

Overview of Performance-Based Contracting (PBC) for Residential Services Provider Summit Kickoff

Essential Reading

On April 20, 2024, ODP published the following documents:

- 1915 (c) and 1915(b)(4) waiver applications
- *The Performance-Based Contracting Residential Services Implementation Plan with Appendix A: Performance Standards and Associated Measures by Tier*
- Proposed fee schedule

Reading each these documents in their entirety is critical for residential provider success.



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

Measures Work in Harmony

Performance standards and measures are designed to work together

Clinical Capacity

- New standards related provider clinical capacity
- Data use to impact individual outcomes (example: Restraint, Inpatient care)



Access

- Community integration
- Competitive Integrated Employment
- Referral/discharge standards



Phasing in Performance Standards

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

Performance Area:

Continuum of Services

Evaluate and assess individuals who may be better served in a more independent setting

Provide (two of three) services in residential continuum (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living; Supported Living and Lifesharing or Residential Habilitation)

Performance Area:

Referral and Discharge Practices

Service initiation occurs:

- Within an average of 90 days or less post-referral acceptance for Community Homes.
- Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.
- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.

Performance Area:

Administration

Demonstrate transparent and sound corporate governance structure

Performance Area:

Data Management

- Demonstrated production of data reports (including ad hoc) through adopted technology platform
 - Demonstrated data capability with use of a HIPAA compliant EHR
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Risk Management

- Demonstrated fidelity to incident management procedures as outlined in ODP policy
- Demonstrated capacity to properly and timely assess individuals

Performance Area:

Workforce

Credentialing

- **Direct Support Professionals (DSPs):** demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program
- **Front-Line Supervisors (FLSs):** demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program

Stability

- Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs
- Demonstrated commitment to enhance diversity, equity, and inclusion (DEI)

Performance Area:

Quality

- Demonstrated commitment to wellness of individuals through targeted activities.
- Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward QMP goals and action plan target objectives)
- Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/ building relationships

Performance Area:

Supporting Individuals with Complex Needs

- Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialing program that meets the needs of individuals served in the program
- Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments

Performance Area:

Supporting Individuals with Complex Needs (Dual Diagnosis/ Behavioral)

- Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams
- Demonstrate use of data to impact individual outcomes
- Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively

**Performance
Area:**

**Supporting
Individuals
with Complex
Needs
(Medical)**

Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and state approved) credentialing to meet the needs of individuals served in the program

Performance Area:

Employment

- Demonstrated support of individuals to seek and obtain Competitive Integrated Employment (CIE)

Community Integration

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- Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences

Performance Area:

Use of Remote Technology

- Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals



Provider Preparedness Toolkit

- Provider Preparedness Self-Assessment
- Provider Preparedness Workplan
- Provider Preparedness Summits



Provider Preparedness Self-Assessment

Detailed questionnaire for provider use

Will not be submitted to AE or ODP

For use as an evaluation tool to determine if the provider is meeting performance standards for primary, select or clinically enhanced tiers

Does not generate a “score” or identify tier for provider

Self-Assessment Example



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate use of data to impact individual outcomes.

	Primary	Select	Clinically Enhanced Select
Measure	CN-DD/Bx.02.1a For the review period of CY2024, report on percentage of people with restrictive procedures that have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic. <i>Data Source: Provider Survey; Documentation Review; HCSIS/EIM and Claims (ODP data pull)</i>		
Assessment Question	Will your agency be able to report on the percentage of people with restrictive procedures that have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic?		
Preparedness Level	<input type="checkbox"/> My agency does not currently evaluate individual with restrictive by any professional and will be challenged to do so. <input type="checkbox"/> My agency does not currently evaluate individuals with restrictive procedures but can readily develop and implement a protocol. <input type="checkbox"/> My agency has a protocol for evaluating individuals with restrictive procedures but needs to improve the process to do it at least annually and with the specified professionals. <input type="checkbox"/> My agency has a protocol for at least annually evaluating individuals with restrictive procedures by the specified professionals.		
Measure	CN-DD/Bx.02.1b For the review period of CY2025, demonstrate 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic. <i>Data Source: Provider Survey; Documentation Review</i>		
Assessment Question	Will your agency be able to report for the review period of CY2025 on, that 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW, and/or has received treatment by a professional in a licensed outpatient BH clinic?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		

Self-Assessment Example



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialing program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure			<p>CN-C.01.4 Meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals served, at the initial contracting or renewal date.</p> <p>Note: Accepted behavioral/mental health professionals are Licensed Psychiatrist, Psychologist, Professional Counselor (LPC) and Behavior Specialist; BCBA, BCaBA, NADD Dual Diagnosis Specialist, Certified Peer Specialist, LCSW, Registered Behavioral Technician (RBT), and Behavior Support Professional that meets ODP waiver qualification requirements.</p> <p>Note: Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024.</p> <p>Data Source: Provider Survey; SIS; HRS</p>
Assessment Question			Does your agency meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals served?
Preparedness Level			<input type="checkbox"/> Yes, at the minimum ratio <input type="checkbox"/> Yes, above the minimum ratio <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure

Provider Preparedness Workplan

Can be used as a standalone or as a companion to the Self-Assessment

Helps providers walk through the operational steps needed to improve on or achieve performance standards

Asks providers to identify if a work plan is needed, action steps, responsible person(s), timeline, evaluate what resources are needed, potential barriers, and communication strategy

Workplan Example



PREPAREDNESS ASSESSMENT: My provider agency is currently performing at the __Primary__ tier for Performance Based Contracting with ODP.
GOAL: My provider agency's goal is to achieve _____ Primary _____ tier by 1/1/2025 and _____ Select _____ tier by _____

Standard	Standard Met? <i>No Work Plan Needed</i>	Measure	Work Plan <i>Is a strategy needed for the measure?</i>	Action Step <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Timeline <i>When will it be done?</i>	Resources <i>Resources Available & Needed</i>	Potential Barriers <i>What are the potential c</i>
Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively		physical restraint, at initial contracting or renewal looking back at the prior calendar year.						
		CN-DD/Bx.03.2 Use and documentation of trauma informed training/activities for individuals and staff/employees, at the initial contracting or renewal date.		Agency needs to provide and document trauma informed training and activities for individuals and staff. In order to accomplish this, we will first research available trainings and resources on trauma informed care. We will need to price our options for trainings. Make a plan for a communication strategy and an ongoing implementation plan.	Training director and clinical director	Research on available training and resources will be completed by January 2, 2026. Training for individuals and staff will be completed by May 1, 2026.	We already have access to a clinical director who can vet resources. Will need access to training curriculum. Training curriculum will have a cost associated so funds will be needed.	Board and executive leadership. Individual and staff buy in could be aggressive.
		CN-DD/Bx.03.3 Documentation of crisis prevention and de-escalation training progress						

Summits

ODP will host four, 2-hour sessions that cover several performance areas per session

Dates:

- June 3 1:30p-3:30p
 - Covered areas: Continuum of Services, Regulatory Compliance, Referral and Discharge, Administration, Data Management, Risk/Incident Management
- June 10 1:00p-3p
 - Covered areas: Workforce
- June 12 1:00p-3p
 - Covered areas: Risk Management, Quality Improvement, Supporting Complex Needs (medical, clinical, and dual diagnosis/behavioral)
- June 20 1:00p-3p
 - Covered areas: Employment, Community Integration, Remote Support Technology



Additional Recommendations

In addition to the toolkit, providers are encouraged to utilize the data rich resources that have been built for providers.

- HRST data reports, both canned and custom, can be used to answer business questions you may have.
- EIM Dashboards can answer questions about incident finalization timeliness and more...

Now is a great time to review your QM plan and determine if your priorities and activities are aligned with helping you succeed.

AE and SCO Sessions

Each session will be geared towards audience specific change.

AE sessions will cover any anticipated changes to AE functions like QA&I and Provider Qualification.

For SCOs, the sessions will cover changes in SC functions like locating providers.



THANK YOU