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

2018

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Contents

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

"It is how we are living the vision that matters."
Savannah Logsdon-Breakstone, ISAC member

INTRODUCTION:

Following the publication of *Everyday Lives: Values in Action*, the Information Sharing and Advisory Committee (ISAC) has become ODP's Stakeholder Quality Council. The ISAC has created 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 are intended to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system: administrative entities, providers, support coordination agencies, advocacy organizations, local quality councils, and all entities involved on the ISAC.

Many of the recommendations and strategies have already been incorporated in draft waiver applications, regulations, policies, the Supporting Families Collaborative, employment initiatives, and training.

As we carry out these recommendations and strategies, we will use the quality improvement framework to gauge our progress and continue to plan improvements in the system. Together we will plan, implement, and assess whether we have achieved the outcomes we intended, make changes as needed, and finally imbed successful practices in the system. This publication offers us a glimpse of where we are today to help us move forward for a better tomorrow.

In line with its commitment to continuous quality improvement, the ISAC reviewed 2018 accomplishments and performance data for each recommendation. While strategies outlined in the Appendix of this document will continue to be implemented for all recommendations, ISAC members agreed to focus additional efforts in 2019 to improve in two areas of concern that surfaced during their review:

- Providing training and support for individuals in the areas of healthy sexuality and healthy relationships.
- Ensuring staff interact with individuals with dignity and respect.

Managing for Quality – Planning and implementing strategies, measuring performance, and embedding successful practices
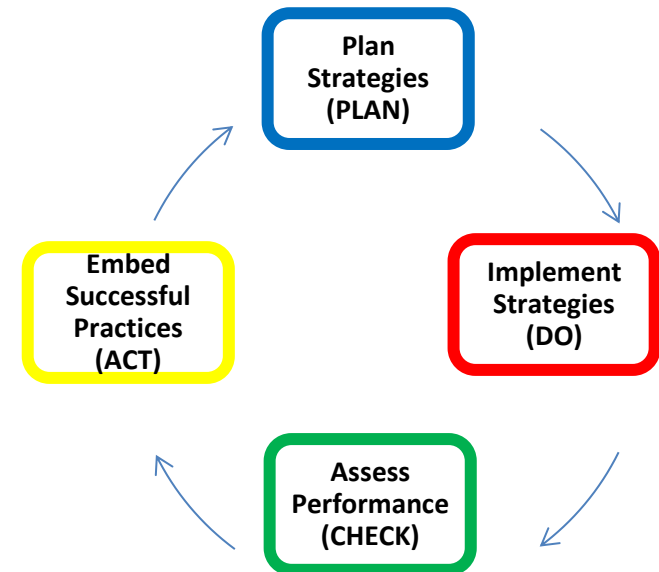
The ISAC will continue to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. During 2019, ISAC members will review and update strategies for each recommendation as counties, support coordinators, service providers, advocates, and others continue to work in partnership to improve services.

* Note – Data sources identified in performance measures are described on page 44.

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:

New ODP Special Populations Unit – The unit was created to manage the Harry M. Settlement and further efforts to build system-wide capacity to support effective communication. This unit includes a Special Populations Manager, Deaf Services Coordinator and two Communication Support Professionals.

Individuals utilizing the Communication Specialist Service – As of June 25, 2018, **27** individuals had the Communication Specialist Service approved and authorized on his or her ISP. As of October 2018, **80** participants had this service approved and authorized on their ISPs (56 in Consolidated, 8 in Community Living, and 16 in Person/Family-Directed Support (P/FDS Waiver)) – an increase of 53 individuals.

Communication Specialist Providers – As of October 10, 2018, 11 providers are enrolled to provide this service – an increase of 3 providers since June 2018.

Communication Assessments – Through the work of the Special Populations Unit, ODP has provided over 450 individuals who are deaf or deafblind in the Consolidated Waiver with a communication assessment.

Growth in Utilization of Enhanced Communication Rates – The U1 modifier was developed to pay an enhanced rate for staff fluent in Sign Language to adequately serve participants who are deaf. 47 waiver participants received Enhanced Communication Rates (ECR)-funded services. ECR-funded services became available in the P/FDS waiver on July 1, 2017 and the Community Living Waiver on January 1, 2018.

Accomplishments

- ✓ **New Special Populations Unit created in ODP**

- ✓ **Number of participants who utilize the Communication Specialist Service increased by 196.3%**

  Communication Specialist Providers increased by 37.5%

- ✓ **Over 450 Communication Assessments completed**

- ✓ **Increased Utilization of Enhanced Communication Rates**

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Advisory Committee -- The Special Populations Unit established a Deaf, Deafblind, and Hard of Hearing Advisory Committee. The mission of the Committee is to make recommendations to improve services and supports for deaf, deafblind, and hard of hearing individuals with a developmental disability in the Commonwealth of Pennsylvania. 70% of the members are deaf or deafblind, and all members are subject matter experts in supporting individuals with nontraditional communication needs.

Performance Measures:

1. For people who do not communicate using words, the percent of people with a formal communication system in place, i.e., a formal written plan in place that describes and documents a communication system (e.g., sign language/ASL, a picture board/system such as PECS, a voice-output communication device or iPad, 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 formal communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*
3. For people with formal 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 whose primary mode of communication is assessed and the assessment includes specifics on the communication need. *(Source: Quality Assessment and Improvement (QA&I))*
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 Enhanced Communication Services (with 'U1' procedure modifier). *(Source: Provider Reimbursement & Operations Management Information System in Electronic format (PROMISe™))*

1, 2 & 3. For Individuals who do not communicate using words

% with a formal communication system in place
FY13-14 (n=1,512)   FY14-15 (n=1,565) FY15-16 (n=1,556) FY16-17 (n=1,556)

% whose formal communication systems are working and used
FY13-14 (n=434)   FY14-15 (n=421) FY15-16 (n=434) FY16-17 (n=450)

% of formal communication systems used across all settings
FY13-14 (n=406)   FY14-15 (n=411) FY15-16 (n=430) FY16-17 (n=451)

Source: IM4Q

4 & 5. Communication Assessment and Support

94%
(n=310)

67%
(n=67)

The individual's primary mode of communication is assessed and the assessment includes specifics on the communication need

The SC explores with the individual options for communication assistance when appropriate and supports the individual to choose

Source: QA&I FY17-18

6. Number of Individuals who received Enhanced Communication Services (with 'U1' procedure modifier)

State Fiscal Year	Program	Individuals who received Enhanced Communication Services
SFY15-16	*Consolidated Waiver*	*5*
SFY16-17	*Consolidated Waiver*	*31*
SFY17-18	*Consolidated Waiver*	*42*
SFY17-18	*Person/Family Directed Support Waiver*	*1*

Source: PROMISe™ paid claims through remittance advice date of October 15, 2018.

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.

Accomplishments:

New Vendor Fiscal/Employer Agent (VF/EA) Selected – Participants are able to take advantage of self-direction opportunities through the utilization of a Financial Management Service (FMS) Organization. Participants who wish to self-direct services may do so through one of two FMS models: Agency with Choice (AWC) or Vendor Fiscal/Employer Agent (VF/EA). The VF/EA FMS model is provided by an entity under contract with the Department of Human Services to provide the service. On October 1, 2018, PALCO successfully went live as the new VF/EA agent. Additionally, the new contract gives ODP expanded authority to monitor PALCO's performance and take appropriate remedial action to promptly resolve any issues relating to participants' supports and services.

Accomplishments

✓ **Successful transition to new VF/EA Agent**

✓ **Incorporating AWC into the QA&I Process**

✓ **Support Broker Certification**

✓ **Reserve Capacity for Individuals in the AAW**

Incorporating AWC into the QA&I Process – Throughout FY 17-18, ODP's participant-direction subject matter experts worked to revise the AWC monitoring process to mirror the QA&I process established for traditional providers in FY 16-17. This will allow ODP to move beyond compliance monitoring of AWCs and evaluate quality of service provision and the scope of choice afforded to participants just as occurs in QA&I process evaluation of waiver and base programs. AWC-QA&I was fully implemented on July 1, 2018.

Support Broker Certification – ODP began requiring Supports Brokers to complete an ODP-approved certification course to ensure quality and consistency in service delivery. As of October 26, 2018, 83 Supports Brokers have been trained and certified.

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Reserve Capacity for Individuals in the AAW – The Consolidated, Community Living and Person/Family Directed Support Waiver amendments effective November 1, 2018 reserve capacity for 15 people (5 people in each waiver) who are enrolled in the Adult Autism Waiver to transfer to an ID/A waiver and self-direct the majority of their services.

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*)

1. Number of Individuals and Self-advocates who use Participant-Directed Services

	FY14-15	FY15-16	FY16-17	FY17-18
AWC	3,677	3,784	4,124	4,367
VF/EA	753	758	764	801

AWC   VF/EA
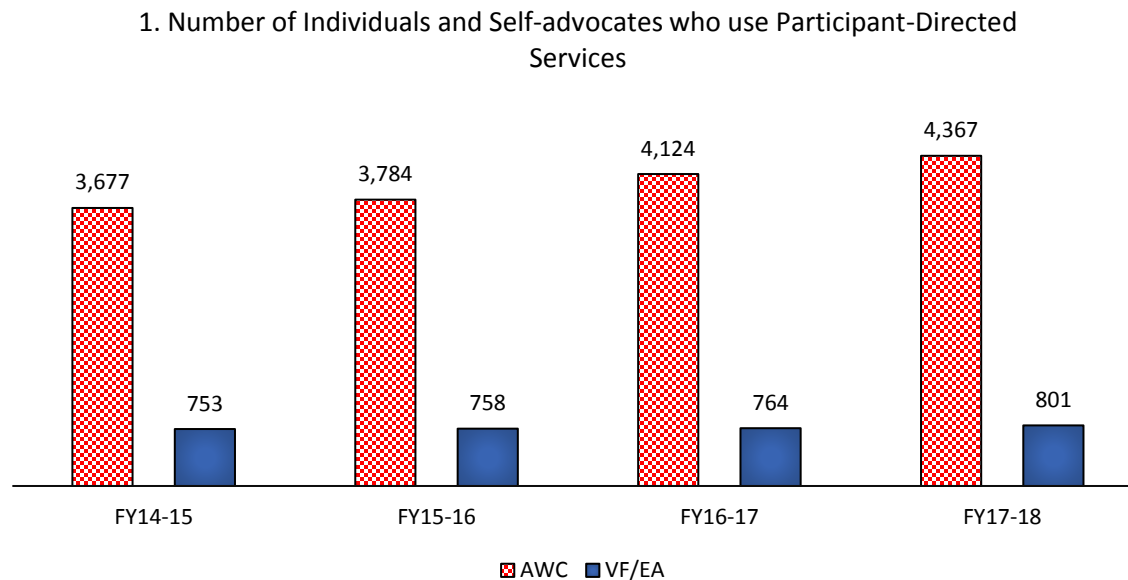
Source: September 30, 2018 HCSIS
Includes AWC and VF/EA Services

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2. Number of Self-directed Services Utilized Per Unduplicated Individual/Self-Advocate

	FY14-15	FY15-16	FY16-17	FY17-18
▣ 1 service	2,821	2,828	3,036	3,255
▨ 2 services	1,056	1,108	1,198	1,281
▪ 3 or > services	530	587	632	607
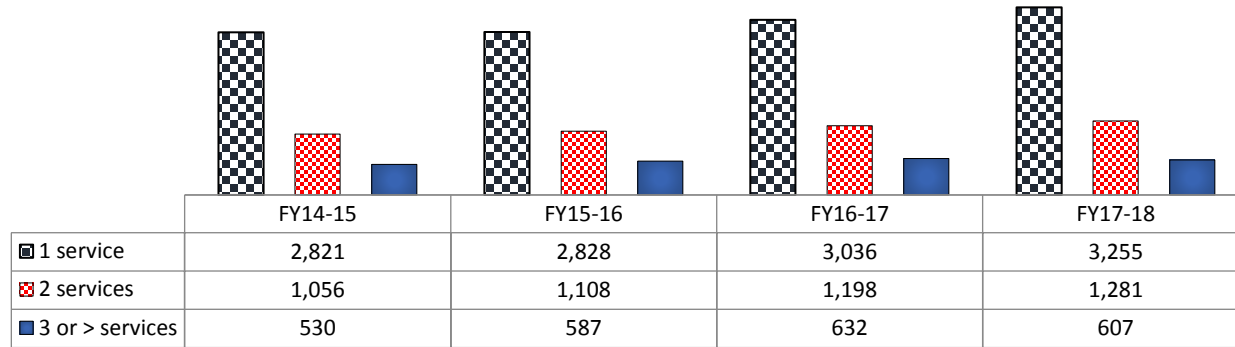
Source: September 30, 2018 HCSIS

3. % of Individuals and Self-advocates with Participant-Directed Services

- FY14-15: 11%
- FY15-16: 12%
- FY16-17: 12%
- FY17-18: 13%
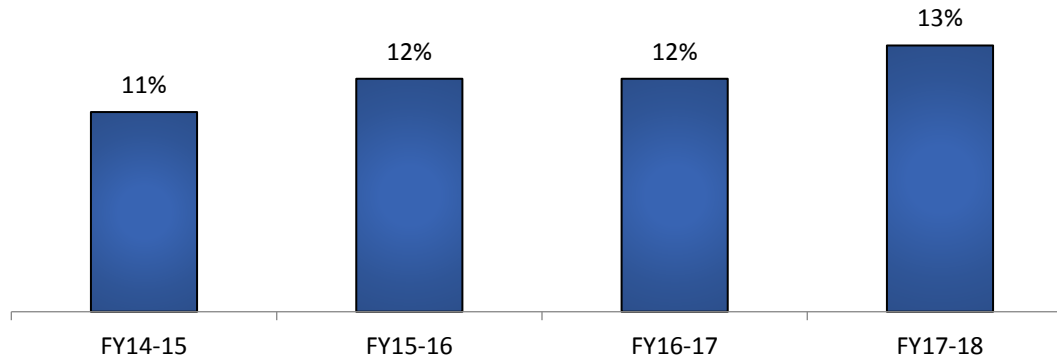
Source: September 30, 2018 HCSIS
Includes AWC and VF/EA Services; Individuals enrolled
in Consolidated & P/FDS Waivers, and Base Program

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:

Increase in people with Competitive Integrated Employment (CIE) – 2% Increase in the percentage of ODP-enrolled individuals who are competitively employed – **13%** in July 2017, **15%** in August 2018. *(Source: HCSIS, Employment page)*

Data Enhancements:
- The Office of Vocational Rehabilitation (OVR) and ODP Data Sharing Agreement/Memorandum was approved in December 2017.
- ODP's Employment Dashboard was created to capture valuable information for further analysis and sharing.
- ODP Comprehensive Employment Report for Calendar Year 2017 was released in ODP Communication 096-18.

Training:
- In April and May of 2018, ODP and the State Employment Leadership Network (SELN) hosted four regional forums on employment and community inclusion with ODP Regional Employment Leads, County Staff, Supports Coordinators, Providers and OVR Counselors.
- Collaboration between the Supporting Families and Employment Leads to conduct trainings on employment using LifeCourse Framework. Additionally, ODP is training on the LifeCourse Tools in the Community on Transition Webinar Series – Planning for the LifeCourse in collaboration with the Pennsylvania Department of Education, Bureau of Special Education and the Office of Vocational Rehabilitation.

Accomplishments

- ✓ **2% increase in Competitive Integrated Employment July 2017-August 2018**

- ✓ **OVR/ODP Data Sharing Agreement/Memorandum**

- ✓ **Employment Dashboard and New Comprehensive Employment Report**

- ✓ **ODP/SELN Regional Forums on Employment and Community Inclusion**

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Policy Improvements:
- Beginning January 1, 2018, people authorized to receive Residential Habilitation, LifeSharing, or Supported Living services may be authorized for Transportation services as a discrete service when they require transportation to and from a job that meets the definition of CIE.
- Graduate Waiting List Initiative – P/FDS and Community Living Waiver slots made available to graduating seniors (age 21). 800 2018 high school graduates on the waiting list through the Community Living and P/FDS Waivers (beginning Sept 1, 2018) and 800 2019 high school graduates in the Community Living and P/FDS Waivers (beginning June 1, 2019).

ODP Support for Employment Coalitions
- The Regional Employment Leads have identified all known Employment Coalitions in their regions and are attending their meetings to support their local-level efforts in helping individuals obtain CIE.
- The Dauphin/Cumberland/Perry Employment First Coalition is participating in Employer Engagement efforts through the Employment First State Leadership Mentoring Program in the form of participating in a local business roundtable between leaders from that group and local employers.

State Centers Employment
- As of July 1, 2018, all individuals working and residing in State Centers are earning minimum wage or above. All seven 14c certificates have been eliminated.
- At least two staff per State Center are trained and certified in Discovery to help assist individuals in seeking CIE.
- The state center employment staff continue to collaborate with OVR, which they began doing in July 2016, to help individuals find competitive-integrated employment, as well as innovate to find employment opportunities in the community that match the skills, interests, and needs of individuals with the business needs of employers.

Performance Measures:
1. Individual working in Competitive-Integrated Job. *(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. ODP Top 5 Most Utilized Job Types among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated. *(Source: ODP Employment Comprehensive Report)*
4. Number of people with authorized employment services. *(Source: HCSIS)*
5. Number of people receiving employment services. *(Source: PROMISe™)*

Accomplishments

✓ **Additional Transportation Services to support Competitive Employment**

✓ **Graduate Waiting List Initiative**

✓ **ODP/ Employment Coalitions Collaboration**

✓ **All individuals working and residing in State Centers employed at minimum wage or more**

✓ **Post-secondary education support for 65 Individuals**

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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)*

1. Individuals working in Competitive-Integrated Job
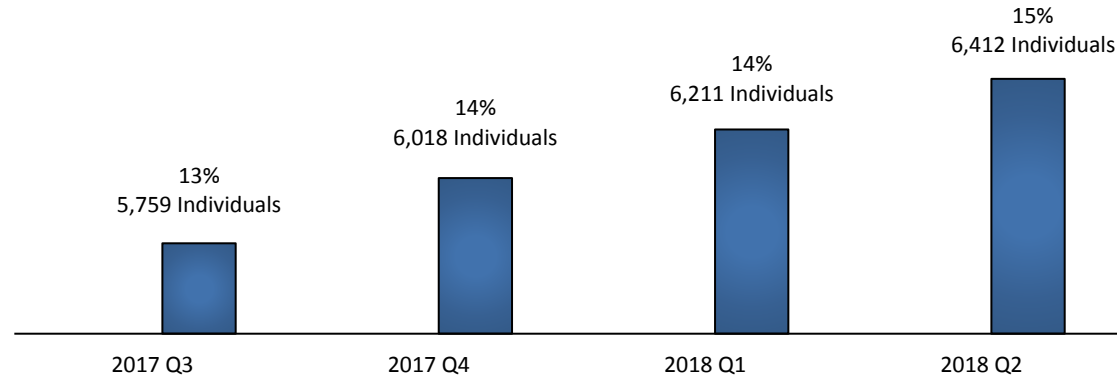
15%
6,412 Individuals

14%
6,211 Individuals

14%
6,018 Individuals

13%
5,759 Individuals

2017 Q3   2017 Q4   2018 Q1   2018 Q2

Source: ODP Employment Comprehensive Report

2. Number of Individulas Employed vs Number of Individuals Employed and Receiving ODP Employment Services

7,007

3,321

Employed   Employed and Receiving ODP Employment Services

Source: ODP Employment Comprehensive Report FY17-18

3. ODP Top 5 Most Utilized Job Types Among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated

732

446   *432*

159

97

Food Preperation and Serving Related   *Sales Related*   *Building and Grounds Cleaning and Maintenance*   *Production*   *Personal Care and Service*
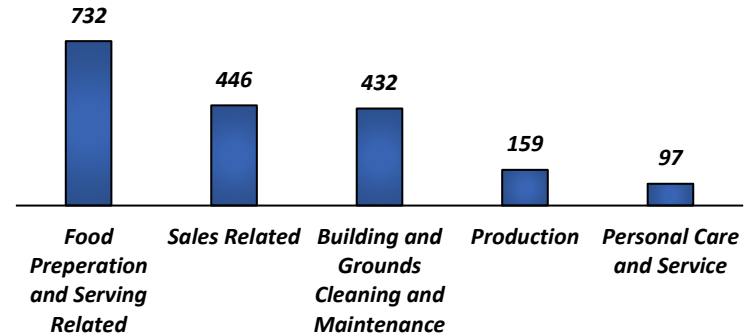
Source: ODP Employment Comprehensive Report Calendar Year 2017

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4 & 5. Number of Individuals and Self-Advocates who use
Community-Based Employment Services
Ages 21-64

	FY14-15	FY15-16	FY16-17	SFY17-18
Authorized	5,143	5,261	5,560	5,361
Utilized	5,006	5,147	5,456	5,245

% Utilization	
FY14-15	97.3%
FY15-16	97.8%
FY16-17	98.1%
FY17-18	97.8%
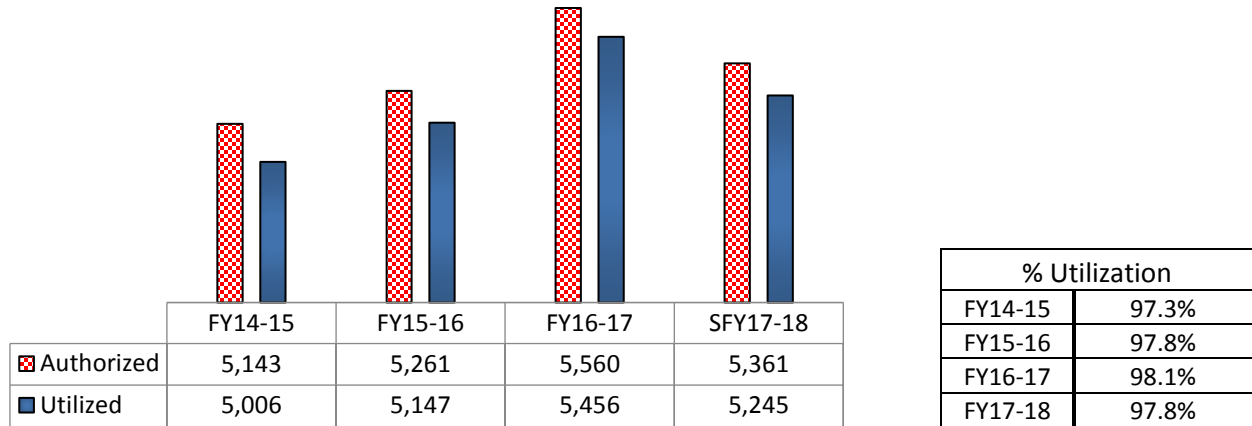
Data Sources: Service authorizations from HCSIS under snapshot date of September 30, 2018 and PROMISe™ paid claims through remittance advice date of October 15, 2018. All ODP Waiver and Base programs are included.

Notes: Chart shows counts of unduplicated consumers during each fiscal year, ages 21-64. Community-Based Employment Services includes Supported Employment and Transitional Work Services. Job Finding and Job Assessment as separate services are also included for Adult Autism Waiver.

5 & 6. AEs & SCs Promote Employment

100%
n=16

99%
n=315

The AE has a designated Employment Lead

The SC provides education and information to the individual about employment services
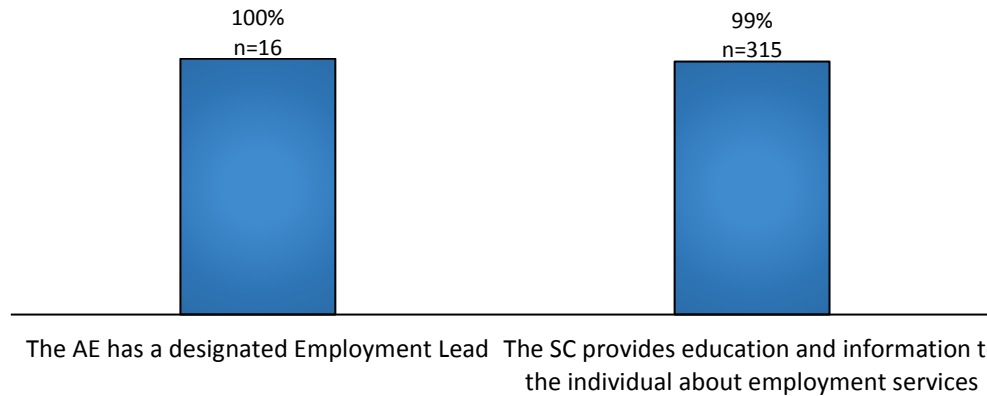
Source: QA&I FY17-18

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:

PA Family Network:
- 26 family members were fully trained to teach and mentor families on Charting the LifeCourse, including 3 bilingual advisors
- Nearly 9,000 people reached through outreach activities and workshops throughout Pennsylvania
- Approximately 175 face-to-face workshops delivered with individuals and families, presenting an Overview of Charting the LifeCourse
- Workshops are delivered in both English and Spanish
- More than 200 people touched through individualized mentoring, face-to-face or by phone, addressing specific topics
- Work underway with PA Family Network on the writing of a new guidebook for families and individuals to understand the service system as well as the importance of community, relationships and having a vision of an everyday life

Accomplishments

- ✓ **LifeCourse Charting Training for family members**

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

- ✓ **Charting the LifeCourse presentations provided through partnerships with OVR, OCDEL, OLTL and OMHSAS**

National Community of Practice: Supporting Families throughout the Lifespan:
- 27 Regional Collaboratives (individual counties or joinders, or groups of adjacent counties accounting for all except two remaining counties and joinders), now in various stages of building stakeholder groups and strategies for supporting families in their local communities, with AEs leading the way in bringing human services partners, families, self-advocates and community partners together
- Supports Coordination practices and language framed in alignment with Charting the LifeCourse Framework, so that SCs have skills and capacity to encourage, explore, and plan with individuals and self-advocates and families about their vision of a good life

- Charting the LifeCourse presentations have been provided in cross-system workgroups and conferences throughout the state through partnerships with OVR, OCDEL, OLTL and OMHSAS.
- Charting the LifeCourse presentations have been provided for educators, Intermediate Units, and transition coordinators throughout the state through webinars and teacher in-service trainings.
- All Supports Coordination Organizations (SCO) have had individual trainings for their staff on Charting the LifeCourse, as well as mandatory online webinars for all SCs, with some SCOs adopting it as their total organization approach
- Charting the LifeCourse language, tools and references embedded in the AE Operating Agreement and Individual Support Plan (ISP) Manual.
- Five more individuals participating in the Charting the LifeCourse Ambassador series, bringing the total Ambassadors in Pennsylvania now to 16.

Accomplishments

✓ **All Supports Coordination Organizations have had Charting the LifeCourse trainings for their staff**

✓ **Charting the LifeCourse embedded in AE Operating Agreement and ISP Manual**

✓ **Expanding information network**

✓ **Targeted Supports Management (TSM) includes LifeCourse August 2017**

Information Network -- Continuing to build communication paths through PA Family Network Facebook page, Twitter account, electronic newsletter and MyODP.org.

Targeted Support Management – Services were amended effective August 20, 2017 to include the expectation that the Life Course framework be utilized to help individuals and families create a vision and work towards that vision.

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 Survey)*
2. Percent of family members who report that the information received is easy to understand. *(Source: NCI PA Adult Family Survey)*
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 Survey)*

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1. % of Family Members Who Receive Information to Help Plan Services

Legend: Always/Usually ■ Sometimes ■ Seldom/Never

	FY13-14	FY14-15	FY15-16	FY16-17
Always/Usually	73%	79%	78%	81%
Sometimes	16%	14%	18%	15%
Seldom/Never	10%	7%	4%	4%
n	n=374	n=374	n=404	n=733
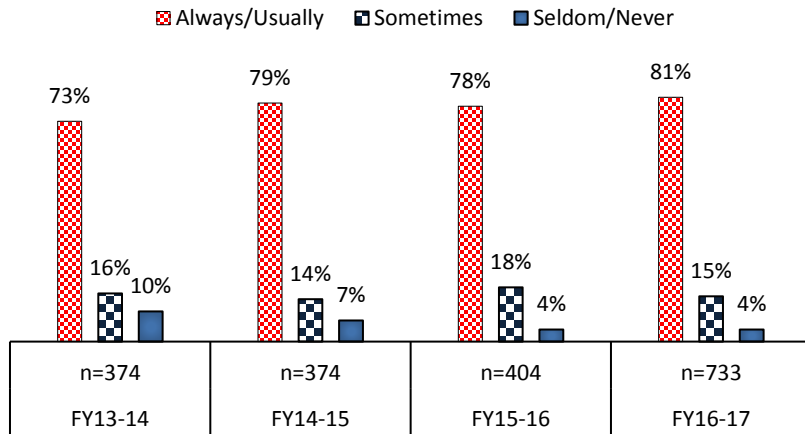
Source: NCI PA Adult Family Survey

2. % of Family Members Who Report Information About Services is Easy to Understand

Legend: Always/Usually ■ Sometimes ■ Seldom/Never

	FY13-14	FY14-15	FY15-16	FY16-17
Always/Usually	74%	77%	78%	79%
Sometimes	18%	17%	18%	17%
Seldom/Never	7%	6%	4%	4%
n	n=363	n=368	n=413	n=746
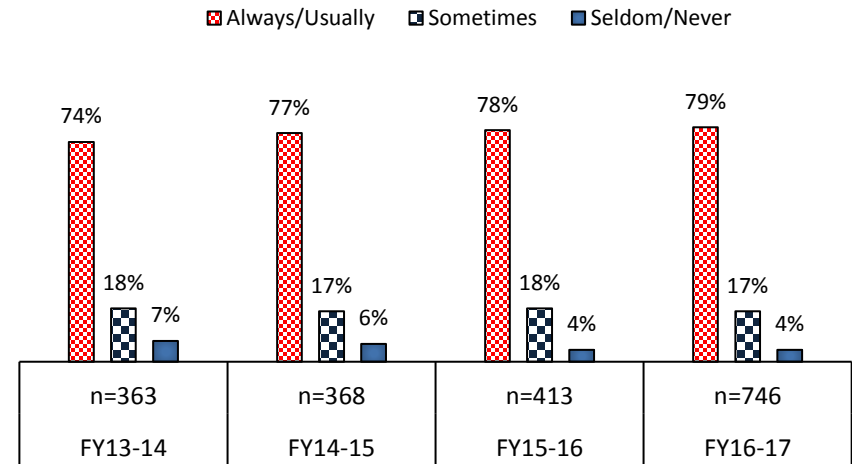
Source: NCI PA Adult Family Survey

3. % of Family Members Who Report SCs Tell Them About Other Public Services
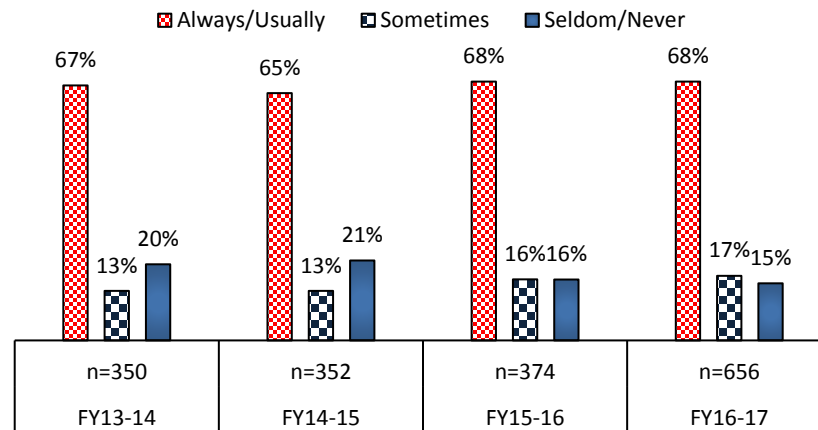
Legend: Always/Usually ■ Sometimes ■ Seldom/Never

	FY13-14	FY14-15	FY15-16	FY16-17
Always/Usually	67%	65%	68%	68%
Sometimes	13%	13%	16%	17%
Seldom/Never	20%	21%	16%	15%
n	n=350	n=352	n=374	n=656

Source: NCI PA Adult Family Survey

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:

Sexuality Guidelines – The Workgroup completed Sexuality Guidelines and the Guidelines Concerning Sexual Health, Personal Relationships, and Sexuality Bulletin was issued and effective on April 13, 2018.

Skin Integrity Pilot Project – ODP is using claims data to identify individuals with pressure wounds and conduct targeted outreach. Western Region Health Care Quality Unit (HCQU) has also developed and disseminated a booklet on skin integrity.

Fatal Four – ODP presented information across the state regarding four medical conditions associated with preventable deaths—aspiration, constipation, dehydration and seizures—in a face-to-face format as well as by webcast. Additionally, this information is being reinforced across the state by the HCQUs. ODP is following up with AEs and Providers to learn about and support their efforts to develop protocols and implement staff training regarding the Fatal Four.

Mental Health First Aid Training (MHFA) – 8-hour, in-person training sessions were held in 19 locations to teach how to identify, understand, and respond to signs and symptoms of mental illnesses and substance use disorders. Target audience included Individuals, families, Direct Support Professionals (DSP), SCs, Providers, staff of State Facilities. Topics covered included anxiety, depression, psychosis, and addictions.

Positive Choices Training – Northwest HCQU conducted a 10-week Pilot Workshop for 9 individuals with history of relationship challenges.

Outreach for Healthy Living – HCQUs developed outreach to promote Health and Wellness through multiple training sessions:
- Virtual Dementia **–** Western HCQU.
- Dysphagia and Food Preparation **–** Eastern HCQU.
- Intellectual Disabilities and Dementia **–** Eastern HCQU.

Accomplishments

- ✓ **Sexuality Guidelines released April 2018**
- ✓ **Skin Integrity Pilot Project using Claims Data**
- ✓ **Skin Integrity booklet developed**
- ✓ **Statewide Training on Fatal Four**
- ✓ **Mental Health First Aid Training in 19 Locations**
- ✓ **Positive Choices Training – 10-week Pilot workshop**

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- Autism Spectrum Disorder and the Healthcare Experiences for Aging Adults – Eastern HCQU.
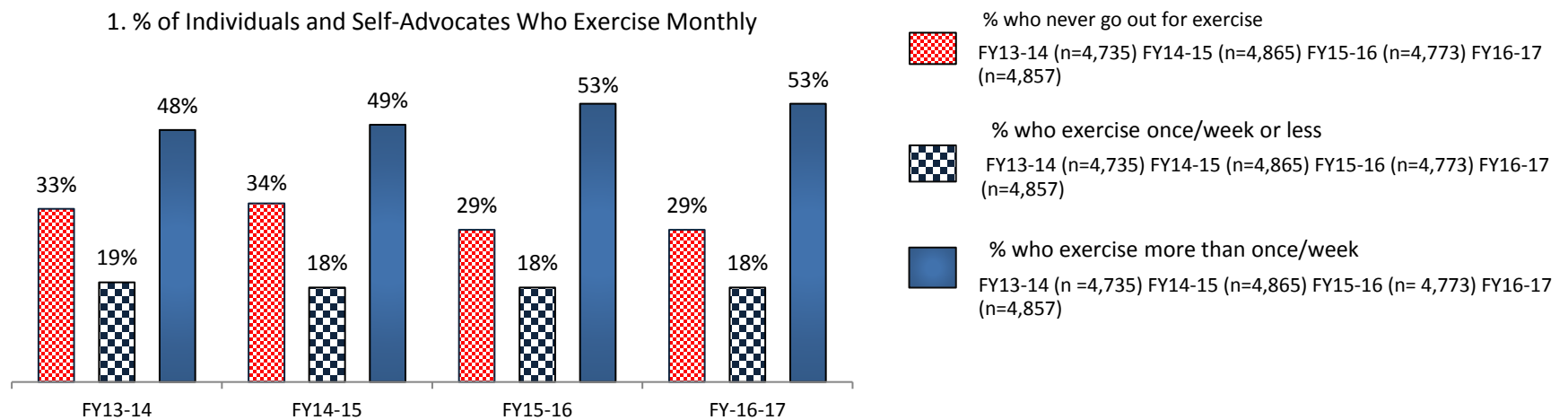- Risk Factor and Remediation for Falls for People with intellectual and Developmental Disabilities – Central HCQU.
- An Overview on Pennsylvania Medical Marijuana Program – Central HCQU.
- Gut Health-Management and Prevention of GI Conditions – Central HCQU.
- Behavioral Health Assessment and Medication for Individuals with Intellectual and Developmental Disabilities – Central HCQU.

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 Moderate Physical Activity. *(Source: NCI PA Adult Consumer Survey)*

1. % of Individuals and Self-Advocates Who Exercise Monthly

% who never go out for exercise
FY13-14 (n=4,735) FY14-15 (n=4,865) FY15-16 (n=4,773) FY16-17 (n=4,857)

% who exercise once/week or less
FY13-14 (n=4,735) FY14-15 (n=4,865) FY15-16 (n=4,773) FY16-17 (n=4,857)

% who exercise more than once/week
FY13-14 (n =4,735) FY14-15 (n=4,865) FY15-16 (n= 4,773) FY16-17 (n=4,857)

Source: IM4Q

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2. % of Individuals and Self-Advocates who are Underweight, Normal Weight, Overweight, or Obese

Legend: ☒ Underweight ☐ Normal (Healthy) Weight ■ Overweight/Obese

	FY13-14 (n=370)	FY14-15 (n=415)	FY15-16 (n=374)	FY-16-17 (n=396)
Underweight	5%	5%	5%	6%
Normal (Healthy) Weight	32%	29%	29%	32%
Overweight/Obese	63%	66%	66%	62%
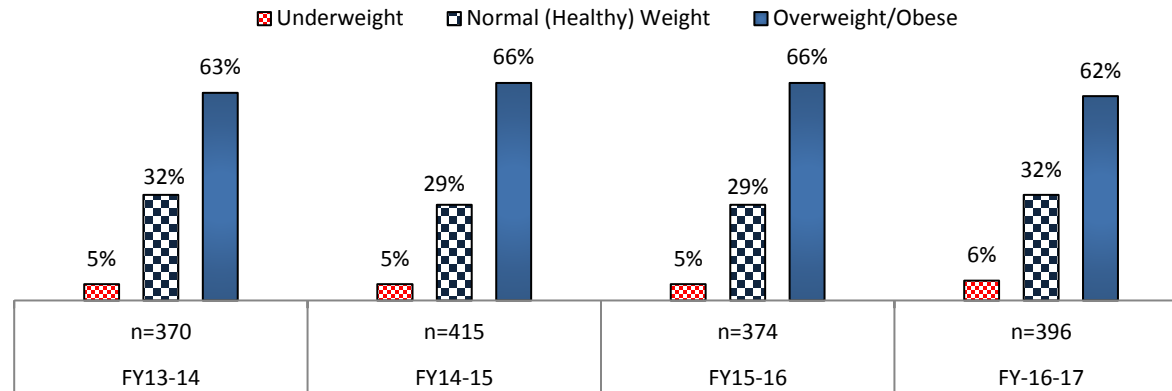
Source: NCI PA Adult Consumer Survey

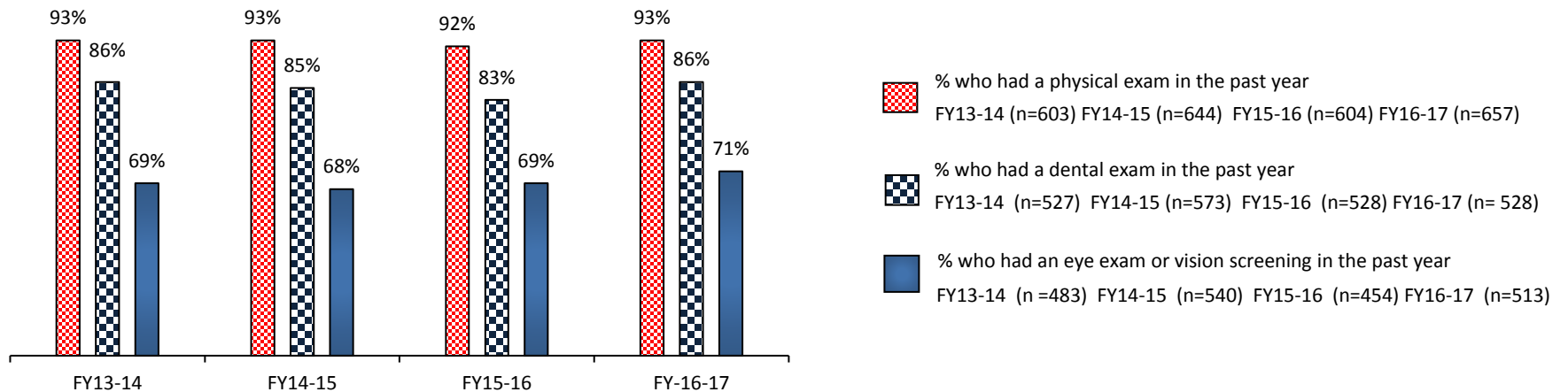## 3. % of Individuals and Self-Advocates Who Have Had Physical, Dental, and Eye Exams in the Past Year

	FY13-14	FY14-15	FY15-16	FY-16-17
% who had a physical exam in the past year	93%	93%	92%	93%
% who had a dental exam in the past year	86%	85%	83%	86%
% who had an eye exam or vision screening in the past year	69%	68%	69%	71%

% who had a physical exam in the past year
FY13-14 (n=603) FY14-15 (n=644) FY15-16 (n=604) FY16-17 (n=657)

% who had a dental exam in the past year
FY13-14 (n=527) FY14-15 (n=573) FY15-16 (n=528) FY16-17 (n= 528)

% who had an eye exam or vision screening in the past year
FY13-14 (n =483) FY14-15 (n=540) FY15-16 (n=454) FY16-17 (n=513)

Source: NCI PA Adult Consumer Survey

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

4. % of Individuals and Self-Advocates who Routinely Engage in Moderate Physical Activity (FY13-14, 14-15); in Regular Physical Activity (FY15-16, 16-17)
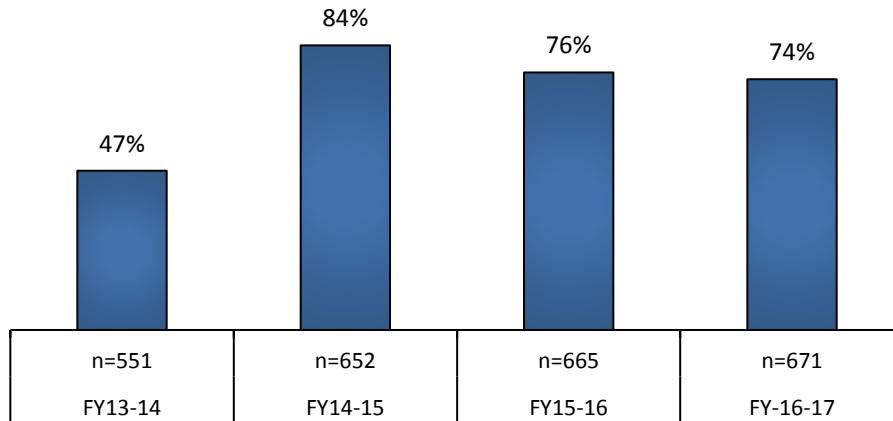
Source: NCI PA Adult Consumer Survey

Notes – Moderate physical activity is an activity that causes some increase in breathing or heart rate. Examples include brisk walking, swimming, bicycling, cleaning, and gardening. In 2016, the term Moderate Physical Activity was changed to Regular Physical Activity.

	84%	76%	74%
47%			
n=551	n=652	n=665	n=671
FY13-14	FY14-15	FY15-16	FY-16-17

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.

Accomplishments:

Dual Diagnosis Curriculum – Dual Diagnosis Curriculum designed for DSPs and others who work in the I/DD or Mental Health (MH) fields was developed in collaboration with the HCQUs. Curriculum contains 40 hours of material in 20 modules and is currently available on the MyODP.org website. Participants have the opportunity to be awarded a Course Certificate after completing all modules.

Dual Diagnosis Conference – 253 individuals participated including Providers, ODP & OMHSAS Regional Offices, State Facilities, Clinicians, AEs/Counties, and SCs.

Everyday Lives Conference Dual Diagnosis Series – Series of sessions on Dual Diagnosis held during the Everyday Lives Conference- January 2018.

Capacity Building Institute (CBI) – 60 Individuals graduated from the second class of CBI, a 9-month course that highlights best practices, in July 2018. Third class began September 2018.

Professional Conference Series –Specialized opportunities for clinicians in practice and in training, such as Psychiatrists and Psychiatric Residents, Nurse Practitioners, Licensed Social Workers, Behavior Specialists and DSPs, offering enhanced exposure to and education about the needs of individuals with I/DD and MH diagnoses and networking with other professionals & clinicians. Topics included:
- Supporting Healthy Aging Across the Lifespan
- Improving Outcomes for Persons with ID and MH/Substance Use Issues by recognizing Fetal Alcohol Spectrum Disorders and Modifying Approaches
- Behavioral Manifestations of Pain and Illness
- Assessment and Effective Intervention for Individuals with Autism, Intellectual Disabilities and unique Communication Needs: Building services that work

Accomplishments

✓ **Dual Diagnosis Curriculum**

✓ **Dual Diagnosis Conference**

✓ **Everyday Lives Conference Dual Diagnosis Series**

✓ **60 Individuals graduated CBI Class July 2018**

✓ **Professional Conference Series**

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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 Enrolled Behavior Specialist Providers by Type. *(Source: PROMISe™)*
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, Exploratory)*
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, Exploratory)*

1 & 2. Number of Individuals and Self-Advocates with ID who use Nursing Services
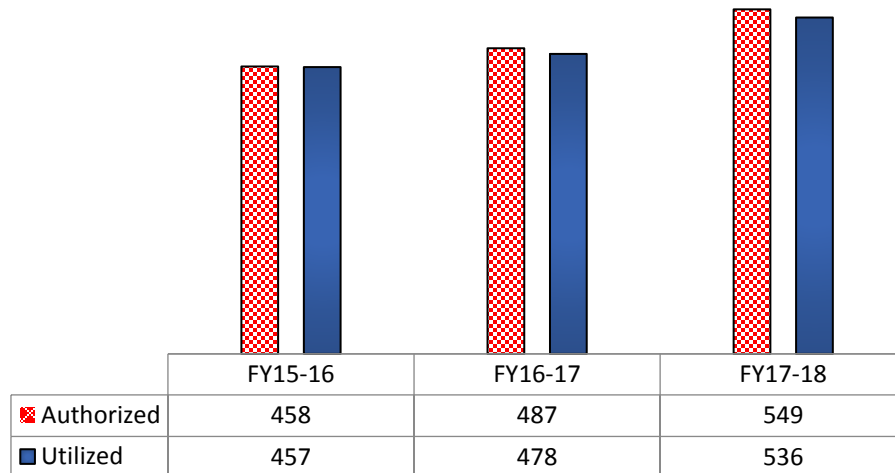
Sources: *Service authorizations from **HCSIS** under snapshot date of September 30, 2018 & PROMISe™ paid claims through remittance advice date of October 15, 2018. (T2025 with Modifier 'TD' or 'TE').*

% Utilization	
FY15-16	99.8%
FY16-17	99.6%
FY17-18	97.6%

	FY15-16	FY16-17	FY17-18
Authorized	458	487	549
Utilized	457	478	536

3 & 4. Number of Individuals and Self-Advocates with ID
who use Behavioral Support Services

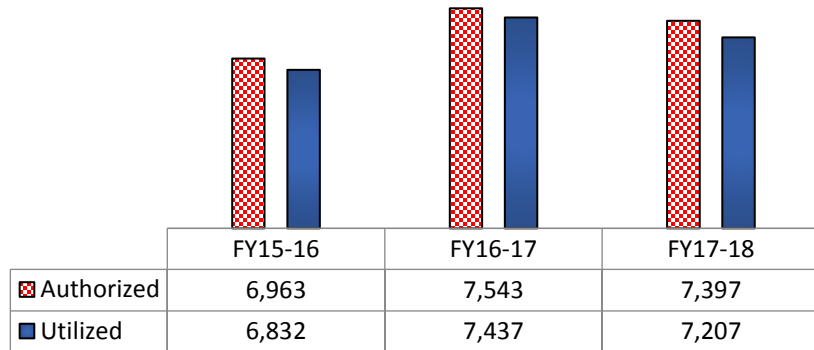|	FY15-16	FY16-17	FY17-18
Authorized	6,963	7,543	7,397
Utilized	6,832	7,437	7,207

*Sources: Service authorizations from **HCSIS** under snapshot date of September 30, 2018 & PROMISe™ paid claims through remittance advice date of October 15, 2018.*

% Utilization	
FY15-16	98.1%
FY16-17	98.6%
FY17-18	97.4%

5 & 6. Number of Individuals and Self-Advocates with Autism who
use Behavioral Support Services
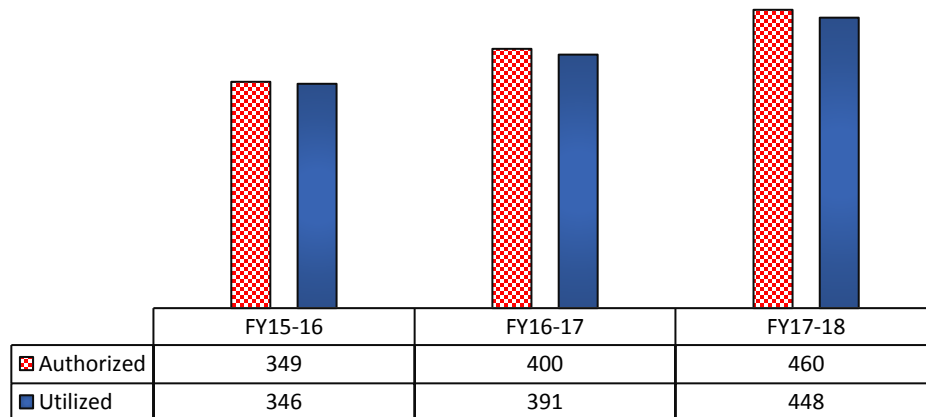
	FY15-16	FY16-17	FY17-18
Authorized	349	400	460
Utilized	346	391	448

*Sources: Service authorizations from **HCSIS** under snapshot date of September 30, 2018 & PROMISe™ paid claims through remittance advice date of November 5, 2018.*

7. % of Individuals and Self-Advocates Who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders
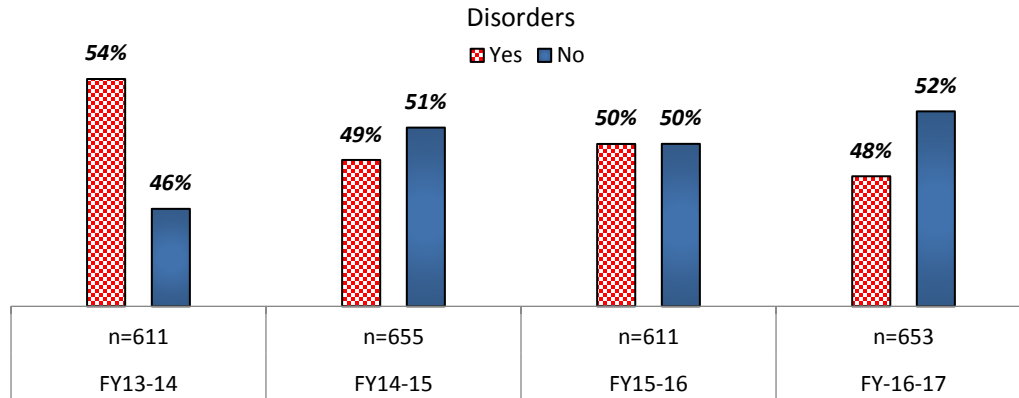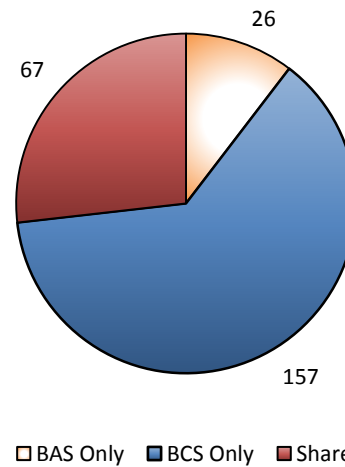
Source: NCI PA Adult Consumer Survey Data

Notes - In 2013-2014 NCI Surveys, % of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders was measured. In 2015, 2016 and 2017, the measurement did not include medications for behavior challenges.

	n=611	n=655	n=611	n=653
	FY13-14	FY14-15	FY15-16	FY-16-17

- Yes: 54%, 49%, 50%, 48%
- No: 46%, 51%, 50%, 52%

Source: NCI PA Adult Consumer Survey

8. # of Enrolled Behavior Specialist Providers by Type

26
67
157

☐ BAS Only ☐ BCS Only ☐ Shared

Source: PROMISe™ as of November 20, 2018

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

9 & 10. SCs Support Individuals with Complex Needs

100%   *100%*

(n=147)   (n=146)
If the Individual has complex needs, the SC   If the individual has complex needs, the SC
ensurs there is a plan in place and   address issues idintified via monitoring
implemented to address those needs   related to support for person

Source: QA&I FY17-18
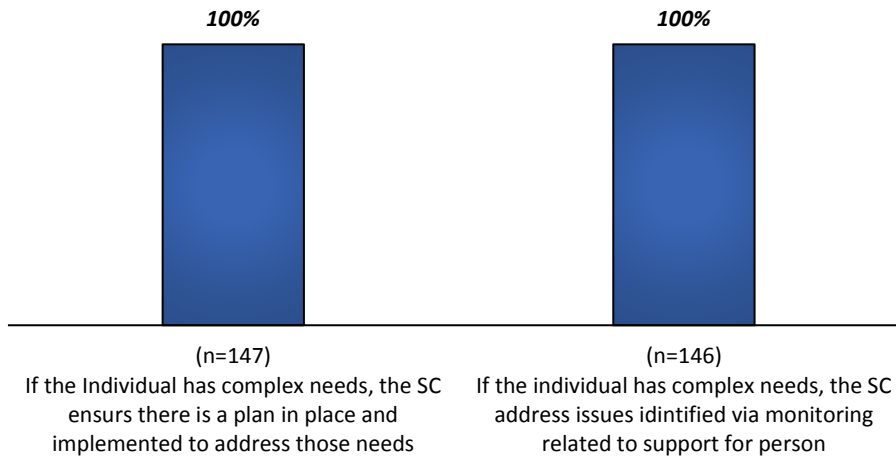
Complex needs *are multiple (2 or more) needs across personal, physical, mental, social and financial well-being that require significant attention or resources. This can include 2 or more needs in one area and should be individualized.*
Exploratory questions *are asked by ODP to help guide AEs, Providers, and Supports Coordinators to achieve best practices. When best practices are embedded into regulation, the questions are no longer exploratory.* *(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 will improve the quality of support.

Accomplishments:

College of Direct Support (CDS) -- From September 30, 2017 to September 30, 2018, t*he number of learners increased from 59,575 to 63,519.*
- New learners are primarily State Center staff and AE staff members. In addition, 4 individuals and family members are enrolled.
- CDS courses meet the CMS Core Competences.
- The Institute on Disabilities, CDS state administrator, promoted the CDS through conference presentations, webinars, the PA Family Network, ODP newsletter, and DHS social media.

College of Employment Services (CES) Enrollment – From April 23, 2018 through November 12, 2018, the *number of learners enrolled reached 894* (857 – PA Providers, 28 – AWC and 9 – Self-Directing Families).

ACRE Training - In April 2018, OVR and ODP began offering a two-part online Association of Community Rehabilitation Educators (ACRE) course through the College of Employment Services and the University of Massachusetts Boston. Successful completion of Parts 1 and 2 will result in the attainment of the ACRE Basic Certificate of Achievement, one of the options that providers can obtain to reach the provider qualification deadline of January 1, 2019 (the other option is passing the CESP Exam).

SC Webinar Series – Initiated in 2017, the *Orchestrating Success* series was completed on November 11, 2018. This series reinforces the pivotal role SCs play in ensuring people have services and supports necessary to live Everyday Lives – 19 trainings attended by 2445 SCs.

MyODP - *Registered Users: 53,687* from launch on October 3, 2016 to November 13, 2018.
- **Courses**: 390 trainings with only a few limited by roles such as ODP staff. Trainings cover topical areas including: Autism Specific Trainings, Community Participation Supports, Deaf Services, Dual Diagnosis, Health, Wellness, & Safety, LifeCourse Framework, and Person-Centered Thinking.

Accomplishments

✓ **6.6% increase in College of Direct Support (CDS) learners**

✓ **College of Employment Services (CES) Enrollment reached 894**

✓ **ACRE Training**

✓ **Orchestrating Success series for SCs completed**

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Virtual Targeted Training (VTTs)
The Bureau of Autism Services (BAS) Clinical Team conducted 47 live web-based trainings on various topics for multiple professional audiences across systems, including but not limited to Supports Coordinators, Behavioral Specialists, AEs, Employment providers, Specialized Skill Development providers, Community Inclusion providers. Trainings are recorded and available through the MyODP Training & Resource Center.

Accomplishments

✓ **Growth in MyODP enrollment**

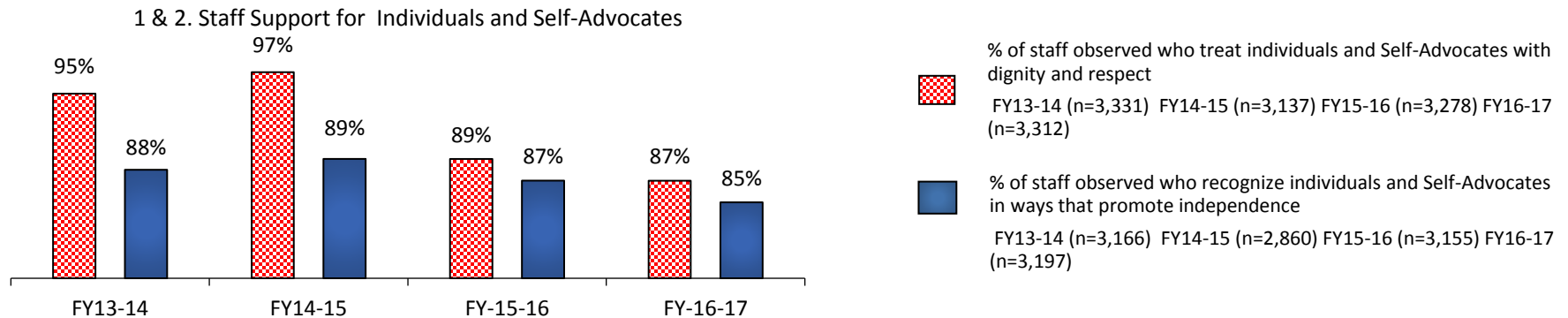**Autism Competence Face-to-Face Trainings**
- **Autism Spectrum Disorder Seminar**: Professional training focused on Functional Behavioral Assessment (FBA). Approximately 300 attendees statewide represented multiple systems, including service providers from OMHSAS.

✓ **Virtual Targeted Training (VTTs)**

- **11th Annual Pennsylvania Autism Training Conference (PATC) –** Approximately 450 professionals and providers across multiple service delivery systems attended the pre-conference and two-day conference. Training topics included Advanced Functional Behavioral Assessment (FBA), Cognitive Enhancement Therapy, Social Skills Training, Justice System Interaction, Defining Autism, Navigating Autism Data, Optimistic Approach to Addressing Challenging Behaviors, and Autism Research. Several recorded sessions are available through the MyODP Training & Resource Center.

✓ **Autism Competence Face-to-Face Trainings**

Performance Measures:
1. Percent of staff observed who treat individuals with dignity and respect. *(Source: IM4Q Survey)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(Source: IM4Q Survey)*

1 & 2. Staff Support for Individuals and Self-Advocates

% of staff observed who treat individuals and Self-Advocates with dignity and respect
 FY13-14 (n=3,331) FY14-15 (n=3,137) FY15-16 (n=3,278) FY16-17 (n=3,312)

% of staff observed who recognize individuals and Self-Advocates in ways that promote independence
 FY13-14 (n=3,166) FY14-15 (n=2,860) FY15-16 (n=3,155) FY16-17 (n=3,197)

	FY13-14	FY14-15	FY-15-16	FY-16-17
Treat with dignity and respect	95%	97%	89%	87%
Recognize to promote independence	88%	89%	87%	85%

Source: IM4Q Survey

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.

Revised Business Strategy and Process Project

The Department of Human Services (DHS) engaged key stakeholders, including individuals and self-advocates, families, providers, administrative entities, advocates, and supports coordinators, in planning sessions to develop business process strategies and options that will align ODP business operations with the vision outlined in Everyday Lives. 942 stakeholder interactions occurred over a period of six months.

Twenty-seven (27) options were developed and categorized across six (6) different themes. Each option was based on findings from more than twenty (20) stakeholder and information gathering sessions; context provided by ongoing DHS initiatives; and research findings on national associations, other states, and industry best practices. The six themes identified are:

- Improve the interaction that individuals, self-advocates, and families have with the system from the point of first contact
- Simplify and improve the planning process to align with person-centered practices and the LifeCourse Framework
- Ensure access to community supports
- Assist individuals, self-advocates and families in self-management throughout an individual's lifespan
- Strengthen the roles of Supports Coordinators
- Simplify the management of and improve accountability for the system

Options for achieving these desired outcomes are under consideration by DHS and include: creating an informal network of system navigators and/or a formal job position for system navigators; making the school transition process more robust; considering an online collaboration portal for individuals, self-advocates and families to share information; developing a career pathing approach to elevate the role of SCs, and evaluating how provider monitoring processes could be streamlined across program offices and/or in conjunction with provider qualification and licensing processes.

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: NCI PA Adult Consumer Survey).*

2. % of Individuals and Self-Advocates whose Supports Coordinators Ask Them
What They want

		92%	92%
	91%		
89%			
n=393	n=432	n=388	n=417
FY13-14	FY14-15	FY-15-16	FY16-17
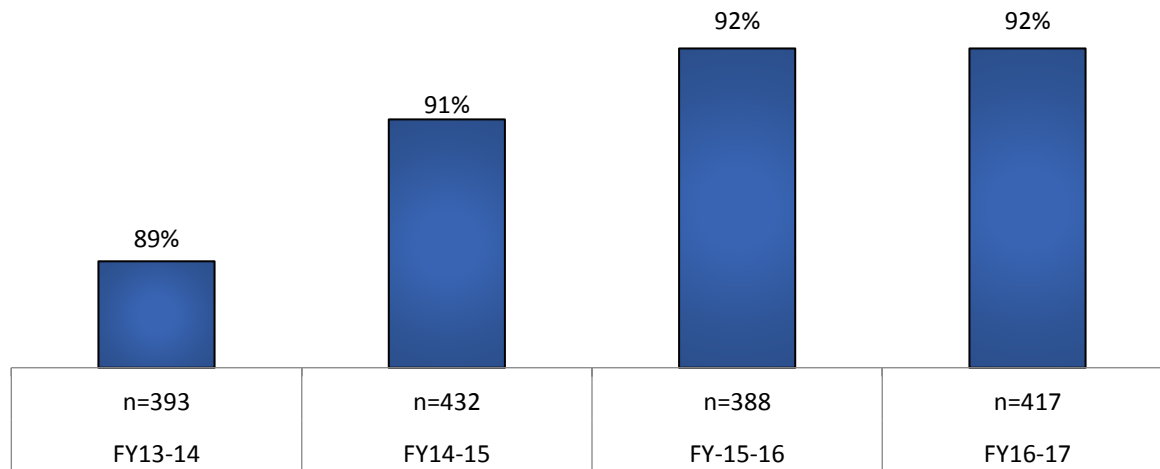
Source: NCI PA Adult Consumer Survey

Recommendation 9: Improve Quality

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

Accomplishments:

Quality Assessment and Improvement (QA&I) Process – The first year of ODP's newly designed QA&I Process 3-year cycle was completed successfully, with positive feedback on the strategy received from entities involved.
- ODP reviewed 16 AEs and 26 SCOs, while AEs reviewed 332 Providers including entity self-assessments, interviews of individuals receiving services, desk and onsite reviews, corrective actions, and development of quality improvement plans.
- The first Annual QA&I Statewide Report of system-wide performance was released to the public in August 2017 and evaluates progress on achieving selected ISAC Recommendations and adhering to CMS and regulatory requirements. Opportunities for improvement were identified and ODP initiated Statewide QM Plans where warranted.
- QA&I Process was developed specific to Agency with Choice (AWC) Providers and launched July 2017.

Provider Profiles – With input from individuals, families, and Providers, the Provider Profile Workgroup completed a design of ODP's online Provider Profile.
- The initial phase includes a Provider Summary submitted by the Provider and a Provider Data Display developed by Temple's Institute on Disabilities. The Data Display shows the Provider's IM4Q Scale Scores in the areas of Individual and Family Satisfaction, Choice, Inclusion, Dignity, and Quality of Physical Settings. Provider Profiles are designed to assist individuals and families to make informed choices when selecting Providers.
- A Provider Profile Pilot was completed with 13 Providers. Feedback was obtained from participants, and the Provider Profile design updated. The first set of Provider Profiles will display performance of Residential Providers with 10 or more IM4Q surveys in the FY2017 data file.

QM Certification Classes – QM Certification Curriculum includes training in QM principles, practices, and tools. Prerequisite Modules are completed online, and the final two-day in-person class affords ODP and stakeholders opportunity to network and collaborate to improve quality through virtual QI Teams.
- *An additional **31 AE staff, 17 SCO staff, 82 Provider staff, and 28 ODP/HCQU staff were certified this year** during seven class offerings. The **total number of individuals certified is now 397***.
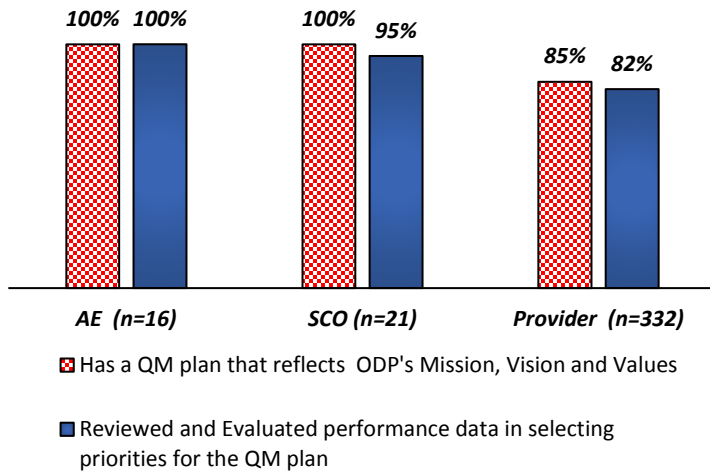
Accomplishments

- ✓ **First Year of Quality Assessment and Improvement (QA&I) Process completed successfully**

- ✓ **First Annual QA&I Statewide Report issued**

- ✓ **QA & I Process expanded to Agency with Choice (AWC)**

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Performance Measures:

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. *(Source: MyODP.org)*
2. ODP develops and distributes an annual 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 that use self-assessment results to work on quality improvement annually. *(Source: QA&I)*
7. Number and percent of SCOs that use self-assessment results to work on quality improvement annually. *(Source: QA&I)*

4 & 5. AEs, SCOs and Providers Performing Quality Management

	Has a QM plan that reflects ODP's Mission, Vision and Values	Reviewed and Evaluated performance data in selecting priorities for the QM plan
AE (n=16)	100%	100%
SCO (n=21)	100%	95%
Provider (n=332)	85%	82%

■ Has a QM plan that reflects ODP's Mission, Vision and Values

■ Reviewed and Evaluated performance data in selecting priorities for the QM plan

Source: QA&I FY17-18

6 & 7. The AEs & SCOs use the self-assessment results to work on quality improvement annually

AE (n=16)	SCO (n=21)
94%	90.5%
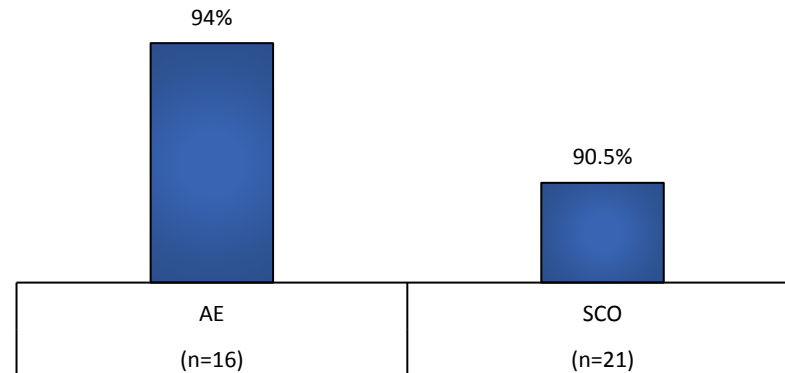
Source: QA&I FY17-18

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:

Waiver Services –

- ODP added a housing transition and tenancy sustaining service definition to the ID/A waivers in July 2017. This service is intended to provide direct services to assist individuals with planning, locating, and maintaining a home of their own. ODP currently has 6 agencies that are qualified to provide this service to individual seeking to own or lease their own home.
- ODP has also included an expansion of who can provide the LifeSharing service. This service can now be provided by birth families.
- The new Supported Living service has also been added to the ID/A waivers. ODP currently has 129 providers who are qualified to render this service. This service is unique in that it supports individuals living in their own homes with the direct and indirect support of provider staff as needed.
- ODP has been working closely with the DHS Housing Office to identify opportunities that can be afforded to individuals in ODP's service system. We have partnered with the Housing office and Pennsylvania Housing Finance Agency (PHFA) to update SocialServe.com to accommodate housing searches for individuals in the ODP service system.
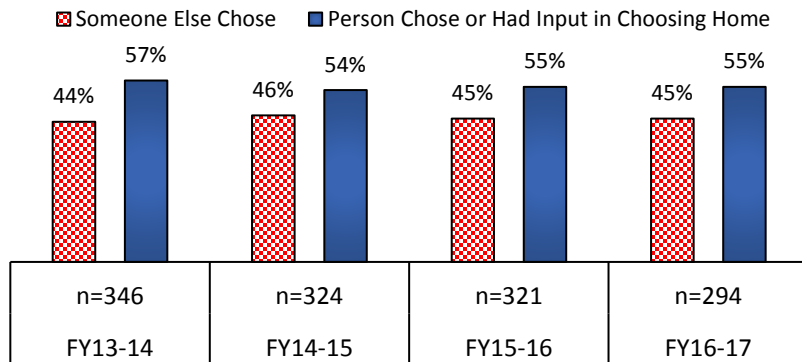
Accomplishments

✓ **Housing Transition and Tenancy Sustaining Services available through 6 Agencies**

✓ **Expanded LifeSharing Service**

✓ **Supported Living Service available through 129 Providers**

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 don't get needed services, the percent whose unmet need is in the area of finding/changing housing. *(Source: NCI PA Adult Consumer Survey)*
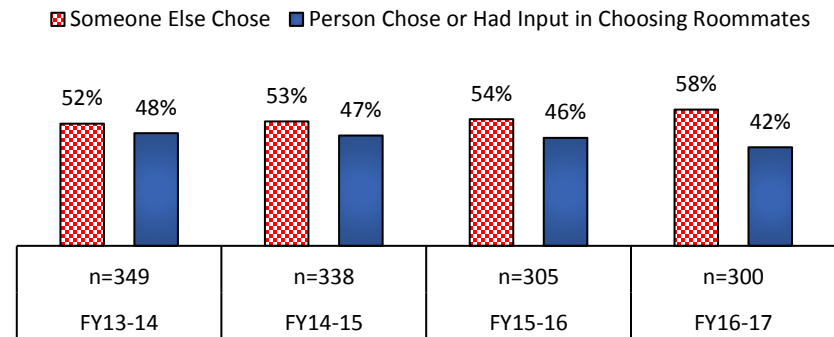
EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

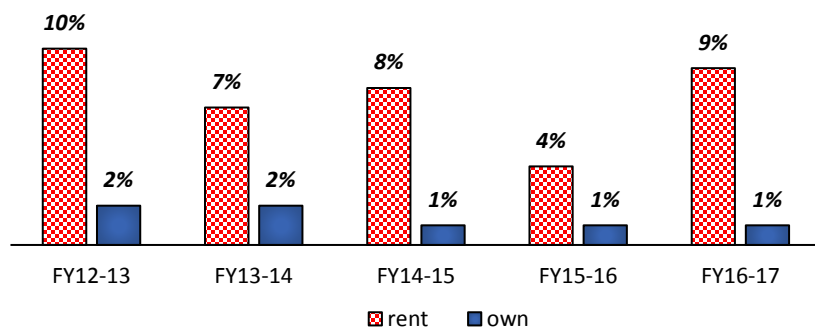## 1. % of Individuals and Self-Advocates Who Chose their Home

Legend: ⊠ Someone Else Chose ■ Person Chose or Had Input in Choosing Home

	FY13-14	FY14-15	FY15-16	FY16-17
Someone Else Chose	44%	46%	45%	45%
Person Chose or Had Input in Choosing Home	57%	54%	55%	55%
	n=346	n=324	n=321	n=294

Source: NCI PA Adult Consumer Survey

2. % of Individuals and Self-Advocates Who Chose their Roommates

Legend: ⊠ Someone Else Chose ■ Person Chose or Had Input in Choosing Roommates

	FY13-14	FY14-15	FY15-16	FY16-17
Someone Else Chose	52%	53%	54%	58%
Person Chose or Had Input in Choosing Roommates	48%	47%	46%	42%
	n=349	n=338	n=305	n=300

Source: NCI PA Adult Consumer Survey

3. % of Individuals and Self-Advocates Who Rent or Own their Homes

	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
rent	10%	7%	8%	4%	9%
own	2%	2%	1%	1%	1%

Legend: ⊠ rent ■ own

Source: NCI PA Adult Consumer Survey

4. If Individuals and self-advocates do not get needed services, the % who need help finding/changing housing

	FY13-14	FY14-15	FY15-16	FY16-17
	15%	14%	13%	6%
	(n=117)	(n=103)	n=269	(n=646)
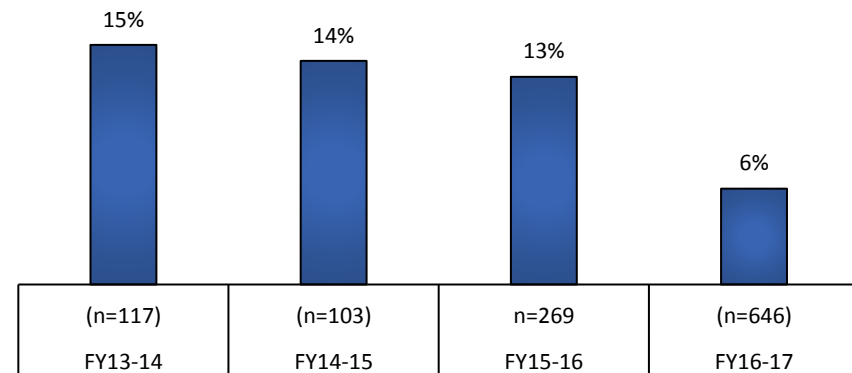
Source: Annual Family/Friend/Guardian IM4Q

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 – Community Participation Support Service units were provided in community settings at an increasing rate month by month during the first year of implementation – 8.8 percent in July 2017 and 12.5 percent in June 2018. Beginning July 1, 2019, an individual may not receive Community Participation Support services in a licensed Adult Training Facility or a licensed Vocational Facility for more than 75 percent of his or her support time, on average, per month.

Community Participation Support curriculum – ODP implemented Community Participation Support standardized curriculum.
- **As of August 27, 2018**:
    - **17,757** users have received a certificate for Required Training
    - **1,784** users have received a certificate for Professional Development
    - **236** users have received certificates for the Train the Trainer course
    - **10%** users have self-identified as taken the CPS course through the hybrid model.

Accomplishments

- ✓ **Increased Community Participation**

- ✓ **Community Participation Support standardized curriculum**

- ✓ **CPS Training on MyODP for almost 20,000 users**
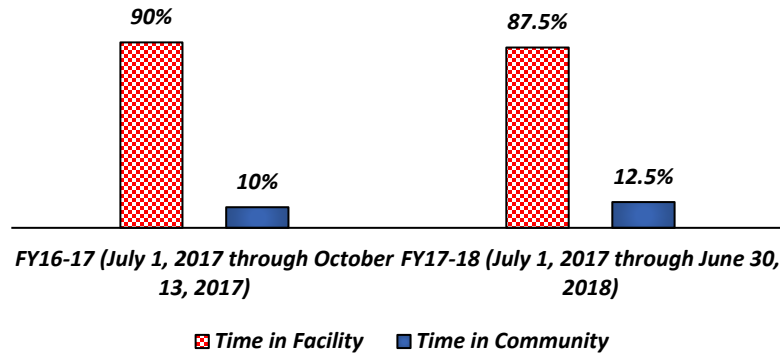
Performance Measures:
1. Use claims and encounters data for pre-vocational, day habilitation, and community participation support to track whether community-based services are increasing, and facility-based services are decreasing over time. *(Source: PROMISe™)*
2. Number and percent of people with weekly participation. (*Source: IM4Q Survey*)

    a. Visit friends, relatives and neighbors   c. Go to worship

    b. Go to restaurant

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

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

1. Percentage of time Provided in Community Versus Facility Locations

FY16-17 (July 1, 2017 through October 13, 2017) *FY17-18 (July 1, 2017 through June 30, 2018)*

⊠ *Time in Facility*   ▪ *Time in Community*

(Source: PROMISe™)

Note: *Review of all claims submitted for individuals receiving Community Participation Support service (Cycles July 1, 2017 through June 30, 2018). Time in community locations calculated N=claims with SE modifier indicating time in community and D=All claims for CPS. Claims data submitted is subject to billing corrections and all claims for the time period have not been submitted.*

Source: DHS Enterprise Data Warehouse - Paid Claim Table
Data Extraction Dates:
FY16-17: October 13, 2017 (Cycles July 1, 2017 through October 13, 2017)
FY17-18: October 19, 2018 (Cycles July 1, 2017 through June 30, 2018)

**2. Weekly Participation in Community Activities Harris Poll Comparisons:**

	Harris 2010: People Without Disabilities	Harris 2010: People with Disabilities	Independent Monitoring 2013	Independent Monitoring 2014	Independent Monitoring 2015	Independent Monitoring 2016	Independent Monitoring 2017
Visit with friends, relatives, and neighbors	65%	54%	54% (n=5,485)	51% (n=4,938)	50% (n=4,949)	46% (n=4,778)	44% (n=4,868)
Go to restaurant	41%	20%	43% (n=5,456)	44% (n=4,960)	43% (n=4,956)	45% (n=4,897)	47% (n=4,994)
Go to worship	28%	24%	27% (n=5,318)	27% (n=4,661)	28% (n=4,765)	27% (n=4,698)	22% (n=4,723)

Source: IM4Q Survey

Notes: 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. In the table above, the frequency of weekly community participation reported by individuals in the IM4Q sample is compared to the frequency reported by those in this national sample. Pennsylvanians with disabilities in IM4Q and individuals with disabilities are nearly equally likely to visit with friends, relatives and neighbors, while people without disabilities are about 10% more likely to visit with friends, relatives and neighbors. Pennsylvanians with disabilities in IM4Q were slightly more than twice as likely to go to a restaurant weekly as people with disabilities in the Harris Poll, and also slightly more likely than people without disabilities in the Harris Poll. Pennsylvanians with disabilities in IM4Q are more likely to go to places of worship weekly than people with disabilities in the Harris Poll.
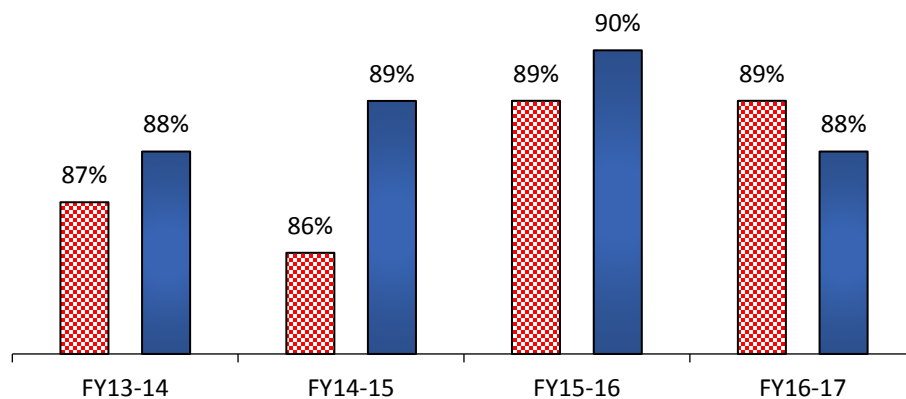
EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

3. % of Individuals and Self-Advocates Who Have Friends Other Than Staff and Family

	78%	77%	74%	79%
	n=447	n=474	n=438	n=464
	FY13-14	FY14-15	FY15-16	FY16-17
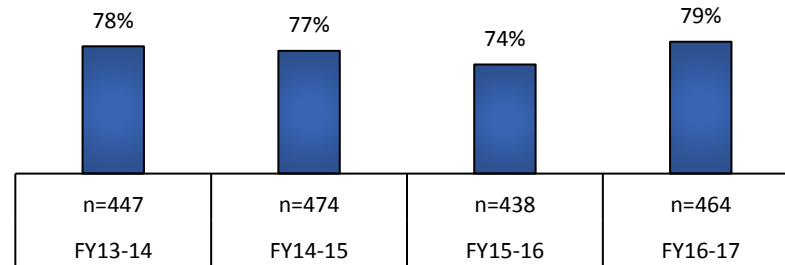
Source: NCI PA Adult Consumer Survey Data

4 & 5. Satisfaction with Opportunities for Individuals and Self-Advocates

Source: Family/Friend/GuardianIM4Q Survey

% of respondents who said individuals and self-advocates have enough opportunities to participate in activities in the community

 FY13-14 (n=1,671) FY14-15 (n=1,834) FY15-16 (n=1,667) FY16-17 (n=1,493)

% of respondents who said individuals and self-advocates have the opportunity to learn new things

 FY13-14 (n=1,628)   FY14-15 (n=1,802) FY15-16 (n=1,634) FY16-17 (n=1,469)

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:

Approval and Implementation of New Community Living Waiver – On January 1, 2018 ODP began enrollment of 1000 individuals with intellectual disability or autism into the new Community Living Waiver. The Community Living Waiver includes the same service array as the other ODP ID/A waivers minus Residential Habilitation and has an annual individual spending cap of $70,000.

Program Funds for the Waiting List in the Governor's Budget – The 2017-18 budget included new resources which allowed ODP to enroll 1,870 people in ID/A waivers. Through Target Supports Management funding, it also expanded supports coordination for 3,000 people who are waiting for services. The recently passed 2018-19 budget includes funding to enable an additional 1765 individuals with ID and/or autism to access waivers to provide supports and services so they can remain in their home and community and live an "everyday life". These initiatives ensure that graduating students have access to services.

Closure of Hamburg State Center – On January 11, 2017 ODP announced the planned closure of Hamburg Center and began planning transitions for the 80 individuals living at the center in January 2017. Hamburg closed on August 3, 2018.
- 50 residents now reside in homes in the community
- 21 people transferred to other State Centers; 4 transferred temporarily while their community home is prepared
- 3 people moved to skilled nursing facilities
- 6 people passed away

Accomplishments

- ✓ **New Community Living Waiver**

- ✓ **Program Funds for the Waiting List in the Governor's Budget**

- ✓ **Closure of Hamburg State Center**

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, Money Follows the Person (MFP) File)*
   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
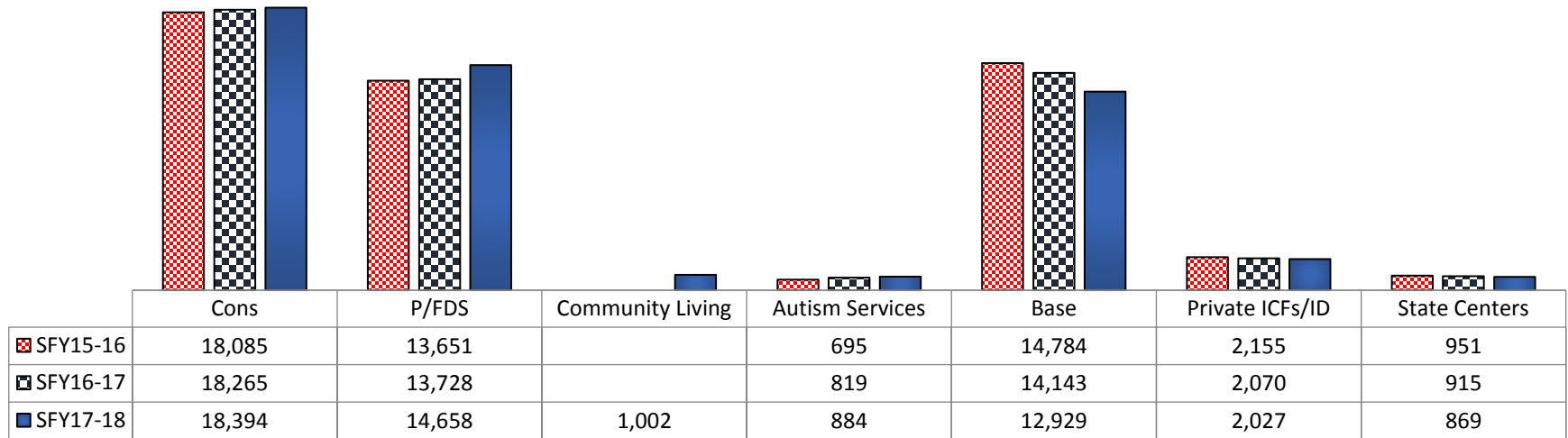   d. From the ID waiting list, with caregivers over the age of 60

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™).*
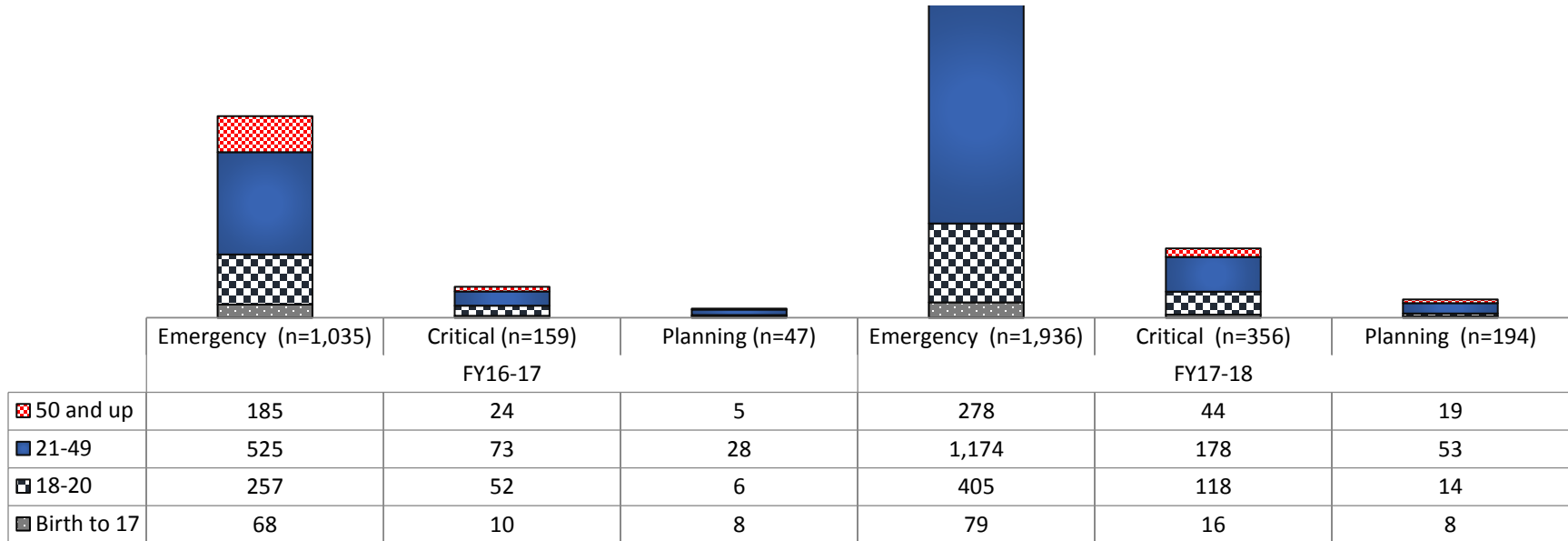
1. Number of Unduplicated People Served, by Program
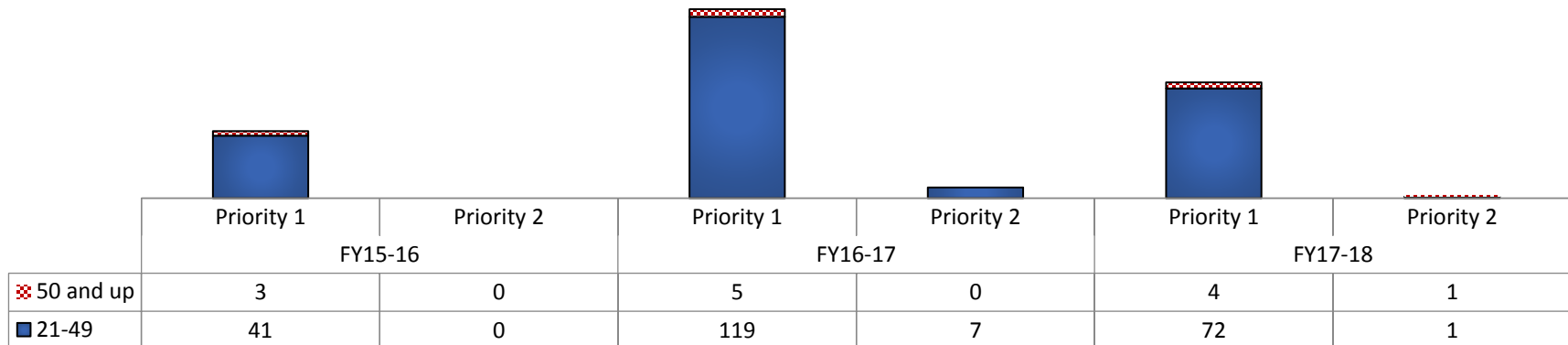FY15-16 (n= 50,321) FY16-17 (n=49,940) FY17-18 (50,763)

	Cons	P/FDS	Community Living	Autism Services	Base	Private ICFs/ID	State Centers
SFY15-16	18,085	13,651		695	14,784	2,155	951
SFY16-17	18,265	13,728		819	14,143	2,070	915
SFY17-18	18,394	14,658	1,002	884	12,929	2,027	869

Sources: Consolidated, P/FDS, Base, and Autism Services (AAW and ACAP): Data in *HCSIS* as of Sept 30, 2018; Private ICFs/ID and State Centers: Data in *PROMISe*™ as of October 22*,* 2018

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2a. Number of People Newly Enrolled from the ID Waiting List into the ID/A Waivers, by Urgency of Need, by Age;
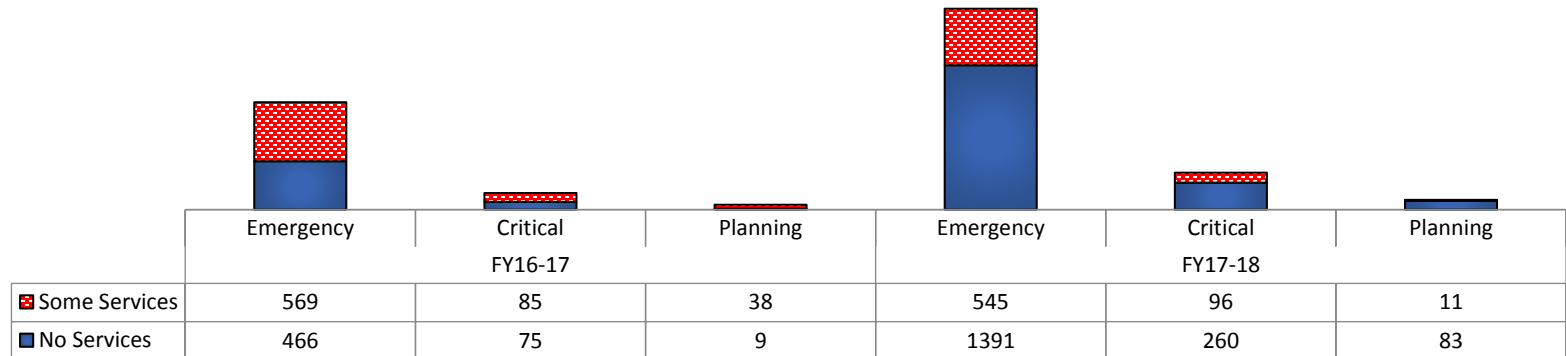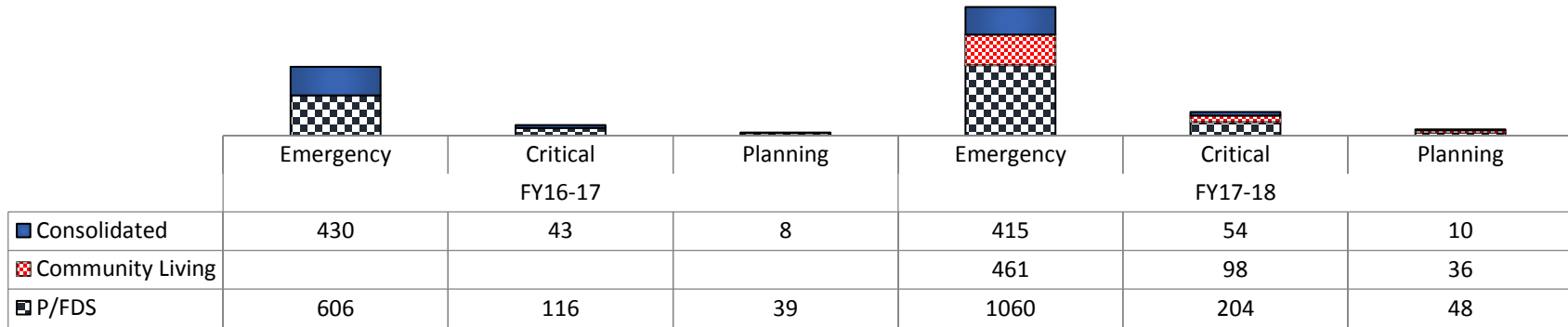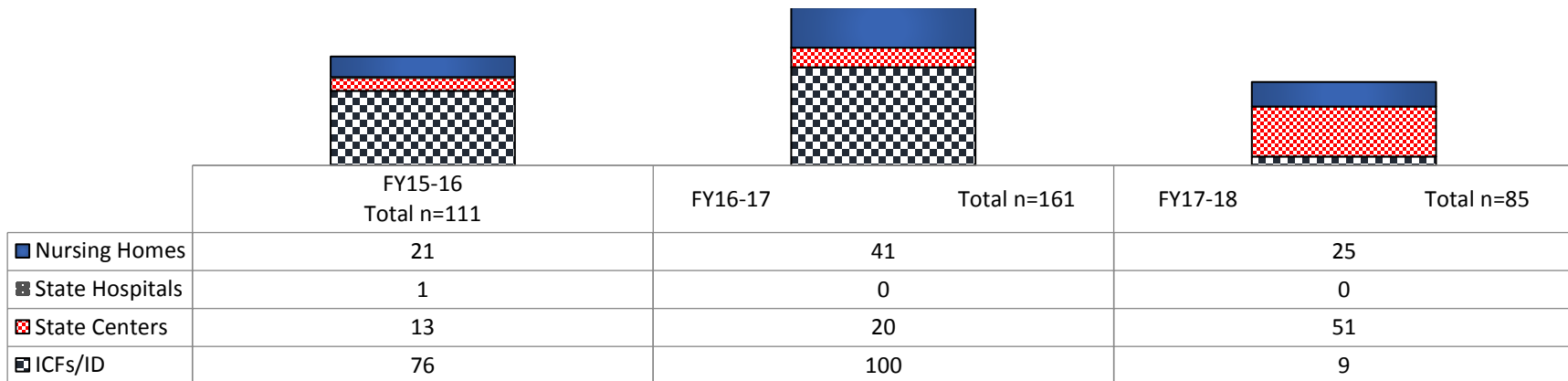FY16-17 (Total n=1,241) FY15-16 (Total n=2,386)

	Emergency (n=1,035)	Critical (n=159)	Planning (n=47)	Emergency (n=1,936)	Critical (n=356)	Planning (n=194)
		FY16-17			FY17-18	
50 and up	185	24	5	278	44	19
21-49	525	73	28	1,174	178	53
18-20	257	52	6	405	118	14
Birth to 17	68	10	8	79	16	8

2b. Number of People Newly Enrolled from the Interest List into the Adult Autism Waiver, by Priority, by Age
FY15-16 (n=44) FY16-17 (n=131) FY17-18 (n=78)

	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2
	FY15-16		FY16-17		FY17-18	
50 and up	3	0	5	0	4	1
21-49	41	0	119	7	72	1

EVERYDAY LIVES 2018 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2c. Number of People Newly Enrolled from the ID Waiting List, with Some Services and No Services, by Urgency of Need

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY16-17			FY17-18	
Some Services	569	85	38	545	96	11
No Services	466	75	9	1391	260	83

Some Services includes: paid services (other than TSM) prior to enrollment from (1) ID/A waivers, (2) Autism Waiver, (3) ACAP, (4) Base-funded services, (5) Public or Private ICFs/ID, (6) OLTL waivers, (7) CHC, (7) EPSDT services similar to services available in the ID/A program; and services indicated on the PUNS (e.g. community resources).

2d. Number of People Newly Enrolled into an ID/A Waiver with Caregivers over the Age of 60, by Urgency of Need
FY16-17 (n=204) FY17-18 (n=446)
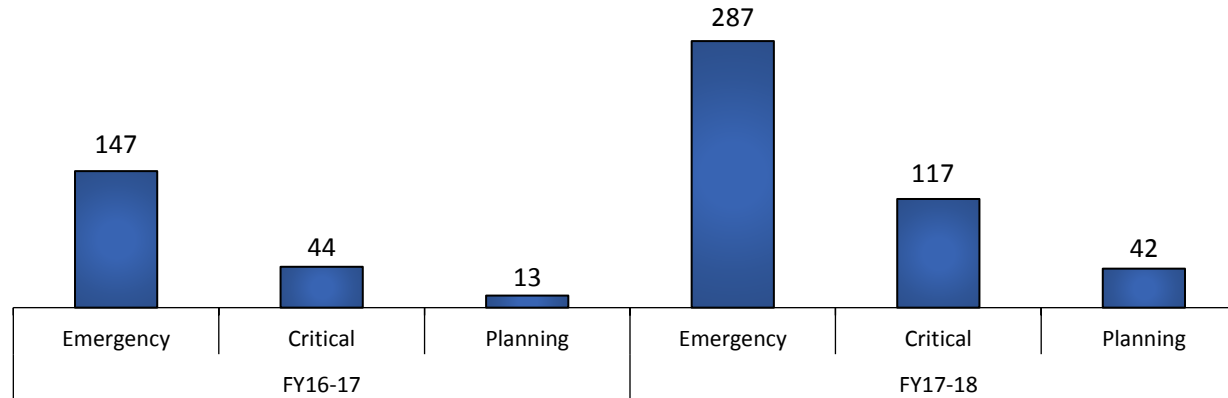
2e. Number of People Newly Enrolled from the ID Waiting List into the ID/A Waivers, by Urgency of Need
FY15-16 (n=1,782) FY16-17 (n=1,294) FY 17-18 (n=2,386)

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY16-17			FY17-18	
■ Consolidated	430	43	8	415	54	10
☒ Community Living				461	98	36
▣ P/FDS	606	116	39	1060	204	48

Sources: 2a, 2b, 2c, 2d, 2e: *HCSIS,* as of September 30, 2016 for FY15-16; as of September 30, 2017, for FY16-17; September 30, 2018 for FY17-18.

3. Number of People Moving from Institutional Settings to Consolidated, Community Living and P/FDS Waivers

	FY15-16 Total n=111	FY16-17 Total n=161	FY17-18 Total n=85
■ Nursing Homes	21	41	25
▦ State Hospitals	1	0	0
☒ State Centers	13	20	51
▣ ICFs/ID	76	100	9

Sources: HCSIS as of *HCSIS* as of *September 30, 2018; PROMISe™* as of *October 29, 2018; State Center Population Profile Summary Report* September 30, 2018.

Data Sources

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

Home and Community Services Information System (HCSIS) - 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 - the Office of Developmental Programs' 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 (PROMIS*e*™) - Pennsylvania's CMS-certified Medicaid Management Information System (MMIS) and HIPAA-compliant claims processing and financial management information system.

Quality Assessment and Improvement Annual Statewide Report - Statewide assessment with 100% participation from AEs, SCOs and Providers over a three-year cycle. During a full QA&I review, in addition to completing annual self-assessment, an entity undergoes desk and onsite reviews, receives a comprehensive report, complete corrective action and quality improvement activities and receives technical assistance.

Vendor Fiscal/Employer Agent (VF/EA) and Agency with Choice (AWC) Participant Satisfaction Surveys – VF/EA vendor 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.

* Note – Data sources identified in performance measures are described on page 43.

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.

    -   Establishes that "effective communication is the key to leading self-determined lives, being part of communities, being healthy and safe, and having healthy relationships."

    -   Recognizes the rights of people with communication challenges to receive supports and services to effectively and fully communicate.

    -   Describes the communication profile and a communication plan in the ISP.

    -   Specifies roles, expectations, training needs, and funding options for supporting effective communication.

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 skilled, specialized clinicians with the expertise to work with people with intellectual disability or autism. The profession is seriously lacking in capacity of speech/language professionals with strong experience with augmentative and alternative communication (AAC).

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

Performance Measures:

1. For people who do not communicate using words, the percent of people with a formal communication system in place, i.e., a formal written plan in place that describes and documents a communication system (e.g., sign language/ASL, a picture board/system such as PECS, a voice-output communication device or iPad, 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 formal communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*
3. For people with formal 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 whose primary mode of communication is assessed and the assessment includes specifics on the communication need. *(Source: Quality Assessment and Improvement (QA&I))*
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 Enhanced Communication 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. Expand the availability of support brokerage services.
   - Clarify that supports broker can be authorized as the only PDS on an individual's ISP.
   - Remove supports broker services from P/FDS capitation to increase service accessibility (Waiver Amendment V).
   - Allow supports broker services for participants in a waiver residential habilitation setting who have a plan to transition to a private residence and to self-direct their services through an AWC or VF/EA FMS when they are in a private residence (Waiver Amendment V).
4. 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.
5. Provide training to Agencies with Choice. Provide training to AWCs on operation and ODP recommendations to increase consistency of practice.

6. Provide individuals, self-advocates, and families budget authority. Offer a new service definition, "Participant-Directed Goods and Services," providing P/FDS Waiver participants $2,000 per fiscal year to purchase services, equipment, or supplies not otherwise provided through other services offered in this waiver, the Medicaid State Plan, EPSDT or a responsible third-party, such as Medicare or private insurance.

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)*

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. Build an Employment First assumption in all supports coordination planning activities, including the ISP redesign and training.
3. Provide training and ongoing technical assistance to service providers and supports coordinators.
4. Establish a baseline number of people receiving employment services and those employed; routinely publish data on work and wages.
5. Connect OVR Workforce Development information system and ODP information system (HCSIS) to enable the departments to share information.
6. Support provider transformation to employment services.
7. Facilitate public-private partnerships and local interagency coalitions to support employment opportunities and encourage innovation.
8. Add benefits counseling to inform individuals, self-advocates, and families about options to work without losing benefits including the ABLE Act and Medicaid buy-in.
9. Promote and increase government hiring of people with disabilities.
10. Offer P/FDS waiver services to high school seniors interested in work and who transition into competitive, integrated jobs.
11. Support the growth and advancement of post-secondary education programs.
12. Create service definitions and rates to incentivize providers and support individuals, self-advocates, and families.

Performance Measures:

1. Number of Individuals Employed vs Number of Individuals Employed and Receiving ODP Employment Services. *(Source: ODP Employment Comprehensive Report)*
2. ODP Top 5 Most Utilized Job Types among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated. *(Source: ODP Employment Comprehensive Report)*
3. Number of people with authorized employment services. *(Source: HCSIS)*
4. Number of people receiving employment services. *(Source: PROMISe™)*
5. Percent of AEs having a designated employment lead. *(Source: QA&I)*
6. Percent of SCs providing education and information to the individual about employment services. *(Source: QA&I)*

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 development of regional collaboratives so that communities and all stakeholders experience genuine direction and ownership in local approaches to supporting families of people with autism or intellectual disabilities.
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. Collaborate across systems to encourage positive expectations of meaningful lives, to realize the role of all systems in supporting families within this vision, and to make it as easy as possible for families to receive the information, supports and services they need throughout the lifespan. Include the school systems and medical community as pivotal messengers.
9. For people who are waiting for supports and services, develop a supports coordination service and funding 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 Survey)*
2. Percent of family members who report that the information received is easy to understand. *(Source: NCI PA Adult Family Survey)*
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 Survey)*

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.

1. Direct people to existing resources with information on healthy living.
2. Increase the use of Mental Health First Aid (MHFA) among stakeholders.
3. Update, disseminate, and provide training on sexuality guidelines.
4. Incorporate a focus on health and wellness into the individual planning process.
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.

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. % of Individuals and Self-Advocates Who Routinely Engage in Moderate Physical Activity. (Source: NCI PA Adult Consumer Survey)

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:

    - Training and education.

    - Strategies to target identified health risks.

    - Improved capacity.

4. A dual diagnosis training curriculum will be made available online. Currently the Health Care Quality Units and ODP provide training in established dual diagnosis curriculum. An online format will provide greater access for users and will be more convenient in time and pace of the information.

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, Exploratory)*
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, Exploratory)*

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 will improve the quality of support.

Strategies:

1. Adopt and promote through policy bulletins and training, the Direct Work Force core competencies developed by the Center for Medicare and Medicaid Services (CMS). Competencies areas are:

   - Communication
   - Person-Centered Practices
   - Evaluation and Observation
   - Crisis Prevention and Intervention
   - Safety
   - Professionalism and Ethics

   - Empowerment and Advocacy
   - Health and Wellness
   - Community Living Skills and Supports
   - Community Inclusion and Networking
   - Cultural Competency
   - Education, Training and Self-Determination

2. Engage families regarding the application of core competencies by staff who support their family member.

3. ODP will establish and implement credentialed training programs based on standard curriculum and testing.

4. Build incentives into the reimbursement system to promote staff credentials, encourage professional growth and development, and adopt incentive-based training and credentialing.

5. Promote the use of the College of Direct Support and MYODP.org.

Performance Measures:

1. Percent of staff observed who treat individuals with dignity and respect. *(Source: IM4Q Survey)*
2. *Percent of staff observed who recognize individuals in ways that promote independence. (Source: IM4Q Survey)*

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. Finalize and disseminate ODP's updated Quality Management (QM) Strategy Bulletin.

    - Communicates ODP's mission, vision, and values.
    - Establishes the purpose of Quality Management in ODP.
    - Describes ODP's QM structure, processes, and tools.
    - Defines expected quality outcomes based on ODP's *Everyday Lives* and the Home and Community Based Services (HCBS) Quality Framework.
    - Outlines roles and responsibilities for ODP and stakeholders to maintain and improve quality.
    - Establishes the ISAC as ODP's stakeholder Quality Council.
    - Establishes *ODP's QM Certification Curriculum* as part of building system capacity in applying quality management principles and practices across the systems.

2. Develop and disseminate an ODP annual report to show the implementation of approved recommendations and strategies across the system.
3. Create a provider profile to assist individuals, self-advocates, and families to make informed choices about providers and services.

Performance Measures:

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. *(Source: MyODP.org)*
2. ODP develops and distributes an annual 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 that use self-assessment results to work on quality improvement annually. *(Source: QA&I)*
7. Number and percent of SCOs 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. Establish a housing transition and tenancy sustaining service definition: Direct services provided to assist individuals and self-advocates with planning, locating, and maintaining a home of their own. Services include:
   - assessing the individual's community living skills and housing needs;
   - assistance with:
     - locating housing;
     - applying for housing vouchers/applications;
     - finding and establishing a relationship with a housemate;
     - financial planning and education family including special needs trusts and ABLE accounts;
     - communicating with landlords;
     - arranging for home modifications and repairs; consider warranty periods;
     - making security payments and monthly payments;
     - purchasing necessary home security devices;
     - obtaining and using assistive technology;
     - coordinating the move;
     - arranging support services;
     - securing government benefits, household furnishings, and utility assistance; and
     - providing training on tenant rights, empowerment, advocacy, and how to be a good tenant.

2. 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.

3. Expand LifeSharing to allow for the enrollment of birth families as life sharing providers.

4. Develop a supported living option that enables individuals and self-advocates to live in their own homes with the support of an agency available to provide guidance and assistance as needed.

5. Provide training to Supports Coordinators on the varied options for community living.

6. Expand choice of options to include creative housing alternatives.

7. Support the development of safe and affordable housing options that meet the individual's and self-advocates personal preferences.

8. Provide access to home modifications, transportation, and assistive technology to support people to live in their homes.

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 don't 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. Establish 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. Redesign day programs (adult day habilitation and prevocational services) to limit separation from the community, encourage employment and community participation, and to provide the support people need to be in their communities, from transportation to skill building.

4. Provide training to SCs and all stakeholders on facilitating and supporting individuals to become more involved in community life.

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

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. 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

4. Percent of people who have friends*. (Source: NCI PA Adult Consumer Survey)*

5. 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, and families with intellectual disability or autism should receive: supports coordination service; information about local resources and services (e.g. OVR, Medicaid, aging, housing supports, income supports); 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 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 for incorporating publicly funded services to support an 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 on the emergency list who have a caregiver over the age of 60.
   c. People who have caregivers who are unable to take care of their family member due to illness or an unanticipated life situation.
3. Improve the Prioritization of Urgency of Need for Services (PUNS) instrument and process to more accurately identify individuals with ID or autism in need of supports and services and the types of services needed. The work should be done with the advice of a stakeholder work group.
4. All individuals waiting for services will have their eligibility for ODP Medicaid waivers determined.
5. ODP will provide instruction to professionals in the criminal justice system to minimize arrest.
6. ODP will issue an annual report on progress in addressing the waiting list.

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, Money Follows the Person (MFP) File)*
   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.*