ODP facilitated live webinars in FY19-20**

- ✓ **3,745 new learners added to College of Direct Support (CDS) for FY19-20**

- ✓ **College of Employment Services (CES) enrollment added 361 new trainees**

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

MyODP Training – Certificates Earned – Once a training is completed on MyODP, certificates of completion are awarded to trainees. Roles awarded certificates for FY19-20:

- Administrative Entity – 4,055
- Supports Coordinators – 8,656
- Direct Support Professionals – 58,816
  ODP Training – ODP Facilitated Webinars – Throughout FY19-20, ODP utilized the GoToWebinar virtual platform to deliver training and outreach information to staff who support individuals in the ODP service system. A total of 15, 393 attendees received training from the 67 sessions offered to the field and 21 of the ODP Facilitated Webinars presented dealt with COVID-19 and COVID-19 response.

Autism Spectrum Disorder Seminar 2020 – *Getting Better at Behavioral Assessment and Treatment* was a professional training offered virtually this year due to the COVID pandemic. A total of 812 professionals attended representing multiple systems, including Early Intervention (EI), Behavior Health Rehabilitation Services (BHRS), Special Education, ODP , Office of Children, Youth, and Families (OCYF), Office of Long-Term Living (OLTL), Office of Mental Health and Substance Abuse Services (OMHSAS), and Office of Vocational Rehabilitation (OVR).

13th Annual Pennsylvania Autism Training Conference (PATC) – *PATC: Innovate* featured presentations from individuals with Autism Spectrum Disorder (ASD), providers, ASD specialists, and justice system professionals. Approximately 350 professionals and providers, across multiple service delivery systems, attended the 3-day virtual conference. Evaluation forms indicated that many DSPs and other support professionals that have previously been unable to attend PATC were able to this year thanks to the spread out, virtual structure. Training topics included: Justice System navigation and reform for individuals with ASD; Personal stories; Meaningful Communication; Training and maintaining qualified staff; Dual Roles during COVID-19; Community Engagement; and Relationships.

Performance Measures (PMs):
1. Percent of staff observed who treat individuals with dignity and respect. *(Source: IM4Q)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(Source: IM4Q)*
3. Percent of respondents who said staff in their relative's home and place of work always treat people with dignity and respect. *(Source: 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. *(Source: 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. *(Source: IM4Q)*
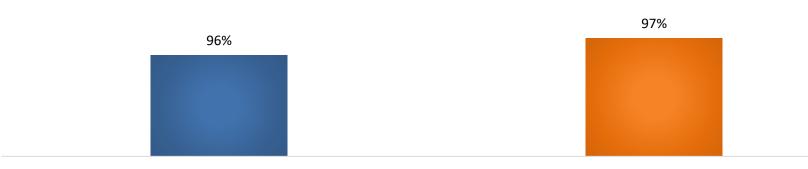
Support Staff Treat Individuals with Dignity and Respect and Promote Independence
(PM 1 & 2)

Staff support for the person

■ Staff treat individuals with dignity and respect   ■ Staff recognize individuals in ways that promote independence

Data Source: IM4Q

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

96%
Percent of respondents who said staff in their relative's home always treat people with dignity and respect.

97%
Percent of respondents who said staff in their relative's place of work always treat people with dignity and respect.

Data Source: IM4Q FY18-19

4 & 5. Support Staff have the skills they need (PM 4 & 5)

91%
Percent of respondents who said all staff appear to have the skills they need to support their relative at home.

89%
Percent of respondents who said staff appear to have the skills they need to support their relative at their place of work.

91%
Percent of staff observed that all support individuals at home and/or work appeared to have the skills they needed to support the person.

Data Source: IM4Q FY18-19

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.

Accomplishments:

Front Door Project – ODP was in the process of involving all stakeholders in this project to improve the first point of contact that an individual and/or family has with the ODP system and completion was originally anticipated for March 2020. Due to challenges with the pandemic, this project will resume in spring of 2021.

HCSIS Replacement Activities –The Department of Human Services (DHS) began the planning process to procure a new Enterprise Case Management (ECM) system, with the new system anticipated to be in place in 2023. From August through June of FY19-20, ODP worked with system stakeholders, in a variety of in-person and web-based sessions, to develop User Stories that would help to identify the end user-based functions necessary in the ECM system for ODP. The System Integrator Request for Proposal is tentatively scheduled to be released in the spring.

MMIS 2020 Platform Project – ODP has been working with other DHS partners to modernize the Medicaid Management Information System (MMIS) to ensure the system is efficient and effective and that ODP system needs are part of that system build. User stories are being utilized as an efficient method of communicating the vision. The new MMIS 2020 webpage is now available (https://www.dhs.pa.gov/mmis) and will provide updated information.

Resource and Referral Tool – DHS began the planning for procurement of an online resource and referral tool that will be available to assist people to find and connect with community resources related to housing, employment, basic and financial needs. This project was started in FY1819 and was impacted due to COVID-19. A progress update report will be available in the spring of 2021.
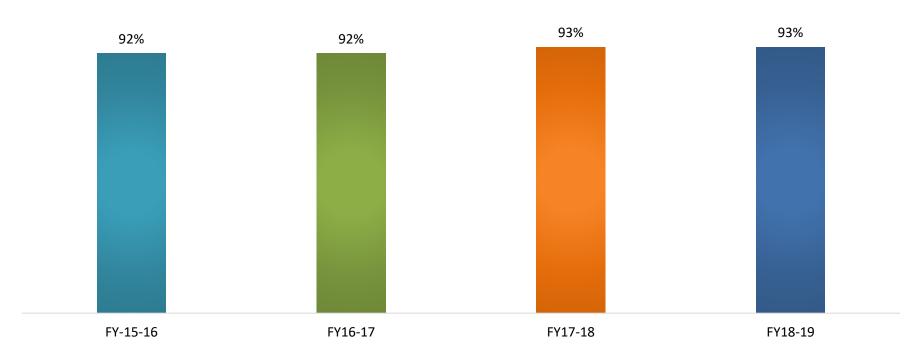
Supports Coordination Strategic Thinking Group (SC STG) – In October 2019, the SC STG convened to discuss the subject domains that were identified in the Listening Tour feedback: organization structure, training and mentoring, technology, recruitment and retention, and *LifeCourse* implementation. SC STG members participated in small group discussions to review the feedback, as well as identify additional information for ODP consideration. During a debrief discussion, ODP recognized an additional subject domain brought forth during the meeting - Health, Safety and Wellness. Due to the onset of the COVID-19 pandemic, this initiative was placed on hold as stakeholders focused on keeping individuals safe and healthy while providing needed supports. However, in May of 2020, ODP resumed work virtually and began to focus on the changing needs of individuals receiving supports, trauma informed

Accomplishments

- ✓ **Front Door Project**

- ✓ **HCSIS Replacement Activities continued**

- ✓ **New MMIS 2020 webpage**

care, and providing feedback on the ODP Individual Transition Guide. ODP will continue to move forward with the goals originally set forth while also incorporating lessons learned during the pandemic.
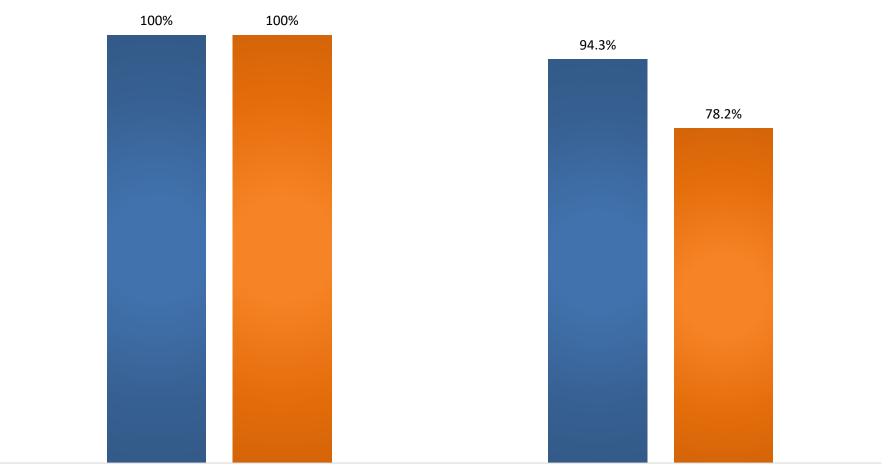
Performance Measures (PMs):

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 *(Source: NCI PA Adult Consumer Survey)*
3. Percent of people in the Consolidated and P/FDS waivers who had a change in need and had the plan updated. (*Source: QA&I*)

Supports Coordinator Asks What People What They Want (PM 2)

92%	92%	93%	93%
FY-15-16	FY16-17	FY17-18	FY18-19

Sources: NCI PA Adult Consumer Survey

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Individuals' Needs Changed and ISPs were Updated Timely (PM 3)

- 100% (FY17-18) / 100% (FY18-19): The individual had an identified change in need.
- 94.3% (FY17-18) / 78.2% (FY18-19): The individual's ISP is updated timely when a change in need is identified.

■ FY17-18   ■ FY18-19

Data Sources: QA&I

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.

Accomplishments:

Addressing Racial Inequity within the ID/A System -
- ISAC adopted Recommendation #14: Promote Racial Equity. Strategies to address issues identified through data analysis and information gathering with stakeholders is underway.

QM Certification Classes –
- Moved to a virtual platform after onset of COVID-19 pandemic
- Emphasis on person-centered (people outcomes) planning during the class– entities are asked to address objectives in their QM plans that directly impact individuals (e.g. health and safety, communication, employment, etc.)
- **658** participants are now ODP QM certified (PM 1)

Develop, Implement, and Maintain Quality Assessment and Improvement (QA&I) process –
- An Interim review process was developed in response to COVID-19 pandemic challenges
- QA&I process was updated to align across all 4 waivers for the interim review process (including the Adult Autism Waiver - AAW)

Performance Measures (PMs):

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. *(Source: MyODP.org)*
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 whose QM Plans reflect ODP's Mission, Vision and Values. *(Source: QA&I)*
5. Number and percent of AEs, SCOs and Providers that review and evaluate performance data in selecting priorities for QM Plans. *(Source: QA&I)*

Accomplishments

- ✓ **ISAC adopted Recommendation #14—Promote Racial Equity**

- ✓ **ID/A 3rd year of Quality Assessment and Improvement (QA&I) process completed successfully**

- ✓ **AAW 1st year of Quality Assessment and Improvement (QA&I) process completed successfully**

- ✓ **QM Certified Staff increased to a total of 658**

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Has a QM plan that reflects ODP's Mission, Vision and Values (PM 4)

Data Source: QA&I

Reviewed and Evaluated performance data in selecting priorities for the QM plan (PM 5)

Data Source: QA&I

45

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.

Accomplishments:

Housing Services –The number of individuals receiving Housing Services has increased from **6** individuals in FY17-18 to **115** in FY19-20.

Lifesharing Services –The number of individuals receiving Lifesharing Services provided by a relative has increased from **17** individuals in FY 17-18 to **54** in FY 19-20.
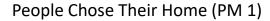
Supported Living –The number of individuals receiving Supported Living has increased from **39** individuals in FY 17-18 to **84** in FY 19-20.
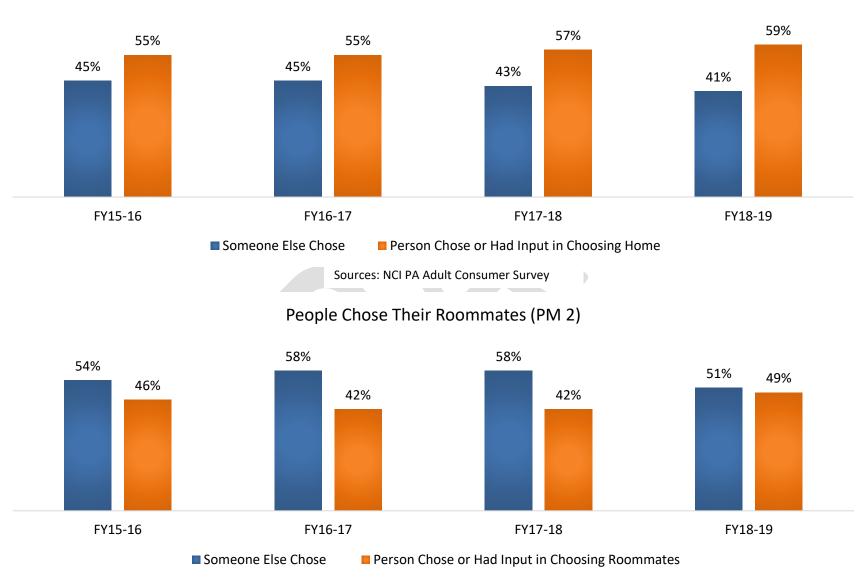
Performance Measures (PMs):

1. Percent of people who choose their home. *(Source: NCI PA Adult Consumer Survey)*
2. Percent of people who choose their roommate. *(Source: NCI PA Adult Consumer Survey)*
3. Percent of people who rent or own their homes. *(Source: NCI PA Adult Consumer Survey)*
4. If people do not get needed services, the percent whose unmet need is in the area of finding/changing housing. *(Source: NCI PA Adult Consumer Survey)*
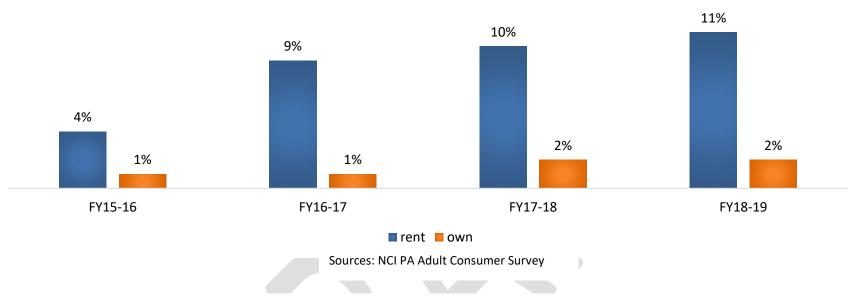
Accomplishments

✓ **Individuals receiving Housing Transition and Tenancy services has increased to 115**

✓ **Lifesharing services provided by relatives has increased to 54**

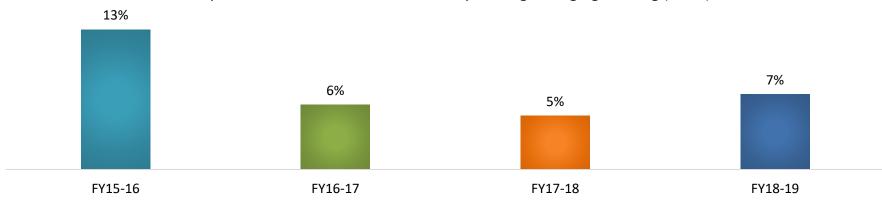✓ **The number of individuals living in their own home receiving Supported Living Services has increased to 84**

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

People Chose Their Home (PM 1)

	FY15-16	FY16-17	FY17-18	FY18-19
Someone Else Chose	45%	45%	43%	41%
Person Chose or Had Input in Choosing Home	55%	55%	57%	59%

■ Someone Else Chose   ■ Person Chose or Had Input in Choosing Home

Sources: NCI PA Adult Consumer Survey

People Chose Their Roommates (PM 2)

	FY15-16	FY16-17	FY17-18	FY18-19
Someone Else Chose	54%	58%	58%	51%
Person Chose or Had Input in Choosing Roommates	46%	42%	42%	49%

■ Someone Else Chose   ■ Person Chose or Had Input in Choosing Roommates

Sources: NCI PA Adult Consumer Survey

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Percent of individuals and self-Advocates who rent or own their home (PM 3)

	FY15-16	FY16-17	FY17-18	FY18-19
rent	4%	9%	10%	11%
own	1%	1%	2%	2%

Sources: NCI PA Adult Consumer Survey

The percent of individuals who need help finding/changing housing (PM 4)

FY15-16	FY16-17	FY17-18	FY18-19
13%	6%	5%	7%

Sources: NCI PA Adult Consumer Survey

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 inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

Accomplishments:

Increased Community Participation – The Community Participation Support (CPS) service continued to see individuals spend a significant amount of time in the community overall, prior to the announcement of the Public Health Emergency due to COVID-19 in March. While the effects of the pandemic made it a struggle to safely engage in community activities this year, many CPS providers remained committed to community inclusion. By March 2020, 39% of individuals received 25% or more of their CPS service in the community.

Innovative Practices in CPS Webinars - Sessions were held virtually, in each region, throughout the year and highlighted promising, innovative practices for CPS that were spearheaded by providers and the individuals they serve. These webinars facilitated communication and informal networks for providers to learn from each other during the pandemic. With nearly 1,000 attendees in total for these webinars, the interest and impact that innovation brings to our service delivery system was easily recognized.

CPS Curriculum is Standardized - ODP implemented a standardized curriculum for CPS. As of November 2020:
- 39,713 users have received a certificate for required training.
- 3,806 users have received a certificate for professional development.
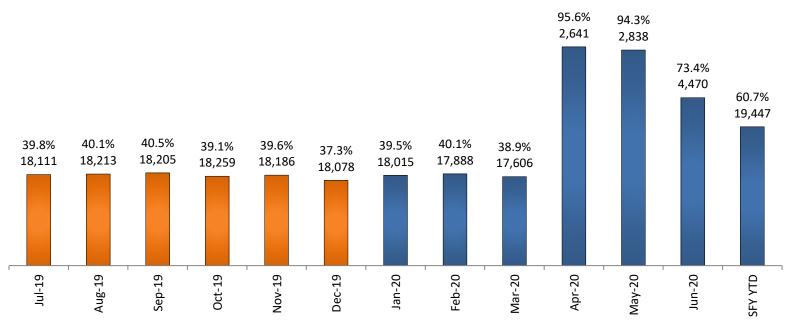
Performance Measures (PMs):

1. Use claims and encounters data for pre-vocational, day habilitation, and community participation support to track whether community-based services are increasing, and facility-based services are decreasing over time. *(Source: PROMISe™)*
2. Percent of Site Providers Provided Services in Community Setting. *(Source: PROMISe™)*
3. Choice and control of daily activities *(Source: IM4Q)*
   a. Who chooses what the individual does during the day (individual or someone else)?
   b. Options for work or day activity in locations where people without disabilities go
   c. Options on where to go during the day

Accomplishments

✓ **By March 2020, 39% of individuals received 25% or more of their CPS service in the community**

✓ **Innovative Practices in CPS Webinars**

✓ **Standardized CPS Curriculum**

4. Number and percent of people with weekly participation. (*Source: IM4Q*)
    a. Visit friends, relatives and neighbors
    b. Go to restaurant
    c. Go to worship
5. Percent of people who have friends. *(Source: NCI PA Adult Consumer Survey)*
6. Percent of respondents who said their relative had enough opportunities to participate in activities in the community. *(Source: IM4Q)*
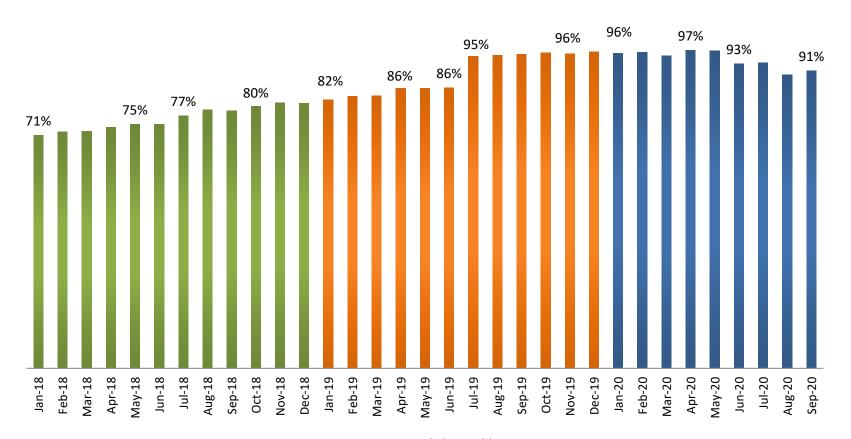
Percent and number of Service Recipients
with Service Units >= 25% in Community (PM 1)

Month	Percent	Number
Jul-19	39.8%	18,111
Aug-19	40.1%	18,213
Sep-19	40.5%	18,205
Oct-19	39.1%	18,259
Nov-19	39.6%	18,186
Dec-19	37.3%	18,078
Jan-20	39.5%	18,015
Feb-20	40.1%	17,888
Mar-20	38.9%	17,606
Apr-20	95.6%	2,641
May-20	94.3%	2,838
Jun-20	73.4%	4,470
SFY YTD	60.7%	19,447

Source: DHS EDW PROMISe Paid Claim Table
Data Extraction Date: 11/11/2020

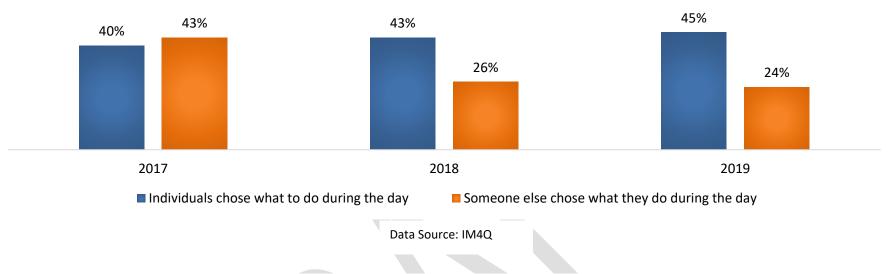**EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES**

Percent Of Provider Sites Rendering CPS Services in Community Setting (PM 2)

Source: DHS EDW PROMISe Paid Claim Table
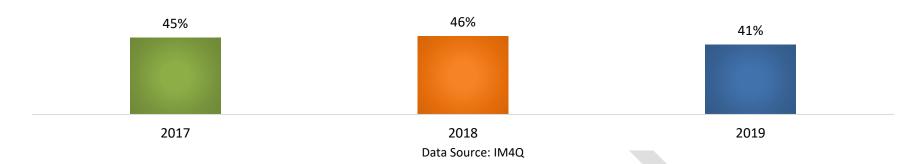Data Extraction Date: 10/19/2020 with RA dates through 9/30/2020

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Individuals or others choose what to do during the day (PM 3a)

2017: 40% / 43%
2018: 43% / 26%
2019: 45% / 24%

■ Individuals chose what to do during the day   ■ Someone else chose what they do during the day

Data Source: IM4Q

Individuals reported that when they chose their work or day activity,they had an option to go where people without disabilities go (PM 3b)

2018: 51%
2019: 57%

Data Source: IM4Q

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Individuals saw no other places when choosing what they do during the day (PM 3c)

45%   46%   41%

2017   2018   2019

Data Source: IM4Q

Weekly Participation in Community Activities Harris Poll Comparisons (PM 4):

	Harris 2010:	Harris 2010:	Independent Monitoring	Independent Monitoring	Independent Monitoring	Independent Monitoring	Independent Monitoring
	People Without Disabilities	People With Disabilities	2015	2016	2017	2018	2019
Visit with friends, relatives, and neighbors	65%	54%	50%	46%	44%	46%	51%
Go to restaurant	41%	20%	43%	45%	47%	47%	51%
Go to worship	28%	24%	28%	27%	22%	27%	31%

Harris Poll: In May and June 2010, the National Organization on Disability commissioned Harris Interactive, Inc. to conduct a national phone survey to examine and compare the quality of life and standard of living for people with and people without disabilities.

Data Source: IM4Q

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Percent of Individuals and Self-Advocates Who Have Friends Other Than Staff and Family (PM 5)

FY15-16	FY16-17	FY17-18	FY18-19
74%	79%	78%	77%

Sources: NCI PA Adult Consumer Survey

Satisfaction with opportunities for individuals and Self-Advocates (PM 6)

	FY15-16	FY16-17	FY17-18	FY18-19
	89% 90%	89% 88%	87% 87%	85% 86%

■ Percent of the respondents said that their relative had enough opportunities to participate in activities in the community

Data 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.

Accomplishments:

Criminal Justice Systems:

- **Promote diversion for people with intellectual disabilities or autism who are arrested;**
  - o Conducted a training in February 2020 of over 200 judges at the Trial Court Judge's annual conference in Philadelphia.
  - o In a collaboration with Supreme Court Justice Kevin Dougherty, DHS will host statewide and regional justice forums to promote a greater understanding of the needs of individuals with ASD/ID. A statewide virtual event was conducted in November 17, 2020 and four virtual regional forums will be held in early 2021.
  - o Hosted a justice panel presentation at the 2020 Pennsylvania Autism Training Conference.
  - o Partnered with Judge William Ward to develop a "Justice Process & Intervention Opportunities Map." This tool provides a roadmap to understand opportunities for support and divert individuals who come in contact with the criminal justice system.
  - o Autism Services Education Resources and Training (ASERT) Justice System Outreach Lead trained 7,986 individuals statewide including via 20 online trainings.

- **Improve supports to victims of crimes with intellectual disabilities or autism;**
  - o In collaboration with the ASERT Collaborative, developed justice resource bundles targeting individuals, families and justice system professionals as part of a "Be Safe" campaign.
  - o ODP conducted a Criminal Justice Forensic survey in which all 48 AEs responded. The findings provided a collection of county level resources, processes, and priorities.

Expanded eligibility in ODP Programs outreach — The AAW was amended effective January 1, 2020 to transition from the use of an Interest List to a Waiting List. The Waiting List will be based on urgency of need once the current list is exhausted to align the approach for prioritization among all populations requesting services from ODP. To date, there are currently 2,181 individuals on the AAW Waiting List.

Since January 1, 2020:

Accomplishments

- ✓ **200 judges trained in February 2020**

- ✓ **All 48 counties participated in Criminal Justice Forensic Survey**

- ✓ **Began transition of AAW interest list to a waiting list.**

- ✓ **Additional 865 individuals with ID/A enrolled in Community Living and Consolidated waivers**

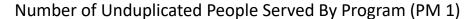- ✓ **1st time ODP and AEs worked to use existing waiver capacity to successfully serve all graduates**

- 565 individuals have been found eligible by the County/AE Offices
- 27 of the 565 found eligible have been enrolled in an ID/A waiver

Program Funds for the Waiting List in the Governor's Budget – The FY 19-20 budget included resources which allowed ODP to enroll an additional 865 individuals with ID/A to access waivers to provide supports and services so that they can remain in their home and community and live an "everyday life."

Success of High School Graduates Waiting List Initiatives – 2020 marked the first time ODP and AEs worked to use a strategy using existing waiver capacity and turnover rates to serve all graduates. Of the 954 graduates identified in 2020, as of October 2020, 760 graduates were enrolled in waivers, 104 were in the process of enrollment, and the remaining graduates were either not interested or in process of documentation gathering for enrollment.

Performance Measures (PMs):

1. Number of unduplicated people served, by program, by FY, during the course of the year. *(Sources: HCSIS, PROMISe™)*
2. Number of people newly enrolled. *(Sources: HCSIS)*
   a. From the ID waiting list, by category, (Emergency, Critical, Planning), by age
   b. From the interest list, by category, (Priority 1, Priority 2), by age
   c. From the ID waiting list, by category, by some ODP-funded services and no ODP-funded services
   d. From the ID waiting list, with caregivers over the age of 60
   e. From the ID waiting list, by program enrolled in – Cons, P/FDS, Autism Programs, Private ICF/ID, Base.
3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes. *(Sources: HCSIS, PROMISe™)*
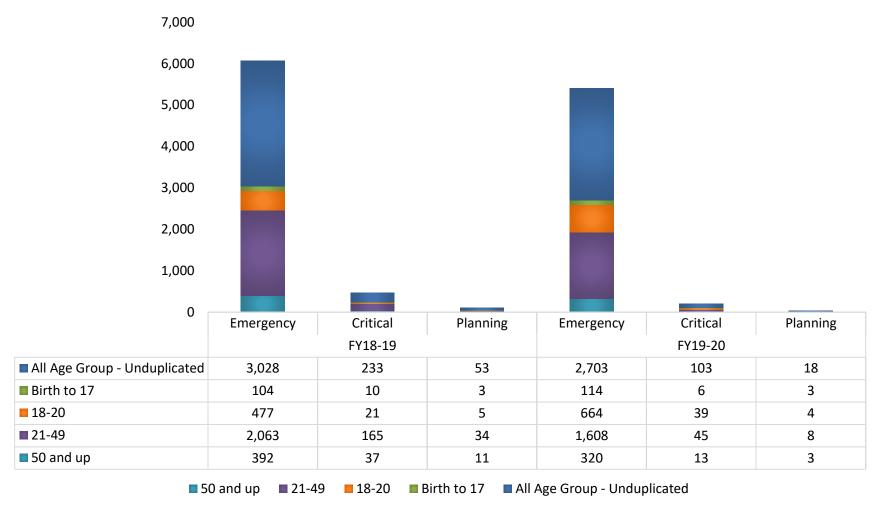
EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Number of Unduplicated People Served By Program (PM 1)

	Consolidated	Community Living	P/FDS	Autism Services (AAW and ACAP)	Base	Private ICFs/ID	State Centers
SFY16-17	18,267		13,722	818	14,123	2,071	915
SFY17-18	18,398	1,005	14,661	882	12,911	2,031	869
SFY18-19	18,542	2,809	14,625	899	10,337	1,962	779
SFY19-20	18,685	3,772	13,780	919	7,560	1,877	720

■ SFY16-17 ■ SFY17-18 ■ SFY18-19 ■ SFY19-20

Data Sources: HCSIS as of 9/30/2020
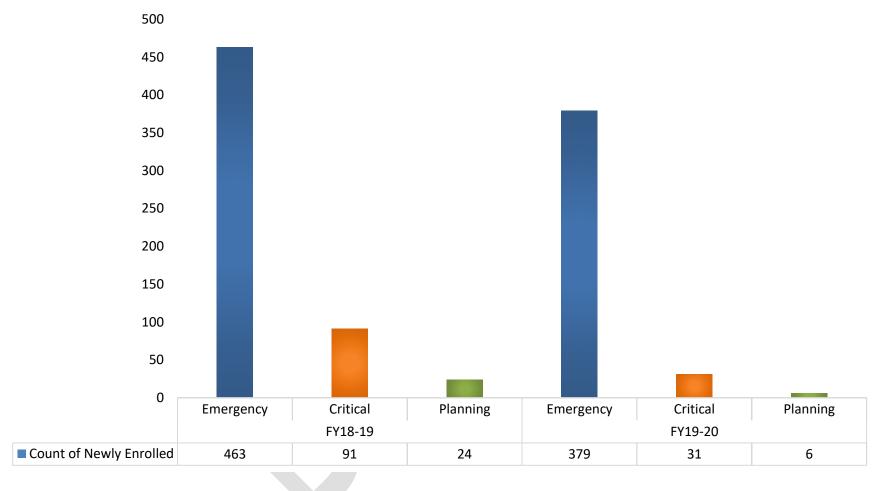PROMISe as of 11/09/2020

Unduplicated Count of Newly Enrolled Individuals from the ID Waiting List into the ID/A Waivers - by Urgency Need Category and Age Group (PM 2a)
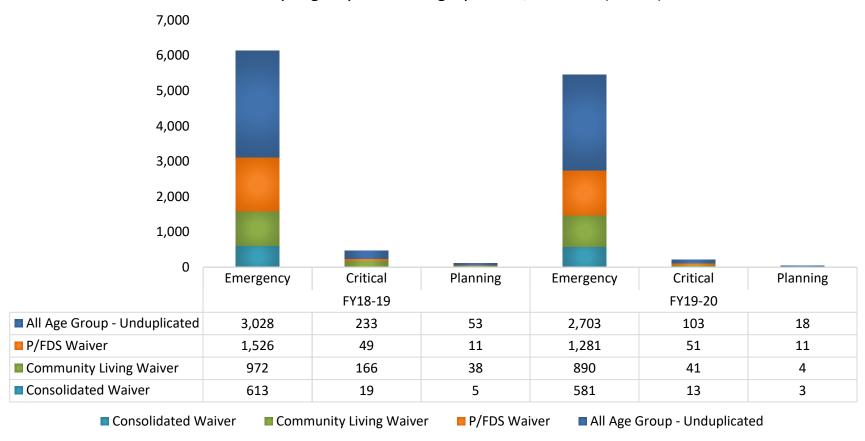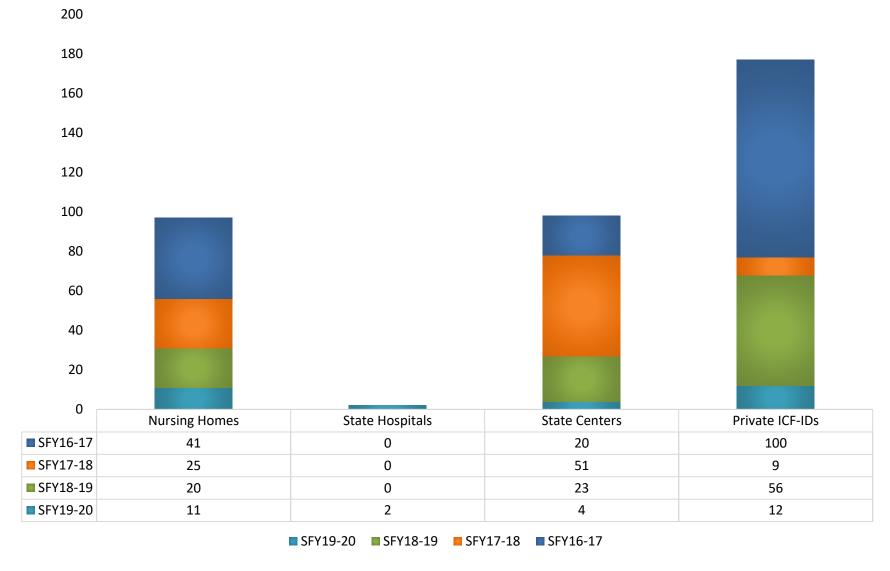
	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY18-19			FY19-20	
■ All Age Group - Unduplicated	3,028	233	53	2,703	103	18
■ Birth to 17	104	10	3	114	6	3
■ 18-20	477	21	5	664	39	4
■ 21-49	2,063	165	34	1,608	45	8
■ 50 and up	392	37	11	320	13	3

■ 50 and up   ■ 21-49   ■ 18-20   ■ Birth to 17   ■ All Age Group - Unduplicated

Data Source: EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2019

Number of People Newly Enrolled from the Interest List into the Adult Autism Waiver, by Priority, by Age (PM 2b)

	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2
	FY15-16		FY16-17		FY17-18		FY18-19		FY19-20	
■ Total	45		132		78		20		20	
■ 21-49	42	0	120	7	72	1	20	0	20	0
■ 50 and up	3	0	5		4	1	0	0	0	0

■ 50 and up   ■ 21-49   ■ Total

Data Source: HCSIS data as of 9/30/2020

Unduplicated Count of Newly Enrolled Individuals from the ID Waiting List into the ID/A Waivers - by Urgency Need Category and Age Group (PM 2c)

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY18-19			FY19-20	
All Age Group - Unduplicated	3,028	233	53	2,703	103	18
No Services	927	24	2	977	34	7
Some Services	2,101	209	51	1,726	69	11

■ Some Services   ■ No Services   ■ All Age Group - Unduplicated

Data Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 09/30/2020 and PROMISe as of 11/09/2020

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Unduplicated Count of Newly Enrolled Individuals from the ID Waiting List into the ID/A Waivers with Caregiver Age Over 60 - by Urgency Need Category (PM 2d)

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY18-19			FY19-20	
Count of Newly Enrolled	463	91	24	379	31	6

Data Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 09/30/2020

Unduplicated Count of Newly Enrolled Individuals from the ID Waiting List into the ID/A Waivers - by Urgency Need Category and ID/A Waiver (PM 2e)

	FY18-19			FY19-20		
	Emergency	Critical	Planning	Emergency	Critical	Planning
All Age Group - Unduplicated	3,028	233	53	2,703	103	18
P/FDS Waiver	1,526	49	11	1,281	51	11
Community Living Waiver	972	166	38	890	41	4
Consolidated Waiver	613	19	5	581	13	3

Legend: ■ Consolidated Waiver ■ Community Living Waiver ■ P/FDS Waiver ■ All Age Group - Unduplicated

Data Source: EDW HCSIS Consumer Demographics Fact and PUNS as of 09/30/2020

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Number of People Moving from Institutional Settings to ID/A Waivers (PM 3)

	Nursing Homes	State Hospitals	State Centers	Private ICF-IDs
SFY16-17	41	0	20	100
SFY17-18	25	0	51	9
SFY18-19	20	0	23	56
SFY19-20	11	2	4	12

Legend: ■ SFY19-20 ■ SFY18-19 ■ SFY17-18 ■ SFY16-17

Data Sources: HCSIS; PROMISe™; Facility Fact
Data extraction Date: 11/17/2020

Recommendation 14: Promote Racial Equity (New)

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.

In 2020, the Information Sharing and Advisory Committee (ISAC) has adopted a new recommendation to address racial inequity and systematic racism. A new subcommittee was formed to begin developing a framework and strategies in alignment with Department of Human Services' (DHS) and Governor's office efforts.

To inform the development of targeted strategies for improvement, the subcommittee first seeks to understand where the problematic areas are within the ID/A services system. In 2020, the subcommittee has   focused on information gathering through both data analysis and discussion with stakeholders who may not be closely connected with the ID/A services system. Through data analysis, ODP and the subcommittee are examining distinctions among individuals of different races in areas such as: accessing the system, employment, mortality, abuse/neglect, law enforcement, service settings, and health conditions. In addition, the subcommittee is developing methods to directly gather information on the experiences of individuals and families through focused surveys and discussion.

Data Sources

College of Direct Support (CDS) – A national, web-based learning system designed for people who support individuals with intellectual/developmental disabilities and that the commonwealth has used since 2003.

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

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 Consumer 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.

Quality Assessment and Improvement (QA&I) Annual Statewide Report – 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.

Appendix

*Note: The Appendix provides a reference of the Strategies and Performance Measures the ISAC adopted in 2016 to support each Recommendation.

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.

Strategies:

1. Finalize and issue the communication policy bulletin.

   - Define communication:
     - It is a right;
     - It is expressive and receptive;
     - It is a meaningful interaction not just words/signs;
     - It is cultural;
     - It is foundational to leading a self-determined life, being a part of a community, being healthy and safe, and having healthy relationships;
     - It will assert that everyone can communicate in one way or another (such as but not limited to behavior, eye gaze, visual gestural); however, not everyone can communicate effectively and meaningfully.
   - Describe a communication profile and plan;
   - Specify roles and expectations;
   - Include the applicable 6100 regulations.

2. Incorporate a focus on communication in the individual planning process.

3. Identify all possible funding avenues (including private insurance, ACCESS (Medicaid), Medicare, Person/Family Directed Services (P/FDS), waivers, etc.) to support people in exploring effective communication supports. These would include formal assessments to identify needs and appropriate approaches, techniques, devices, updates, and training.

4. Address the lack of Communication Specialists and clinicians, such as speech-language professionals and board-certified behavior analysts, with the expertise in communication to work with individuals with intellectual disabilities or autism.

5. Recognize and accommodate the primary language of individuals, self-advocates, and families; provide materials and translation.

6. Promote generic social change by building capacity in understanding and supporting people with nontraditional communication needs.

7. Track progress by measuring compliance with revised regulations relating to communication.

Performance Measures:

1. For people who do not communicate effectively using words, the percent of people with a communication system in place, 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. *(Source: Independent Monitoring for Quality (IM4Q))*

2. For people with communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*

3. For people with communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community). *(Source: IM4Q)*
4. Percent of individuals who report that their staff understand their communication. *(Source: IM4Q)*
5. Percent of individuals for whom the Supports Coordinator (SC) explores with the individual options for communication assistance when appropriate and supports the individual to choose. *(Source: QA&I)*
6. Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier). *(Source: Provider Reimbursement & Operations Management Information System in Electronic format (PROMISe™))*

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.

Primary Objective: Greater participant utilization of self-direction opportunities.

Strategies:
1. Simplify the process for people to direct their services to reduce time and effort needed to use the model.
    - Revise/simplify the PA Guide to Participant-Directed Services (PDS) to make the guide more accessible to people unfamiliar with PDS models;
    - Simplify bulletins and announcements about Vendor/Fiscal Employer Agent (VF/EA) and Agency with Choice (AWC) to establish clear and consistent expectations for VF/EA and AWC performance;
    - Clarify the documentation required to comply with state and federal regulations regarding PDS services.

2. Provide information and education about self-direction to individuals, self-advocates, families, supports coordinators, and providers.
    - Provide training to participants, common-law employers, supports service workers, and natural supports on real world methods to manage the self-direction process in the VF/EA and AWC models through the PA Family Network and Self-Advocates United as 1;
    - Conduct targeted outreach to AEs/SCOs with low participation in PDS to encourage increased use of PDS;
    - Support the PA Family Network to educate families about the self-direction option.

3. Assure the availability of fiscal intermediary services. Permit more than one AWC to operate within a county/AE, allowing greater access to AWC services and expanded participant choice.

4. Provide training to Agencies with Choice on operation and ODP recommendations to increase consistency of practice.

5. Ensure personal choice and control over all aspects of life are supported for every person.
    - Apply the "Individual Rights" sections of Chapter 6100 to support choice and control over all aspects of individuals' everyday lives;
    - Use data analytics to track and measure results, and to help support the provision of technical assistance and training.

6. Build capacity in understanding and supporting people with nontraditional communication needs with an emphasis on self-direction, choice, and control.
   - Communicate expectations regarding the link between effective communication and the ability to control one's own life.

Performance Measures:
1. Number of Individuals and Self-Advocates who use PDS, by AWC and VF/EA. (*Source: HCSIS*)
2. Number of Self-Directed Services per individual/self-advocate; will include support broker service. (*Source: HCSIS*)
3. Percent of individuals and Self-Advocates who use PDS, including AWC and VF/EA. (*Source: HCSIS*)
4. Percent of individuals who reported they vote. *(Source: IM4Q)*
5. Percent of individuals who report they always carry a form of identification. *(Source: IM4Q)*
6. Percent of individuals surveyed who had a key/way to get into their house or apartment on their own. *(Source: IM4Q)*
7. Percent of individuals interviewed who reported they chose what they do during the day. *(Source: IM4Q)*
8. Percent of individuals who said they were given a choice to live where people without disabilities live. *(Source: IM4Q)*
9. Percent of individuals surveyed who saw no other places before they moved into their residence. *(Source: IM4Q)*

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.

Strategies:

1. Inform families about employment opportunities when their children are young; inform self-advocates as they approach the age of transition.
2. Strengthen state and local interagency collaboration to support individuals and self-advocates to transition into competitive integrated employment upon graduation.
3. Support individuals receiving subminimum wage to gain competitive-integrated employment.
4. Support families before, during, and after an individual's transition to competitive-integrated employment.
5. Build an Employment First assumption in all supports coordination planning activities, including ISP redesign and training.
6. Provide training and ongoing technical assistance to service providers and supports coordinators.
7. Routinely publish data on employment services, work, and wages.
8. Connect OVR Workforce Development information system and ODP information system (HCSIS) to enable the departments to share information.
9. Support provider transformation to employment services. (Retained)
10. Facilitate public-private partnerships and local interagency coalitions to support employment opportunities and encourage innovation. (Retained)
11. Build provider capacity for the benefits counseling service. Provide training and technical assistance to supports coordinators to increase awareness of how benefits counseling might inform individuals, self-advocates, and families about options to work without losing benefits.
12. Promote and increase county and state government hiring of people with disabilities.
13. Support the growth and advancement of post-secondary education programs.

Performance Measures:

1. Number of Individuals working in Competitive-Integrated Jobs. *(Source: ODP Employment Comprehensive Report)*
2. Number of Individuals Employed vs Number of Individuals Employed and Receiving ODP Employment Services. *(Source: ODP Employment Comprehensive Report)*
3. Top 5 Most Utilized Job Types Among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated Employment. *(Source: ODP Employment Comprehensive Report)*
4. Number of people with authorized employment services. *(Source: HCSIS)*
5. Number of people receiving employment services. *(Source: PROMISe™)*
6. Percent of AEs having a designated employment lead. *(Source: QA&I)*
7. Percent of SCs providing education and information to the individual about employment services. *(Source: QA&I)*
8. Percent of people reporting their supports coordinators talked with them about employment at their most recent planning meetings. *(Source: IM4Q)*

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 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.

Strategies:

1. Recognize that family is defined by the person; by who is important to the person. It may include biological and chosen family or staff.
2. Support the work of the PA Family Network to reach families with a consistent message of the importance of family expectations of a good life for family members and opportunities for discovery and navigation of support/service systems and community-based resources.
3. Support the continued growth of regional collaboratives, through the Community of Practice, so that communities and all stakeholders experience genuine direction and ownership in local approaches to ensure equal access and support of individuals and families.
4. Align supports coordination with the LifeCourse Framework so that SCs have the skills and capacity to encourage, explore, and plan with self-advocates and families about their vision of a good life.
5. Amend the ISP to address families' needs, including challenges a family faces, the vision for the individual, and extended family information.
6. Develop materials that lead families to: information, connections, opportunities, supports, and resources needed to build everyday lives for all.
7. Strategize multiple ways to disseminate information to families. Communication avenues include: counties, providers, email distribution lists, school districts, advocacy organizations, social media, and traditional media at the local and state level.
8. Focus on the engagement of cross-systems partners in the Community of Practice to recognize their roles in supporting families to have strong visions and high expectations. The value their roles play in improving access for families to needed information, supports, and services throughout the lifespan is essential.
9. For people who are waiting for supports and services, utilize the supports coordination service, Targeted Support Management, to support community navigation through the LifeCourse Framework and tools for planning, connecting with other families, and finding information and resources within their communities.

Performance Measures:

1. Percent of family members who receive enough information that helps them participate in planning services for their family. *(Source: NCI PA Adult Family)*
2. Percent of family members who report that the information received is easy to understand. *(Source: NCI PA Adult Family)*
3. Percent of family members reporting the Supports Coordinator tells them about other public services for which their family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.) *(Source: NCI PA Adult Family)*
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages. *(Source: IM4Q)*
5. Percent of relatives who said they were aware of the PA Family Network. *(Source: 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. *(Source: IM4Q)*
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process. *(Source: IM4Q)*
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools. *(Source: IM4Q)*
9. Percent of relatives who reported the services coordinator asks about their vision for an everyday life for their family member. *(Source: IM4Q)*

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.

Strategies:

Overarching plan to meet above recommendation: Develop and implement a comprehensive program of wellness opportunities for people with IDD and autism. Areas including: diet/nutrition; physical activities; emotional wellness; sexuality and healthy relationships; wellness as related to aging; safety and drugs and alcohol. To support the utilization of health, wellness and safety opportunities, increased health literacy will be promoted. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

1. Direct people to existing resources with information on healthy living.
   - Create a resource guide with available resources by region, and post online;
   - Provide outreach and education for Supports Coordinators on these topics to promote incorporation into the ISP;
   - Continue to promote waiver services among professionals to become eligible providers for available waiver services for wellness;
   - Promote health literacy to increase individuals' capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
2. Increase the use of Mental Health First Aid (MHFA) among stakeholders across the state.
3. Update, disseminate, and provide training on sexuality guidelines.
   - Identify experts in the field in PA available to support individuals and families with recommendations and strategies.
4. Incorporate a focus on health and wellness into the individual planning process.
   - Use the Health Risk Screening Tool (HRST) to inform individual planning;
   - Offer training on the Fatal Four to broader audiences in both live and on-line formats.
5. Health Care Quality Units will develop outreach to promote wellness to individuals and self-advocates living with families, including people on the waiting list, engaging partners including ASERT, SAPNA, the PA Family Network, and Temple.
6. Broaden the use of physical and behavioral health data to understand health, wellness and safety needs and risks, and to inform ODP planning and direction of supports such as waiver development, HCQU and ASERT activities.

Performance Measures:

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. *(Source: IM4Q)*

2. Percent of individuals who are underweight, normal weight, overweight, and obese. *(Source: NCI PA Adult Consumer Survey)*
3. Percent of individuals with medical, dental, and eye exams in the past year. *(Source: NCI PA Adult Consumer Survey)*
4. Percent of individuals and self-advocates who routinely engage in physical activity at least once a week for at least 10 minutes. *(Source: NCI PA Adult Consumer Survey)*
5. 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. *(Source: IM4Q)*

6. Percent of individuals who report they can access necessary medical services, including:
    - When asked how hard it is to get health care services in their community, percent who reported it was very easy or pretty easy, in-between, or very hard or hard;
    - When asked how hard it is to get dental services in their community, percent who reported it was very easy or easy, in-between, or very hard or hard;
    - Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities;
    - Percent who reported they were able to see a medical specialist if they needed to;
    - Percent who said they were not able to see a specialist due to barriers.
    - Percent who reported they have the opportunity to discuss health concerns with the psychiatrist;
    - Percent who reported they do not have the opportunity to discuss health concerns with the psychiatrist.
    - Percent of individuals who reported they do not have a psychiatrist but want one. *(Source: IM4Q)*

7. Percent of individuals who reported they are able to provide consent for medical treatment. *(Source: IM4Q)*
8. Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent. *(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 lifespans. 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.

Strategies:
1. Develop Capacity Building Institute (CBI). ODP will, in collaboration with the Office of Mental Health and Substance Abuse Services, will establish a training opportunity for members of the IDD and mental health fields to better serve individuals and self-advocates with IDD and autism in addition to mental health needs.
2. Improved support for individuals and self-advocates with complex medical needs. ODP will develop in coordination with the HCQUs and ASERTs increased access to information and guidance for individuals and self-advocates with new onset or longstanding complex medical health needs.
3. Improved used of data. Use data related to individuals with complex medical needs, complex dental needs or complex mental health needs to inform ODP policy and program design. This data will enhance the development of:
4. Training and education.
5. Strategies to target identified health risks.
6. Improved capacity.
7. Promote to use of online dual diagnosis training curriculum.   New providers are required to complete the dual diagnosis training curriculum.
8. Dual Diagnosis Conference – Implemented 2017. Next Dual Diagnosis Conference is scheduled for August 2019 in Altoona, PA. Since the first conference in 2017, each conference has met expectation for capacity.
9. Develop online training modules for Functional Behavioral Assessment. These modules are being developed as a coordinated effort between BAS and ASERT but will be of use in support of any individual served by ODP. This will promote a more standardized approach to the FBA and will allow for a greater number of individuals to build competency in this area.
10. Professional Conference Series – Initiated 2017. Specialized opportunities for clinicians in practice and in training, including but not limited to: psychiatrists, psychiatric residents, Nurse Practitioners, Licensed Social Workers, Behavior Specialists, DSPs, transition coordinators and educational coordinators, offering enhanced exposure to and education about the needs of individuals with I/DD and MH diagnoses and networking with other professionals & clinicians.
11. ODP will explore ways to promote interest in and competencies for providing nursing services for individuals with I/DD and autism.

Performance Measures:
1. Number of people with authorized nursing services. *(Source: HCSIS)*
2. Number of people who use nursing services. *(Source: PROMISe™)*
3. Number of people with ID with authorized behavioral support services *(Source: HCSIS)*
4. Number of people with ID who use behavioral support services. (*Source: PROMISe™*)
5. Number of people with Autism with authorized behavioral support services *(Source: HCSIS)*
6. Number of people with Autism who use behavioral support services. (*Source: PROMISe™*)

7. Number and percent or people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders. *(Source: NCI PA Adult Consumer Survey)*
8. Number of providers qualified to provide behavior support services. *(Source: HCSIS)*
9. 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. *(Source: QA&I)*
10. If the individual has complex needs, the percent for whom SC addresses issues identified via monitoring related to support for the person. *(Source: QA&I)*

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 (DSP) will improve the quality of support.

Strategies:

1. Adopt the Direct Work Force Core Competencies, which were developed by the Centers for Medicare and Medicaid Services (CMS) as an expectation.
   a. To further this actively support and promote the Core Competencies through the following:
      - Policy Bulletins;
      - Training: As a part of this, conduct a review of MyODP.org for existing course content pertaining to Core Competencies to identify areas where augmentation of course material is needed, and to help identify and promote the use of this existing material;
      - Other Outreach.
   b. incentivize Core Competencies by:
      - Identifying if there are any providers who have adjusted pay scales to promote/incentivize completion of Core Competencies;
      - Reviewing the payment models of other states to report on how Core Competencies are incentivized elsewhere;
      - Utilizing Residential Services Learning Collaborative (RSLC) meetings to provide information on creative incentive methods.
   c. Engage families and individuals in the discussion of Core Competencies to include:
      - An explanation of the Core Competencies;
      - Conveying ODP's expectations regarding the implementation of Core Competencies;
      - Facilitating a discussion as to whether or not Core Competencies should be tied to pay.
2. Discuss opportunities to promote additional credentialing and competencies.
3. Maintain and encourage significant DSP participation at RSLC meetings.
4. ODP will establish and implement credentialed training programs based on standard curriculum and testing in an attempt to maintain and develop qualified staff, decrease the rate of turnover, and promote staff retention and provider capacity. This strategy will include training for DSPs as well as other professionals, such as Benefits Counselors.
5. Build incentives into the reimbursement system to promote staff credentials, encourage professional growth and development, and adopt incentive-based training and credentialing. This includes: • Reviewing other states' models, where success has been achieved, to learn from those who have attempted and have identified hurdles to progress; • Obtaining consultation from The National Alliance for Direct Support Professionals (NADSP) as a mean of considering their extensive credentialing system.

6. Promote the use of and improve the usability and functionality of MyODP.org, to include allowing for greater access, upgrading the Learning Management System (LMS) software, and promoting the College of Direct Support and other courses available via the site.

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

Strategies:

1. Redesign the ISP process and format to reduce the time, simplify the document and increase the positive experience of individuals, self-advocates and families, and all stakeholders.

2. Provide a user-friendly useful planning tool and document that increases flexibility and ease of access for the individual, self-advocate, family, and supporters to manage services and supports.

Performance Measures:

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 *(Source: Annual Adult Consumer NCI Survey)*

3. Percent of people in the Consolidated and P/FDS waivers who had a change in need and had the plan updated. (*Source: QA&I)*

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.

Strategies:

1. Maintain the Information Sharing and Advisory Committee (ISAC) as ODP's Stakeholder Quality Council, the entity that creates 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 put forth in Everyday Lives. The ISAC will continue to use the quality improvement framework to plan and implement improvements, assess whether we achieve outcomes as intended, make changes as needed, and embed successful practices in the system.
2. Continue to offer ODP's QM Certification Curriculum to build system capacity in applying quality management principles and practices across the system.
3. Develop and disseminate an ODP annual report to show the implementation of approved recommendations and strategies across the system.
4. Create a provider profile to assist individuals, self-advocates, families, and supporters to make informed choices about providers and services.
5. Develop, implement, and maintain Quality Assessment and Improvement (QA&I) process as ODP's annual monitoring of the system's performance in supporting individuals and families.

Performance Measures:

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. *(Source: MyODP.org)*
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 whose QM Plans reflect ODP's Mission, Vision and Values. *(Source: QA&I)*
5. Number and percent of AEs, SCOs and Providers that review and evaluate performance data in selecting priorities for QM Plans. *(Source: QA&I)*
6. Number and percent of AEs, SCOs and Providers that use self-assessment results to work on quality improvement annually. *(Source: QA&I)*

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.

Strategies:

1. Review the Housing Transition and Tenancy services to determine if it is meeting the needs of individuals.
2. Develop a training for SCOs, AEs and providers on the Housing Transition and Tenancy service.
    -   The training should include more information on the financial impact.
    -   Provide training to on the varied options for community living.
3. Expand understanding of what is possible.
    -   Promote development and distribution of education/training/technical assistance to individuals and self-advocates to increase knowledge of options and ability to make informed choices.
    -   Ensure development and distribution of education/training/technical assistance for families through the Supporting Families initiative. This should include planning for the future so that families can explore what is possible. The education should include items like ABLE accounts, sustaining housing, and community support.
    -   Evaluate and improve the education and support for individuals to budget for their housing needs.
4. Expand LifeSharing to allow for the enrollment of birth families as life sharing providers.
    -   Begin to develop material to help SCs and families understand the benefit to delivering this service.
    -   Hold listening session with lifesharing providers and individuals and their families to brainstorm on how to expand the supports.
5. Continue to develop supported living service availability that enable individuals and self-advocates to live in their own homes with the support of an agency available to provide guidance and assistance as needed.
    -   Continue to promote this service as an alternative to residential habilitation.
    -   Develop more specific material to help SCs explain the benefit of the services to individuals and families.
6. Expand choice of options to include creative housing alternatives.
    -   Continue to work on developing more integrated options that support the Everyday Lives (EDL) philosophy.
7. Support the development of safe and affordable housing options that meet the individual's and self-advocates personal preferences.
    -   Work with the providers of the Housing transition and pre-tenancy service to identify options that support individual preference.
8. Provide access to home modifications, transportation, and assistive technology to support people to live in their homes.
    -   Continue to help SCs and providers learn how to access technology to promote independence.

Performance Measures:

1. Percent of people who choose their home. *(Source: NCI PA Adult Consumer Survey)*
2. Percent of people who choose their roommate. *(Source: NCI PA Adult Consumer Survey)*
3. Percent of people who rent or own their homes. *(Source: NCI PA Adult Consumer Survey)*
4. If people do not get needed services, the percent whose unmet need is in the area of finding/changing housing. *(Source: NCI PA Adult Consumer Survey)*

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 inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

Strategies:

1. Train direct care provider staff, supervisors, and managers in Person Centered Thinking and Planning to assist people to identify new experiences, promote engagement in new activities, and make new connections that are important to them.

2. Continue the statewide practice of community participation that facilitates valued and active participation in a broad range of integrated activities that build on the person's interests, preferences, and strengths while reflecting the person's desires for employment, community involvement, and membership.

3. Provide peer to peer education for people with disabilities who might be considering increasing how much time they are supported in the community versus an adult training or prevocational facility.

4. Establish technical assistance teams to focus on provider readiness to support expanding the individual's connections to the community. The TA teams will include individuals with lived experiences and expertise in the LifeCourse framework, employment, transportation and community mapping to develop plans that meet the individual's choice, preferences and goals. The PA Support Broker Network will also be available for consultation with providers seeking to improve community mapping and enhancement of community supports.

5. Develop and provide training to SCs on facilitating planning, discussion and effective monitoring to support individuals to become more involved in community life.

6. Develop and disseminate new ideas and approaches on how to provide creative solutions to transportation barriers.

7. Analyze data to identify providers that are meeting goals for CPS, to learn and share best practices with facility-based CPS providers through training and technical assistance.

Performance Measures:

1. Use claims and encounters data for pre-vocational, day habilitation, and community participation support to track whether community-based services are increasing, and facility-based services are decreasing over time. *(Source: PROMISe™)*

2. Percent of Site Providers Provided Services in Community Setting. (*Source: HCSIS)*

3. Choice and control of daily activities *(Source: IM4Q Survey)*
    a. Who chooses what the individual does during the day (individual or someone else)?
    b. Options for work or day activity in locations where people without disabilities go
    c. Options on where to go during the day

4. Number and percent of people with weekly participation. (*Source: IM4Q Survey)*
    a. Visit friends, relatives and neighbors
    b. Go to restaurant
    c. Go to worship

5. Percent of people who have friends. *(Source: NCI PA Adult Consumer Survey)*
6. Percent of respondents who said their relative had enough opportunities to participate in activities in the community. *(Source: Annual Family/Friend/Guardian IM4Q Survey)*

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.

Strategies:

1. Individuals, self-advocates with intellectual disabilities or autism, and families should receive: supports coordination service; information about local resources and services (e.g. OVR, Medicaid, aging, housing supports, income supports and victim services); information to connect with family and self-advocacy support organizations; and Family Support Service (FSS) using Base and block grant funding.

     Supports coordination should provide individuals, self-advocates, and families with tools and support to create a vision of an everyday life that:

     a. Considers factors and local community resources in an everyday life: daily and community living, social and spirituality, healthy lifestyles, security, and advocacy;
     b. Builds on the personal strengths, interests, relationships, resources, and opportunities within the person's and family's lives; and
     c. Serves as the overall framework to provide publicly funded services which align with everyday life.

2. Expand service system capacity to be able to provide employment services, in home supports and community participation services to individuals and self-advocates with intellectual disabilities or autism within 90 days of their eligibility determination.

     In the process of building capacity, prioritize and reserve capacity for:

     a. High school graduates to begin services 30 days prior to graduation;
     b. People who have caregivers who are unable to take care of their family member due to illness, aging, or an unanticipated life situation;
     c. PUNS and/or any other emergency.

3. Conduct ongoing training on the Prioritization of Urgency of Need for Services (PUNS) instrument:

     a. For individuals, families, SC and AEs;
     b. For SCs on facilitating discussion to inform the PUNS.

4. ODP will provide training and technical assistance to law enforcement and criminal justice systems regarding intellectual disability and autism on available supports and services in order to:

     a. Promote diversion for people with intellectual disabilities or autism who are arrested;
     b. Improve supports to victims of crimes with intellectual disabilities or autism.

5. Develop expertise within AEs and SCOs and provide training for AEs and SCOs to navigate the criminal justice system to support diversion and improve outcomes for those who are arrested.

6. ODP will issue an annual report on progress in addressing the waiting list.

7. Provide outreach and communication to autism community about the expanded eligibility in ODP Programs.

EVERYDAY LIVES 2020 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Performance Measures:
1. Number of unduplicated people served, by program, by FY, during the course of the year. *(Sources: HCSIS, PROMISe™).*
2. Number of people newly enrolled. *(Sources: HCSIS)*
   a. From the ID waiting list, by category, (Emergency, Critical, Planning), by age
   b. From the interest list, by category, (Priority 1, Priority 2), by age
   c. From the ID waiting list, by category, by some ODP-funded services and no ODP-funded services
   d. From the ID waiting list, with caregivers over the age of 60
   e. From the ID waiting list, by program enrolled in – Cons, P/FDS, Autism Programs, Private ICF/ID, Base.
3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes. *(Sources: HCSIS, PROMISe)*

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:

1. Adherence to the values and principles of *Everyday Lives*.

2. Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing and monitoring the outcomes.

3. 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.

4. 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.

5. 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.

6. Adoption of a performance evaluation system founded in the principles of *Everyday Lives* and the Home and Community Based Services Rule.

7. 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.

*** Note: 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.*