



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.

**2024
Updates**

- **2023-2024** – Reviewed/Updated all ISAC recommendation strategies with ISAC
- **April 2024** – ISAC approved strategy updates with discussed revisions
- **June 2024** – Published [ISAC 2024 Strategies](#)
- **Rec #9** strategy changes summary:
 - 1 retained as-is
 - 1 retired
 - 3 revised (includes merging 2)
 - 4 new
 - 7 current strategies



Maintain the Information Sharing and Advisory Committee (ISAC) as ODP's Stakeholder Quality Council. Publish an ISAC annual report to show the results of implementation of approved recommendations and strategies across the system. The ISAC will continue to use the quality improvement framework to plan and implement improvements, gauge progress, and assess whether we achieve outcomes as intended, make changes as needed, and embed successful practices in the system.

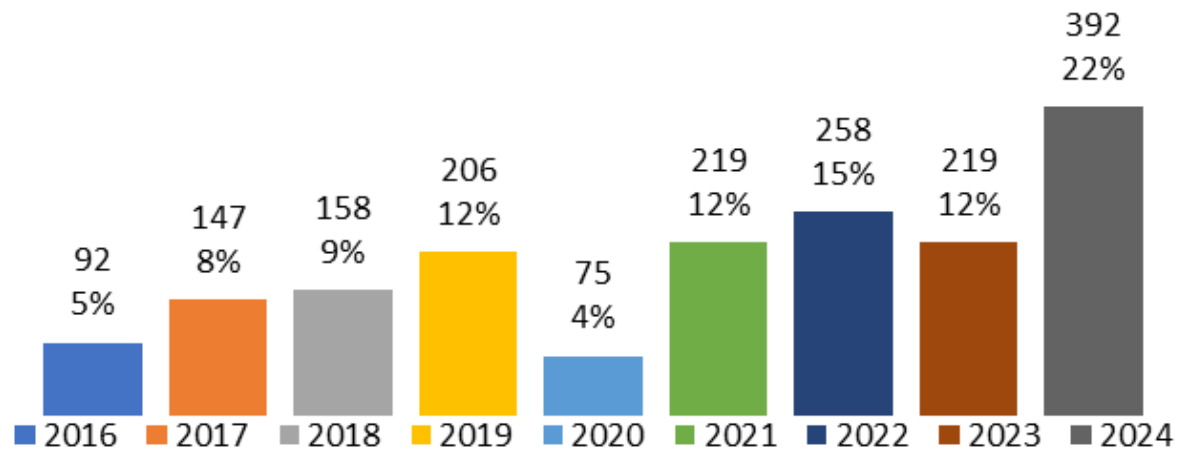
- ✓ **ISAC meetings – virtual and in-person every other month**
- ✓ [2023 ISAC Annual Report](#)
(PM2)



ISAC Rec #9 - Strategy #2 (PM1)

Continue to offer ODP's Quality Management (QM) Certification curriculum to build system capacity in applying QM principles and practices across the system.

Number and Percentage ODP QM Certified (PM1)



Total Certified as of 12/2/2024: 1,766



ODP's QM Certification building system capacity



Number of Individuals ODP QM Certified by Entity Type (as of 12/2/2024)				
AE	SCO	Provider	ODP/HCQU	Total
219	163	1,243	141	1,766

Virtual classes in 2024 = 15

Training Modules & QM Handbook -

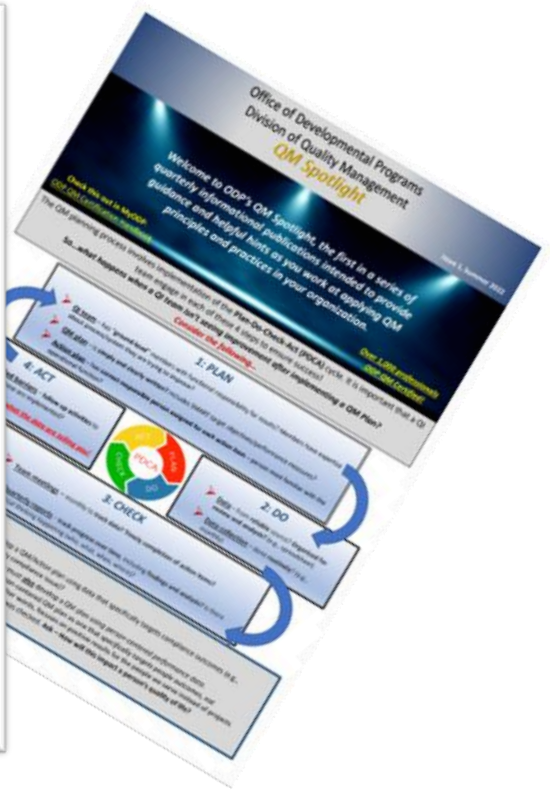
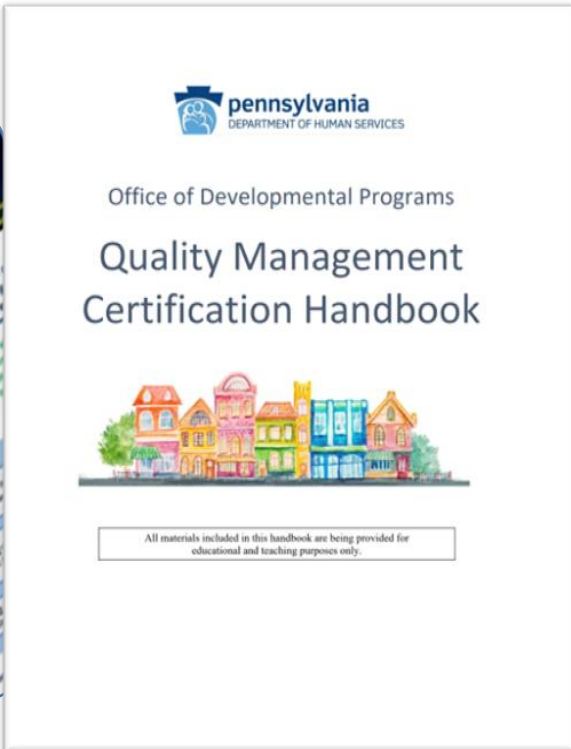
- ✓ Emphasize QM planning with person-centered outcomes data
- ✓ Available to everyone on MyODP



QM Resources



QM Spotlights



QM Certification Handbook

QM Handbook

Continue to engage in annual participation of Independent Monitoring for Quality (IM4Q) and National Core Indicators (NCI) surveys as valuable tools for collecting satisfaction data about how individuals and families feel about services received from the ODP system. ODP will:

- a) continue to use this data to measure the progress of identified ISAC performance measures,
- b) continue to scan the environment for additional opportunities for use of this data, and
- c) adjust data collection practices, as needed, to address any new Center for Medicare and Medicaid (CMS) Home and Community-Based Services (HCBS) Quality Measure Set requirements.

**PMs informed
= 56%!**



[IM4Q Statewide Report 2022-23](#)

[NCI-IDD 2022-23](#)

Improve quality of services through establishment, application and updating of performance standards, use of standardized quality metrics, and aligning payment with outcomes. Share results of this process to assist individuals, self-advocates, families, and supporters to make informed choices about providers and services.

Why Performance-Based Contracting (PBC)?

- ✓ Implement Everyday Lives values
- ✓ Improve quality of services through data driven decision-making
- ✓ Improve sustainability of services
- ✓ Improve clinical capacity to serve individuals with complex needs
- ✓ Implement strategies that support workforce stability and growth

[Performance-Based Contracting – MyODP](#)



PBC Key Milestones to Date:

- ❖ Residential Provider PBC -
 - ✓ Public comments completed - April 20 to June 4, 2024
 - ✓ 1915(b)(4) PBC Waiver and 1915(c) waiver amendments approved by CMS
 - ✓ Completed first round of data submissions and scoring for residential providers
 - ✓ Notification of tier assignments done for residential providers
- ❖ SCO PBC performance measures drafted

What's Next for PBC?

- ✓ Residential services funded through Consolidated and Community Living waivers (Residential Habilitation, Life Sharing, Supported Living) - effective January 1, 2025
- ✓ Drafted SCO performance measures shared with ISAC – November 2024
- ✓ SCO waiver applications public comment period – April 2025
- ✓ Submit SCO waiver applications to CMS – July 2025
- ✓ SCO PBC effective – January 2026

Maintain Quality Assessment and Improvement (QA&I) as ODP's annual process for monitoring the system's performance in supporting individuals and families. Publish a QA&I annual report to show the results.

✓ **QA&I process**

- ❖ Cycle 2 Year 2 (C2Y2) – completed
 - C2Y2 Individual Interviews – 333 completed
- ❖ [QA&I C2Y2 Annual Report](#) – published November 1, 2024 (PM2)
- ❖ Cycle 2 Year 3 (C2Y3) began July 1, 2024



QA&I C2Y2 Results - QM Plan Performance Measure #4

The Entity Uses Person-centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)

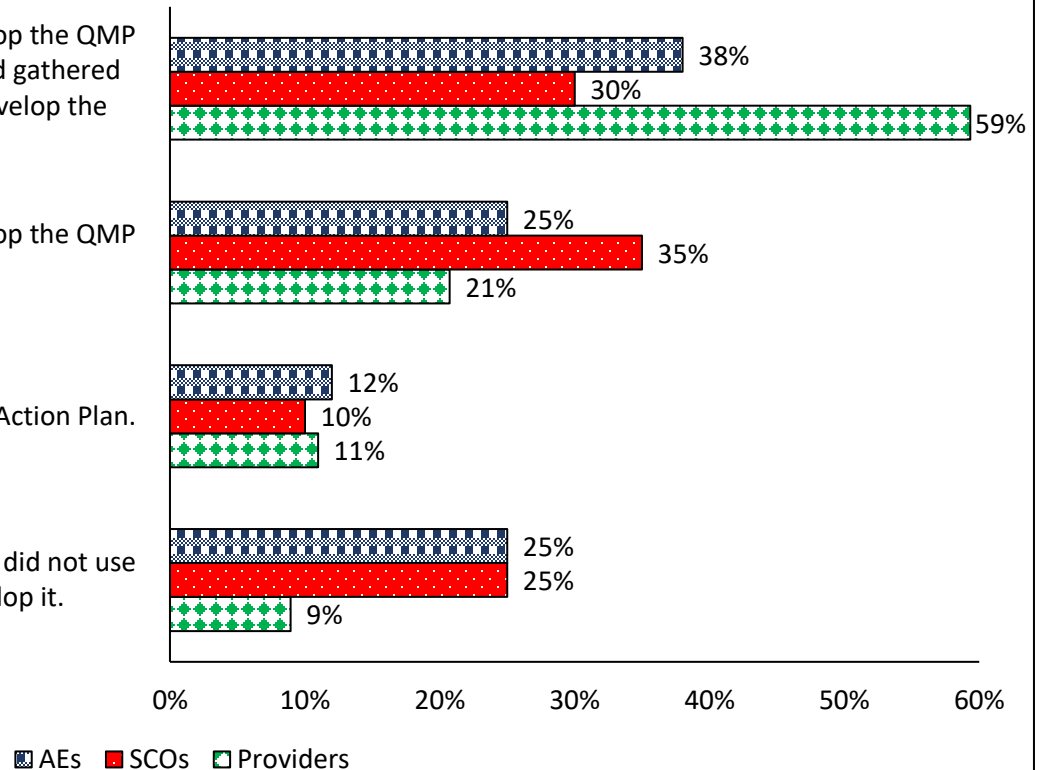


Yes) Used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.

(Yes) Used person-centered performance data to develop the QMP and its Action Plan.

(No) The Entity does not have a QMP and its Action Plan.

(No) The Entity has a QMP and its Action Plan but did not use person-centered performance data to develop it.



QA&I C2Y2 Results - QM Plan Performance Measure #4

Use of Person-Centered Data in QM Plan Development Counts (PM4)	AAW-Only Providers	AAW-Only SCOs	ID/A Providers	ID/A SCOs	AEs
(Yes) The Entity used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	0	0	146/246	6/20	6/16
(Yes) The Entity used person-centered performance data to develop the QMP and its Action Plan.	1/3	1/1	51/246	7/20	4/16
(No) The Entity does not have a QMP and its Action Plan.	0	0	27/246	2/20	2/16
(No) The Entity has a QMP and its Action Plan but did not use person-centered performance data to develop it.	2/3	0	22/246	5/20	4/16

QA&I C2Y2 Results - QM Plan Performance Measure #5



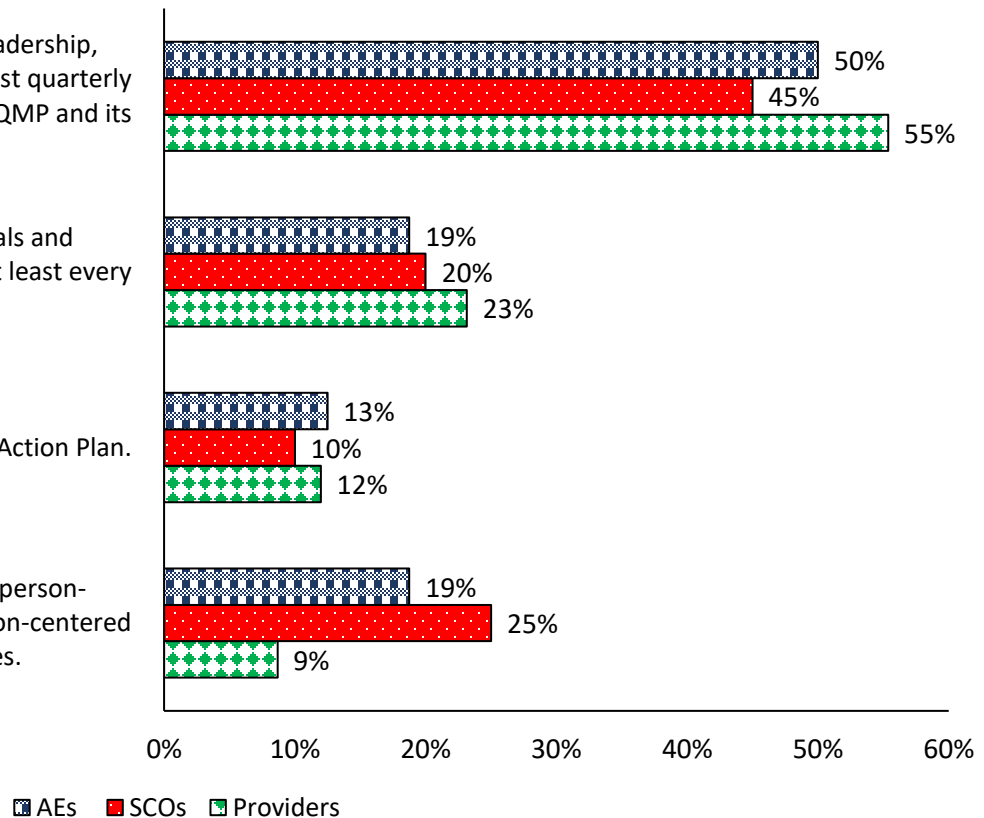
The Entity Uses Data to Assess Progress Towards Achieving Identified Person-Centered QMP Goals and its Action Plan Target Objectives (PM5)

(Yes) Collects person- centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.

(Yes) Uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.

(No) Does not have a QMP and its Action Plan.

(No) Has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.



QA&I C2Y2 Results - QM Plan Performance Measure #5

Use of Data to Assess Progress (PM5)	AAW-Only Providers	AAW-Only SCOs	ID/A Providers	ID/A SCOs	AEs
(Yes) The Entity collects person- centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	0	0	134/242	9/20	8/16
(Yes) The Entity uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	1/3	1/1	56/242	4/20	3/16
(No) The Entity does not have a QMP and its Action Plan.	0	0	29/242	2/20	2/16
(No) The Entity has a QMP and its Action Plan but does not use person- centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	2/3	0	21/242	5/20	3/16
(No) The Entity has not updated the QMP in more than 3 years.	0	0	1/242	0	0
(No) The Entity has a QMP and its Action Plan but does not use person- centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives and has not updated the QMP in more than 3 years.	0	1/1	1/242	0	0

Develop and refine an **ODP Risk Management (RM) Framework**. This involves mapping and evaluating existing RM activities for opportunities for improvement in the system intended to help keep individuals safe. Goals of this work include use of a framework to develop a common language and shared understanding across the system, having effective strategies and efficient tools to address various risk types within the system, and overall reduced harm to individuals.

Objectives:

- ✓ Create more structured and intentional approach to RM that encompasses individual and population-level risks.
- ✓ Facilitate effective and efficient implementation of risk controls at all levels of the system.
- ✓ Advance ODP's vision for a **Culture of Quality & Safety**.

RM Framework Key Milestones to Date:

- ✓ Established ODP's vision, scope, objectives, and guiding principles for a RM Framework
- ✓ Determined strategy to build out various components/structure of the framework
- ✓ Aligned components of the framework to ODP's unique risk environment and specific tools and strategies
- ✓ Developed a roadmap to implement the framework into overall management of programs

ISAC Rec #9 - RM Framework



pennsylvania
DEPARTMENT OF HUMAN SERVICES

RESPONSIBLE ENTITIES

Individual/
Family

Provider

SCO

AE

ODP

LOCATIONS OF RISK

RISK AREAS

Health & Safety
Risk

Operational
Risk



Individual



Provider



SCO



AE

RISK AREAS

Financial Risk

Information
Security Risk

LEVEL OF RISK

Low Risk

High Risk

RISK STRATEGIES

PREVENTION

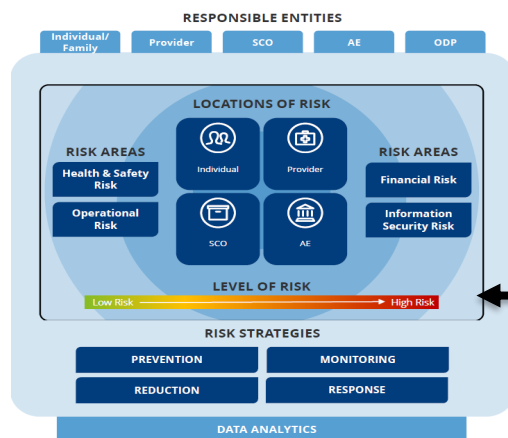
MONITORING

REDUCTION

RESPONSE

DATA ANALYTICS

ISAC Rec #9 - RM Framework



ODP's Risk Matrix

		Impact				
		Negligible	Minor	Moderate	Major	Severe/ Catastrophic
Likelihood	Near Certain					
	Very Likely					
	Likely					
	Unlikely					
	Remote/ Rare					

Low Risk → High Risk

What's Next?

- ✓ Training
- ✓ Implementation
- ✓ Monitor and assess implementation
- ✓ Make changes as needed



Revise the Quality Management (QM) Strategy Bulletin and include incorporation and alignment with Risk Management (RM) strategies to support greater understanding of ODP's Culture of Quality and Safety. Fostering a Culture of Quality and Safety can lead to better outcomes for people receiving services.





❖ Additional Reports Distributed for QI:

- ✓ [ODP Annual Data Report](#)
- ✓ IM4Q Annual Report(s)
 - [Statewide](#)



❖ Quality Management – MyODP landing page



❖ QM Data Monitoring & Analysis Tool

