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

2019

Contents

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

INTRODUCTION:

Following the publication of *Everyday Lives: Values in Action*, in 2016, the Information Sharing and Advisory Committee (ISAC) became ODP's Stakeholder Quality Council. The ISAC went on to create a detailed series of recommendations, strategies, and performance measures to guide the Office of Developmental Programs (ODP) and gauge its progress in achieving the important goals put forth in *Everyday Lives*. These strategies and recommendations developed by the ISAC continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system: 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 made an impact in terms of influencing the development of new waiver applications, regulations and policies and helping to launch the Supporting Families Collaborative, several employment initiatives, and improved training.

As we continue to carry out these recommendations and strategies, ODP 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 2019 accomplishments, strategies and performance data for each recommendation. While updated strategies outlined in the Appendix of this document will be implemented for all recommendations, ISAC members agreed to focus additional efforts in 2020 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.

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.

Managing for Quality – Planning and implementing strategies, measuring performance, and embedding successful practices
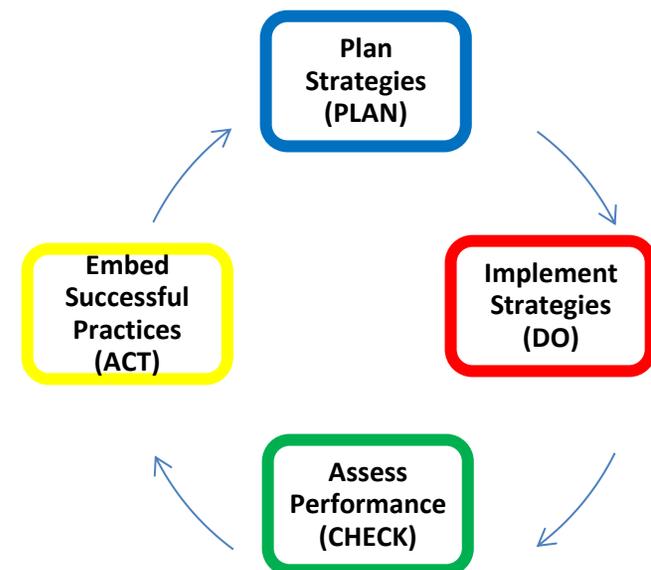
Recommendation 1: Assure Effective Communication

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

Accomplishments:

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 August 2019, 156 participants had this service approved and authorized on their ISPs.

Growth in Utilization of Enhanced Communication Rates – Enhanced rates are available for services provided by staff fluent in Sign Language to adequately serve participants who are Deaf. As of October 22, 2019, 102 waiver participants are approved to receive Enhanced Communication Rates (ECR)-funded services. This is an increase of 55 individuals from last year.

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

- Over the last year, ODP held 10 webinars and two virtual office hours. Through these 12 sessions, ODP has had more than 1,400 attendees. Each webinar was recorded and posted on MyODP in both English and American Sign Language.
- ODP held six visual gestural communication (VGC) training sessions across the state. These sessions were offered to Harry M. class members that either use VGC as a mode of communication or their assessment indicated that his/her support team would benefit from training about VGC. Seventy-eight percent of attendees completed a post training survey and ninety-eight percent reported that the training was helpful, and they would recommend it to others.
- ODP presented at numerous conferences on various communication-related topics.
- In collaboration with the Institute on Disabilities at Temple University, five learning sessions titled "Consider Communication" were held. More than 400 individuals attended these sessions.

Supports Coordinator Monitoring Tool -- The Supports Coordinator Monitoring Tool will be updated to capture if the individual's communication needs are being met—effective December 2019.

Accomplishments

- ✓ **Increased use of Communication Specialist Service**

- ✓ **Number of participants who use services with Enhanced Communication increased by 55 individuals**

- ✓ **Hosted training sessions and conferences to address supporting people with nontraditional communication needs**

- ✓ **Supports Coordinator Monitoring Tool updated to capture whether individuals' communication needs are met**

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Performance Measures:

1. For people who do not communicate effectively using words, the percent of people with a communication system in place, i.e., a written plan in place that describes and documents a communication system (e.g., sign language, a picture board/system such as Picture Exchange Communication System (PECS), a voice-output communication device, or a combination of methods). A communication profile in the ISP is not sufficient in and of itself. *(Source: Independent Monitoring for Quality (IM4Q))*
2. For people with communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*
3. For people with communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community). *(Source: IM4Q)*
4. Percent of individuals who report that their staff understand their communication. *(Source: IM4Q)*
5. Percent of individuals for whom the Supports Coordinator (SC) explores with the individual options for communication assistance when appropriate and supports the individual to choose. *(Source: QA&I)*
6. Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier). *(Source: Provider Reimbursement & Operations Management Information System in Electronic format (PROMISe™))*

1,2&3. For individuals and self-advocates who do not communicate using words

Source: IM4Q

Percent with a formal communication system in place
FY14-15 (n=1,565)   FY15-16 (n=1,556)
FY16-17 (n=1,556)   FY17-18 (n=1,590)

Percent whose formal communication systems are working and used
FY14-15 (n=421)   FY15-16 (n=434)
FY16-17 (n=450)   FY17-18 (n=431

Percent of formal communication systems used across all settings
FY14-15 (n=411)   FY15-16 (n=430)
FY16-17 (n=451)   FY17-18 (n=416)
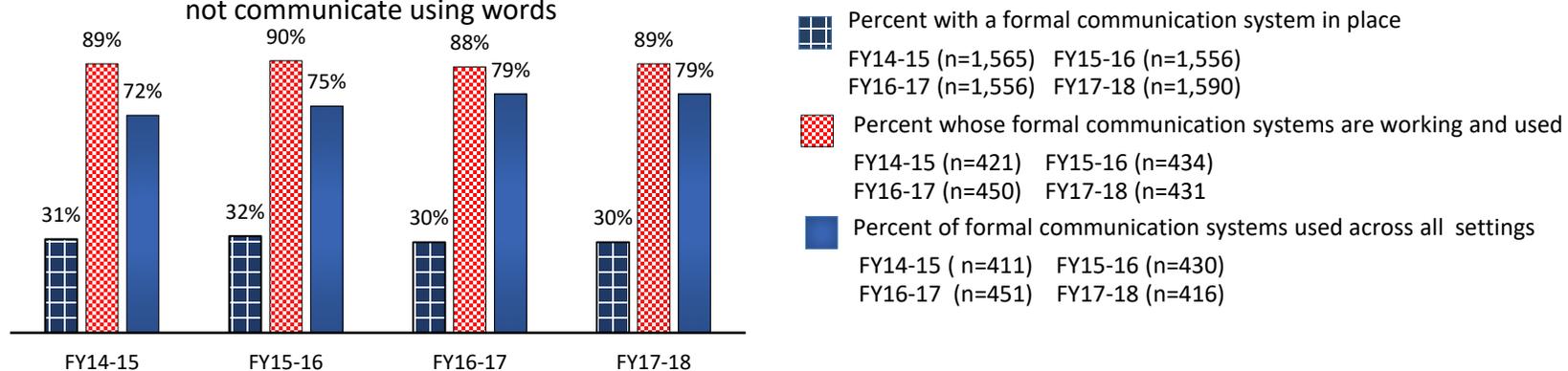
EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

4. Percent of individuals who report that their staff understand their communication

63%
n=2,559
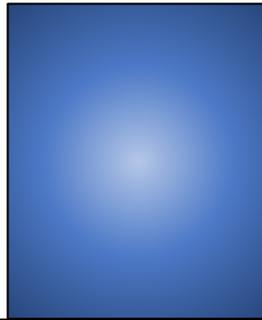
Source: IM4Q FY17-18

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

95%
n=58

67%
n=67
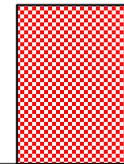
FY17-18   FY18-19

Source: QA&I

6. Number of Individuals who received Enhanced Communication Rate 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	46
SFY17-18	Person/Family Directed Support Waiver	1
SFY18-19	Community Living Waiver	1
SFY18-19	Consolidated Waiver	76
SFY18-19	Person/Family Directed Support Waiver	2

Source: PROMISe™ paid claims through remittance advice date of October 28, 2019.

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

Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.

Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

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

Accomplishments:

Increased Use of Agency with Choice Participant-Directed Service Model In lieu of Provider-Delivered Services – Approximately 380 people began using the Agency with Choice (AWC) Participant-Directed Services (PDS) model in lieu of traditional services in 2019. This growth is consistent with the 2018 primary objective to achieve greater participant utilization of self-direction opportunities.

Increased Use of the Supports Broker Service – The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participant's needed services. Participants who use the Supports Broker service usually have a more positive experience using PDS. In 2018, approximately 100 participants received Supports Broker services; that number increased to approximately 390 in 2019.

Increased Emphasis on Self-direction, Choice, and Control in Traditional Service Models -- The primary objective of Recommendation 2 has historically emphasized use of PDS. In 2019, ODP began expanding the recommendation's focus to services and supports provided via models other than PDS, in recognition that all individuals have the right to exercise the same choices as individuals who do not have an intellectual disability or autism.

Accomplishments

✓ **Increased use of Agency with Choice Participant-Directed Service Model in lieu of Provider-delivered services**

✓ **Increased use of the Supports Broker Service**

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

✓ **Publication of Chapter 6100 Regulatory Package in the Pennsylvania Bulletin**

✓ **Completion of the Regulatory Compliance Guide (RCG) for Community Homes**

Publication of Chapter 6100 Regulatory Package in the *Pennsylvania Bulletin* and Completion of the Regulatory Compliance Guide (RCG) for Community Homes – The 6100 regulatory package was published in the *Pennsylvania Bulletin* in October 2019. The programmatic and human services licensing regulation changes support individuals with an intellectual disability or autism to live and participate in the life of their community, to achieve greater independence, and to have opportunities enjoyed by all Pennsylvanians. The 6100 regulatory package vastly expands protections of individual rights; many of these rights protect an individual's right to be directly involved in any decisions that impact the individual's daily life. Additionally, ODP completed the *Regulatory Compliance Guide* (RCG) for Community Homes licensed pursuant to 55 Pa. Code Chapter 6400. A companion piece to the updated 6400 regulations, the RCG provides clear explanations of the regulatory requirements of Chapter 6400 to help providers provide safe environments and effective services to individuals through regulatory compliance, and to help regulators protect individuals by conducting consistent and comprehensive inspections. It provides a detailed explanation of each regulatory requirement, including expectations for compliance, guidelines for measuring compliance, and the primary purpose for the requirement. Among other things, the RCG strongly emphasizes individual choice as the foundation for regulatory compliance.

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

1. Number of Individuals and Self-advocates who use Participant-Directed Services
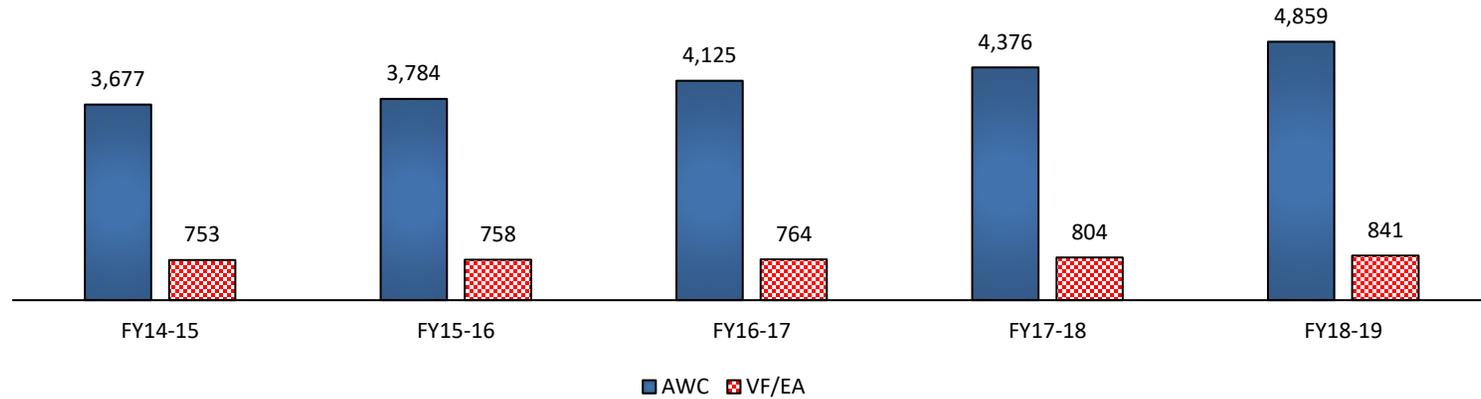
Source: HCSIS as of 9/30/2019

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

	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
1 service	2,821	2,828	3,036	3,255	3,674
2 services	1,056	1,108	1,198	1,281	1,343
3 or > services	530	587	632	607	660
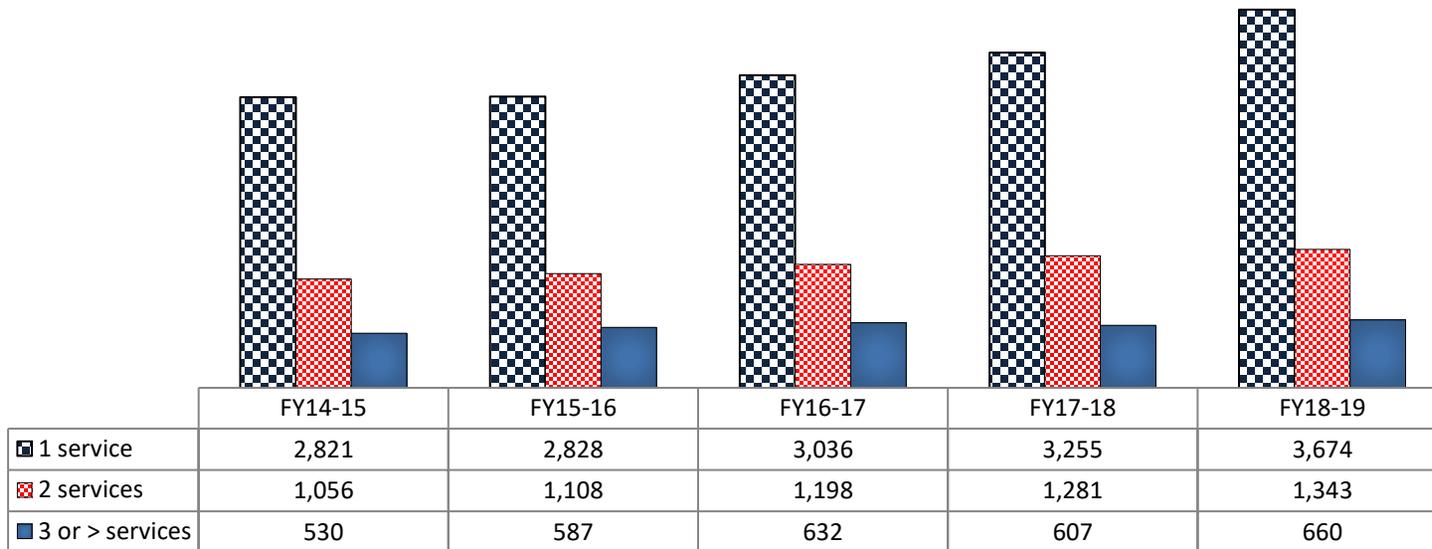
Source: HCSIS as of 9/30/2019. Includes AWC and VF/EA Services.

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

3. Percent of Individuals and Self-Advocates with Participant-Directed Services

FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
11.49%	11.69%	12.41%	13.04%	14.19%
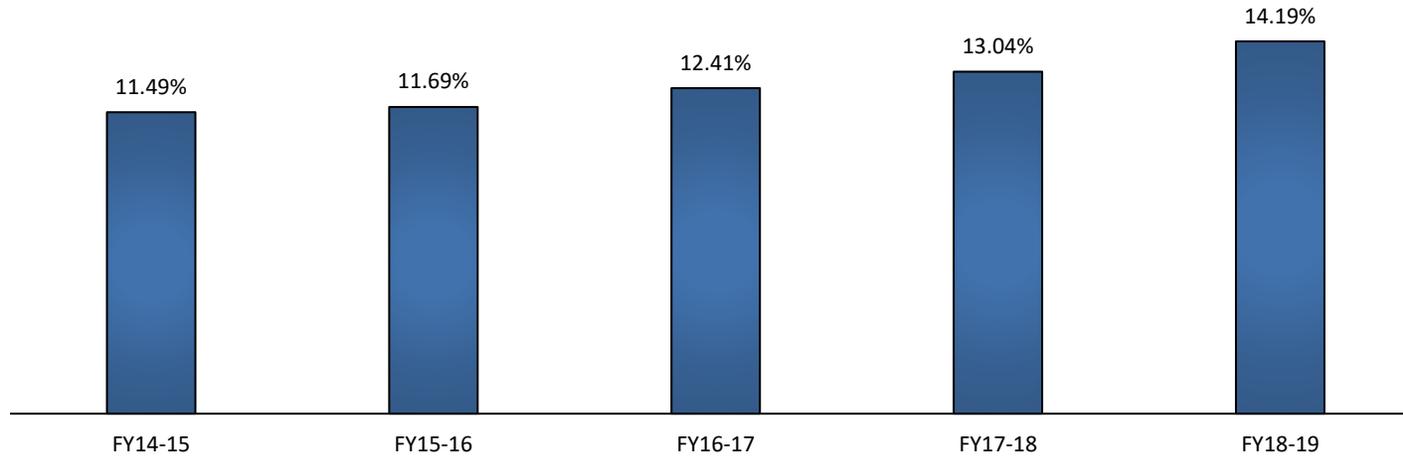
Source: HCSIS as of 9/30/2019

4. Percent of individuals who said they vote

	Percent of individuals who reported they vote	Percent of individuals who reported they don't vote & are not interested	Percent of individuals who reported they don't vote but would like to
2016-2017	30% n=4,698	63% n=4,698	7% n=4,698
2017-2018	32% n=4,760	63% n=4,760	5% n=4,760

Source: IM4Q

10
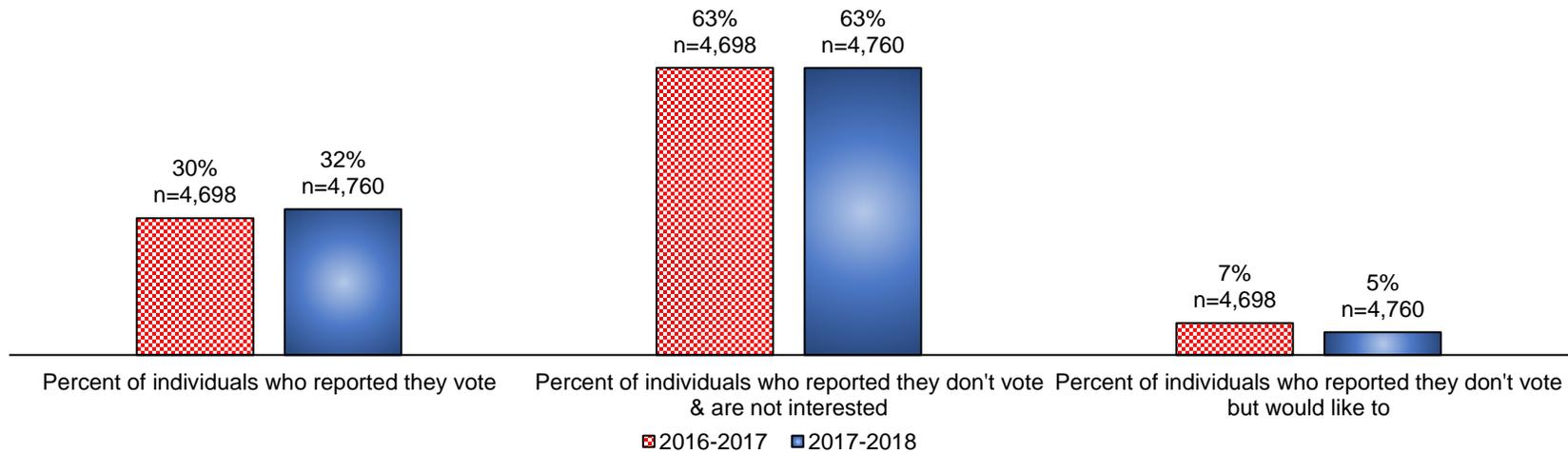
EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

5, 6 & 7. Choice and Control at home and during the day

Percent of individuals who reported they always carry a form of identification — 52% n=4,993 (2016-2017); 54% n=4,928 (2017-2018)

Percent of individuals who had a key/way to get into their house or apartment on their own — 33% n=4,812 (2016-2017); 36% n=4,987 (2017-2018)

Percent of individuals who reported they chose what they do during the day — 40% n=4,036 (2016-2017); 43% n=3,927 (2017-2018)

■ 2016-2017 ■ 2017-2018

Source: IM4Q

8 & 9. Choice and Control on where to live

Percent of individuals who said they were given a choice to live where people without disabilities live — 39% n=2,316

Percent of individuals who saw no other places before they moved into their residence — 49% n=2,317
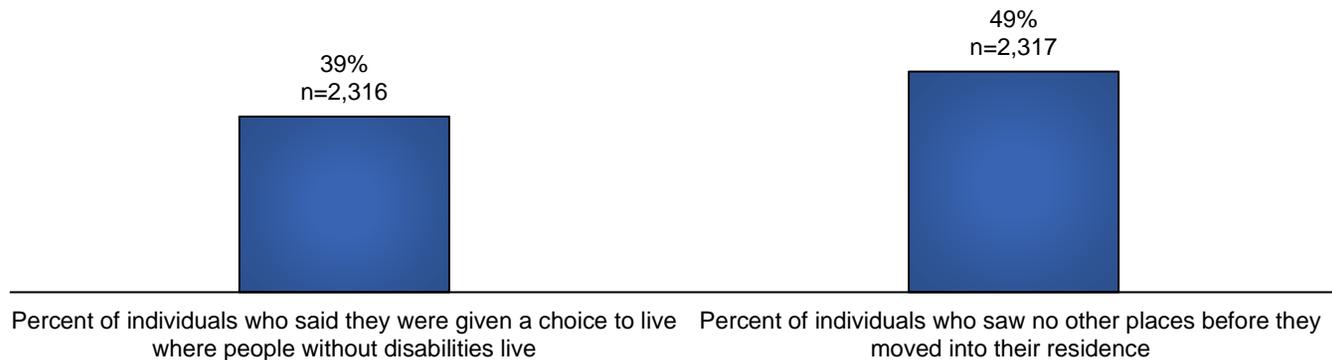
Source: IM4Q FY17-18

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) –
- 1% increase in the percentage of ODP-enrolled individuals ages 18-64 who are competitively employed – **15%** in January 2019, **16%** in September 2019. *(Source: HCSIS)*

Data Enhancements –
- The Office of Vocational Rehabilitation (OVR) and ODP have exchanged data on shared consumers through a Data Sharing Agreement/Memorandum multiple times in 2019.
- ODP Comprehensive Employment Report, Third Quarter Fiscal Year 2018-2019, was released in ODP Communication 19-119.
- ODP shared data for inclusion in the Pennsylvania Employment Oversight Commission's First Year Report to Governor Wolf and the General Assembly.

Training and Communication –
- In July 2019, ODP collaborated with the Office of Long-Term Living and the Office of Mental Health and Substance Abuse services to present on DHS employment initiatives at the Pennsylvania Community of Practice Transition Conference.
- Collaboration between the Supporting Families and Employment Leads to conduct trainings on employment, using LifeCourse Framework at the 2019 Pennsylvania Life Sharing Conference and Philadelphia Regional Conference on Developmental Disabilities.
- ODP and OVR jointly supplemented funding for five in-person and online ACRE certification courses as well as ACRE certification through the College of Employment Supports for an unlimited number of persons. 945 individuals completed the ACRE Certification Training.
- ODP dedicated a page entirely to employment and employment resources on the MyODP.org training platform.

Policy Improvements –
- Made changes to the ODP waivers that increase opportunities for employment by allowing a participant who has received a job offer in competitive integrated employment to receive services through ODP, even if OVR has not made an eligibility determination.
- ODP worked jointly with OVR to make changes to policy to address the need for people to access ODP employment services during periods when OVR has a waiting list.

Accomplishments

- ✓ **Increase in Competitive Integrated Employment to 16% of working age people served by ODP**

- ✓ **OVR/ODP Data Sharing utilized**

- ✓ **ODP/OLTL/OMHSAS collaboration at the Pennsylvania Community of Practice Transition Conference**

- ✓ **Policy improvements to ODP waivers that increase opportunities for employment**

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

ODP Support for Employment Coalitions –
- The ODP Regional Employment Leads continue to attend all known Employment Coalitions to support their local-level efforts in helping individuals obtain CIE.

State Centers Employment –
- The state center employment staff continue to collaborate with OVR, 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. As of September 30, 2019, 49% of people in state centers are employed in jobs that make minimum wage or higher, 3% of those are working in competitive integrated employment in their community.

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

1. Individuals working in Competitive Integrated Job
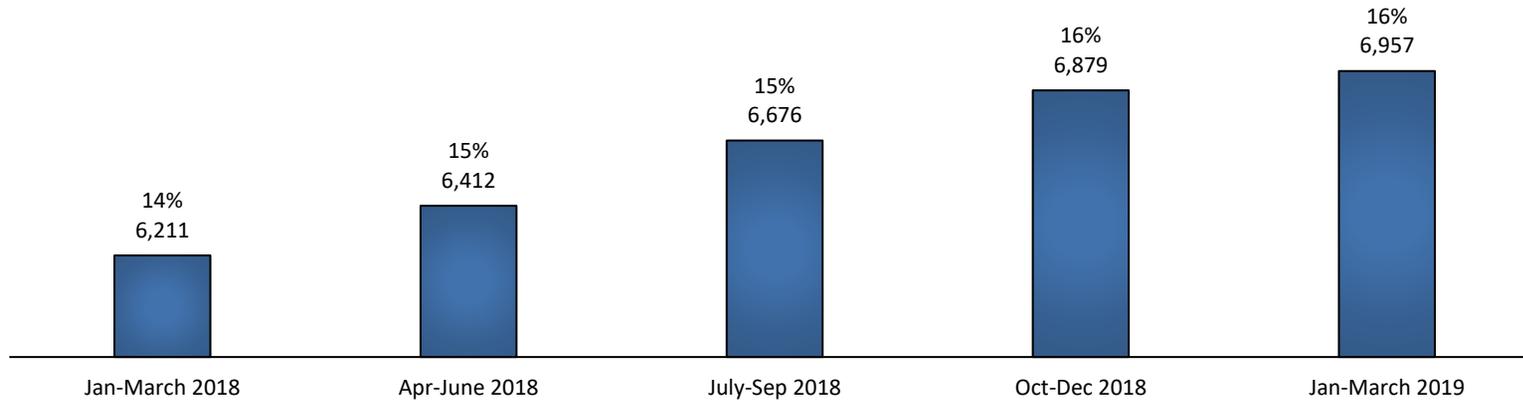
Source: ODP Employment Comprehensive Report

2. Number of Individulas Employed vs Number of Individuals Employed and Receiving ODP Employment Services
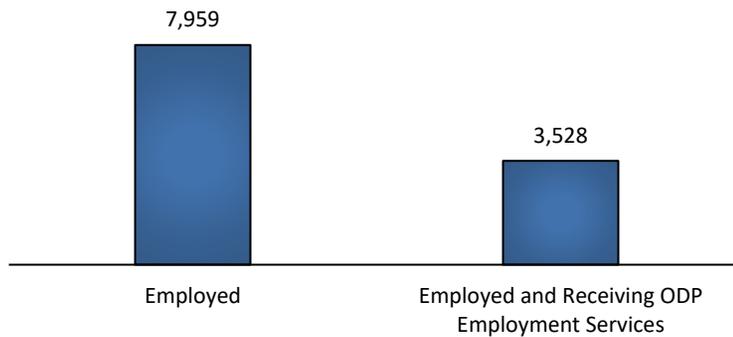
3. ODP Top 5 Most Utilized Job Types Among ODP Enrolled Individuals Ages 18-25 Reporting Competitive-integrated
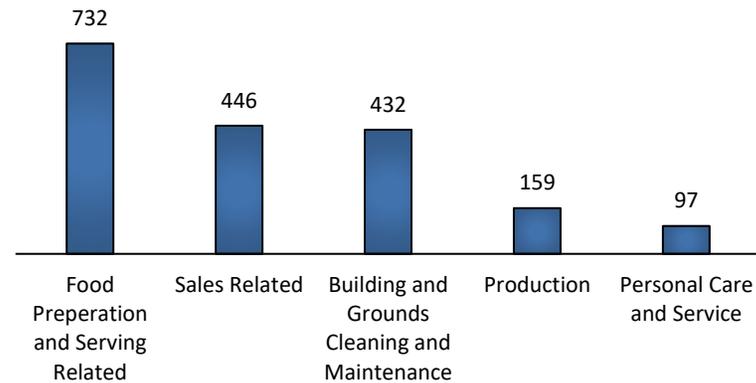
Source: ODP Employment Comprehensive Report

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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	SFY18-19
■ Authorized	5,143	5,261	5,560	5,361	5,546
⊠ Utilized	5,006	5,147	5,456	5,245	5,385

% Utilization	
FY14-15	97.3%
FY15-16	97.8%
FY16-17	98.1%
FY17-18	97.8%
FY18-19	97.1%

Source: HCSIS as of 9/30/2019
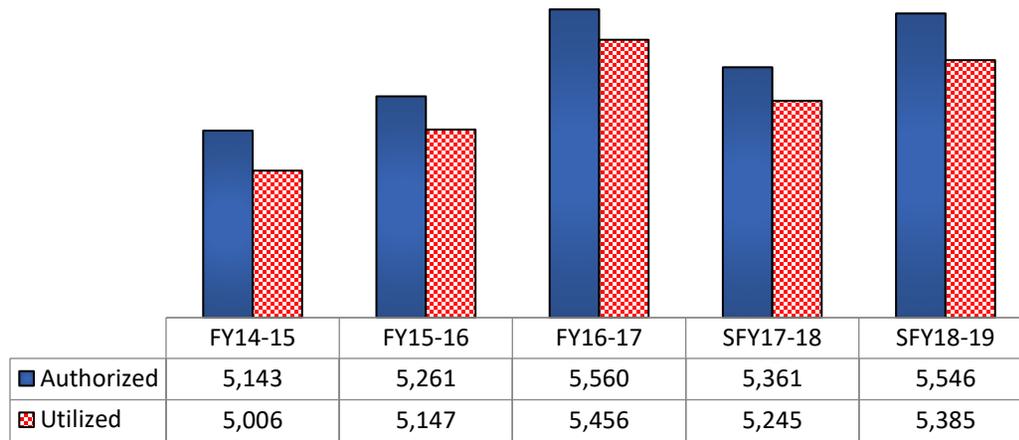
Data Sources: Service authorizations from HCSIS under snapshot date of September 30, 2019 and PROMISe™ paid claims through remittance advice date of October 28, 2019. All ODP Waiver and Base programs are included.

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.

6 &7. AE & SC Promote Employment
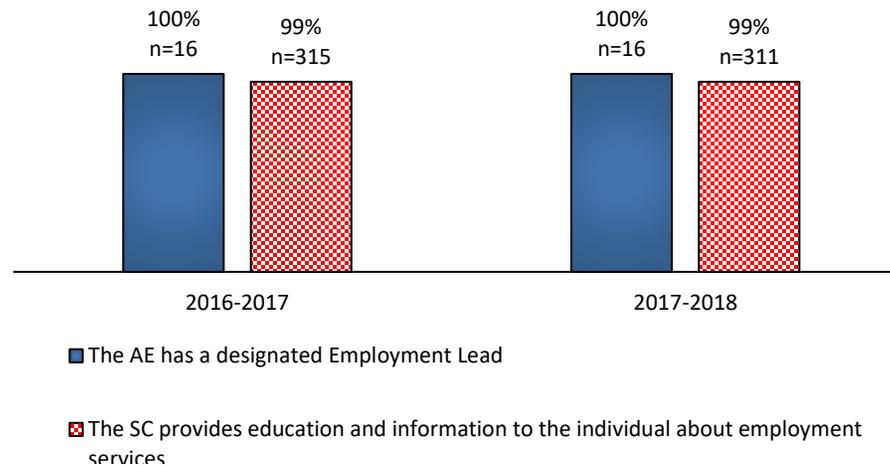
100%
n=16

99%
n=315

100%
n=16

99%
n=311

2016-2017   2017-2018

■ The AE has a designated Employment Lead

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

Source: QA&I

8. Individuals surveyed reported that someone had talked to them about employment in their planning meeting
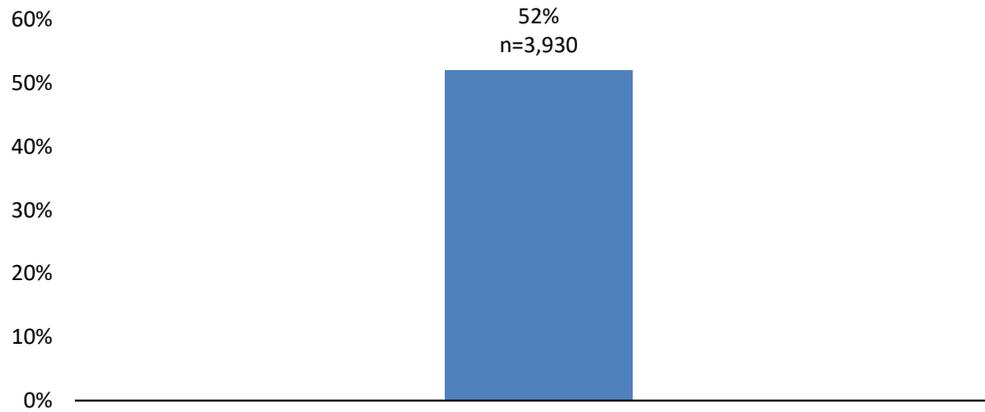
Source: IM4Q 2017-2018 Survey

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 5,600 people reached through outreach activities and workshops throughout Pennsylvania.
- Approximately 100 face-to-face workshops delivered in both English and Spanish with individuals and families, presenting an Overview of Charting the LifeCourse.
- Close to 150 people touched through individualized mentoring, face-to-face or by phone, addressing specific topics.

Self-Advocates United as One (SAU-1) –
- Provides Star Power and Vision trainings to self-advocates across the state.

National Community of Practice: Supporting Families throughout the Lifespan –
- Statewide all but eight of the 48 Administrative entities have joined the Community of Practice and are working to develop a Community of Practice for ALL.
- 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.

Accomplishments

- ✓ **LifeCourse Charting Training for families**

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

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

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

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

Accomplishments

- o Regional Collaboratives have participated in and/or hosted events to reach the ALL in Pennsylvania in efforts to support families
  - ▪ <u>Central Region</u> – Regional Collaboratives participated in 32 events held in 2019 including: Kick off your Drug Free Summer, Booth at Mother to Mother Luncheon, Middle School Back to School Night, ROADS TO EMPLOYMENT Student Transition Fairs among others.
  - ▪ <u>Northeast Region</u> – Regional Collaboratives participated in 44 events held in 2019 including: Community Night, 2nd annual Supporting Families Celebration, Spaghetti Dinner at provider agency, Chamber of Commerce, Nurse Family Partnership among others.
  - ▪ <u>Southeast Region</u> – Regional Collaboratives participated in 20 events held in 2019 including: Back to School Fair Philadelphia School District, Bethany Baby Community Baby Fair, Employment Stakeholders Event, CYF Foster Families Introduction to LifeCourse tools among others.
  - ▪ <u>Western Region</u> – Regional Collaboratives participated in 47 events held in 2019 including: An Annual Planning Public Meeting, Local Transition Council, Presentation to Erie County's - Cross System Collaboration, a Mental Health Awareness Information Fair, Resource Outreach in Community Parks among others.

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

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

- • 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:
  - o Allegheny County is utilizing Charting the LifeCourse front door activities to help streamline emergency intakes.
  - o Bucks County is completing a trajectory on all new intakes that are eligible for services, this information is passed onto the Support Coordinator that is selected.
  - o Carbon, Monroe & Pike Counties provide the Blue Book and information about PA Family Network to families at intake regardless of eligibility.
  - o Dauphin County SCO hired Life Course Supervisor in 2019.
  - o Tioga County Community Support Specialist was hired to be located in the Base Service Unit and work with individuals referred for Mental Health & ID/A services. They will engage the individual/family at the front door utilizing the tools and work on developing a plan.
  - o Westmoreland County has developed a family resource specialist position who is developing a data base for resources for families.
- • Charting the LifeCourse presentations have been provided in cross-system workgroups and conferences throughout the state through partnerships with Office of Vocational Rehabilitation (OVR), Office of Child Development and Early Learning (OCDEL), Office of Long Term Living

(OLTL), Office of Mental Health and Substance Abuse Services (OMHSAS), Office of Medical Assistance Programs (OMAP), and Pennsylvania Department of Education (PDE).

- 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.
- Two more individuals participating in the Charting the LifeCourse Ambassador series, bringing the total Ambassadors in Pennsylvania now to 18.
- Pennsylvania State Centers Initiative is embedding Charting the LifeCourse Framework & Tools into the work at the Centers.

Performance Measures:

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

	n=374 FY14-15	n=404 FY15-16	n=733 FY16-17	n=734 FY17-18
Always/Usually	79%	78%	81%	82%
Sometimes	14%	18%	15%	14%
Seldom/Never	7%	4%	4%	4%

■ Always/Usually   ▨ Sometimes   ■ Seldom/Never
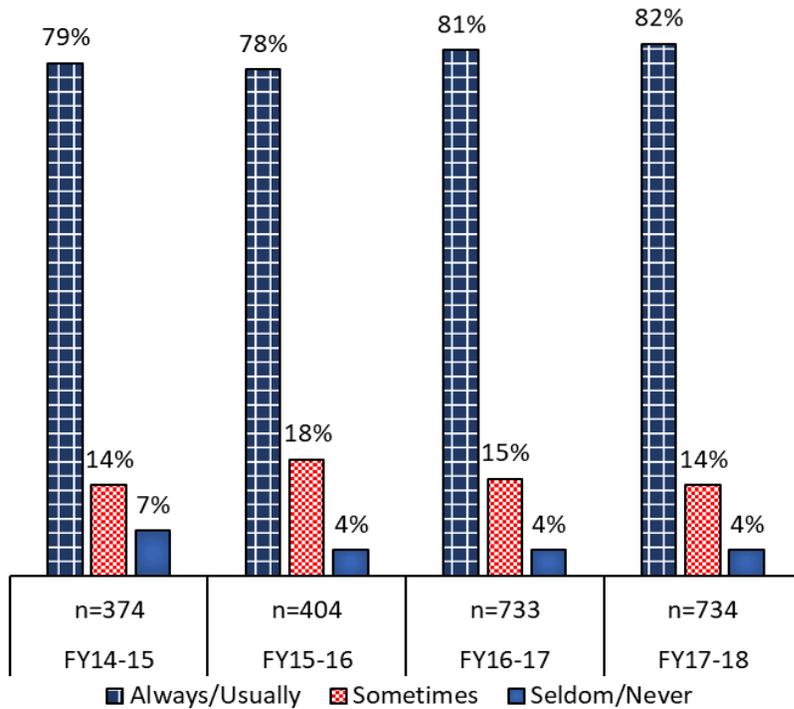
2. Percent of Family Members Who Report Information About Services is Easy to Understand
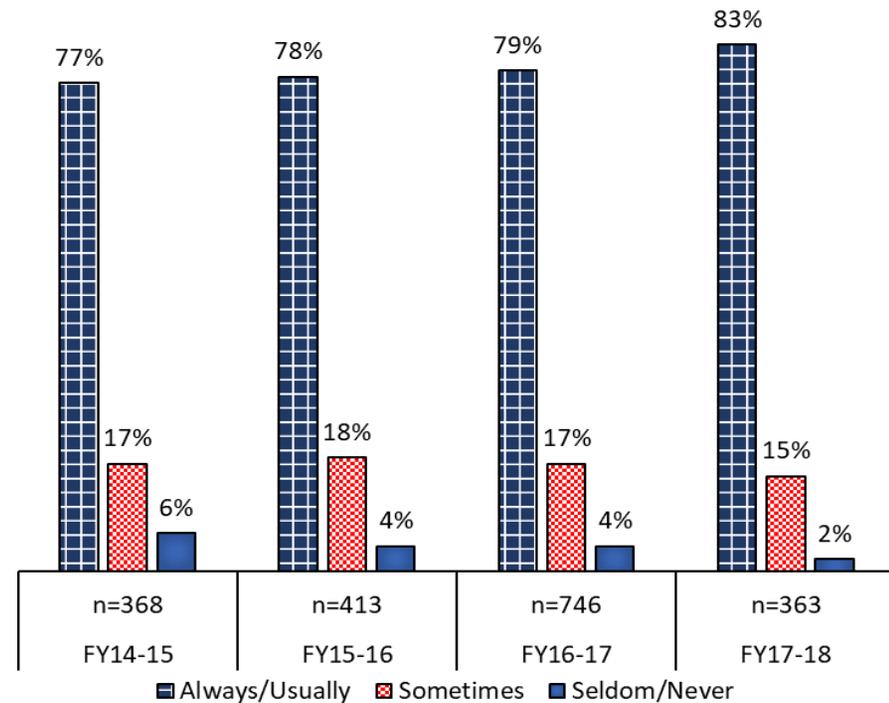
	n=368 FY14-15	n=413 FY15-16	n=746 FY16-17	n=363 FY17-18
Always/Usually	77%	78%	79%	83%
Sometimes	17%	18%	17%	15%
Seldom/Never	6%	4%	4%	2%

■ Always/Usually   ▨ Sometimes   ■ Seldom/Never

Source: NCI PA Adult Family Survey

3. Percent of Family Members Who Report SCs Tell Them About Other Public Services
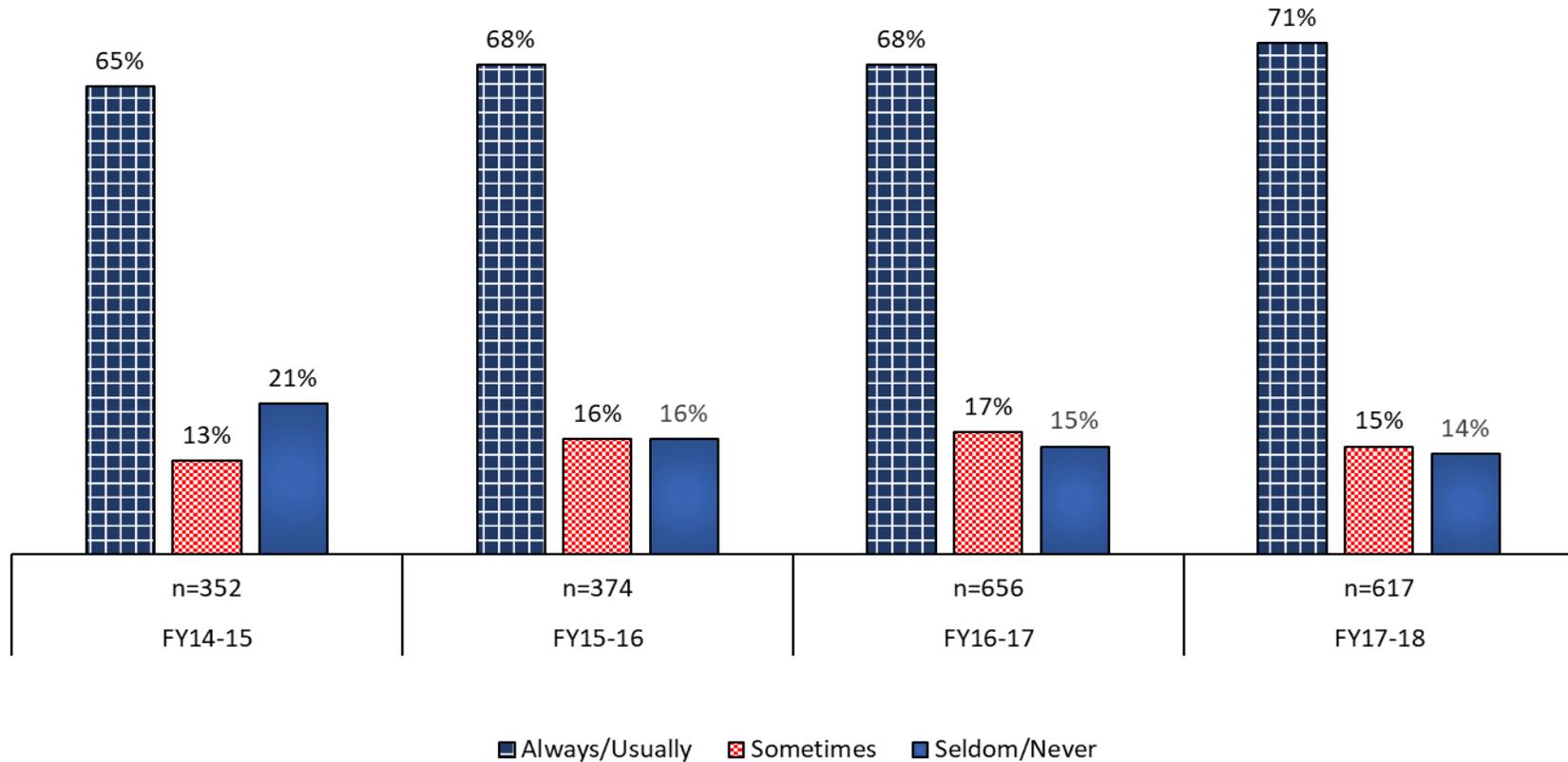
Source: NCI PA Adult Family Survey

4 , 5 & 6. Individuals and Families Networking
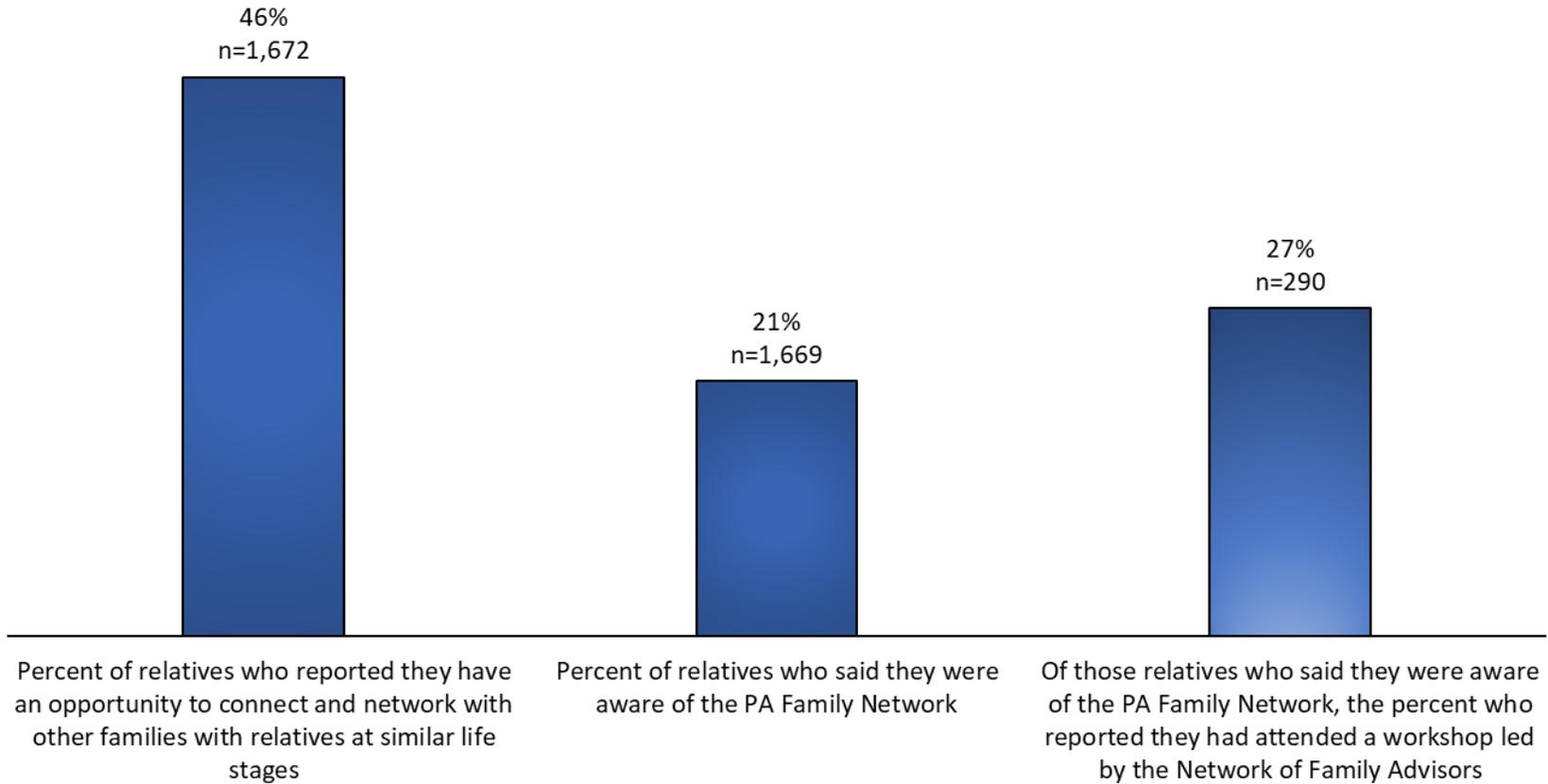
46%
n=1,672

21%
n=1,669

27%
n=290

Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages

Percent of relatives who said they were aware of the PA Family Network

Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors

Source: IM4Q FY17-18

7. Transitioning From School to Adult Services
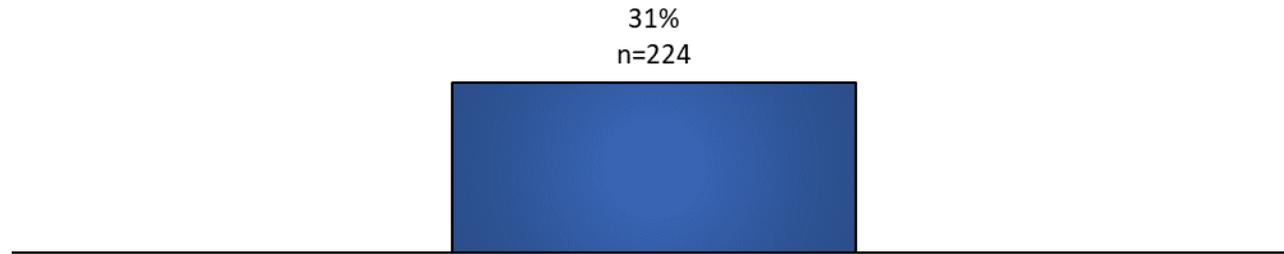
31%
n=224

Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process.

Source: IM4Q FY17-18

8 & 9 . Individuals' Vision and the LifeCourse Framework
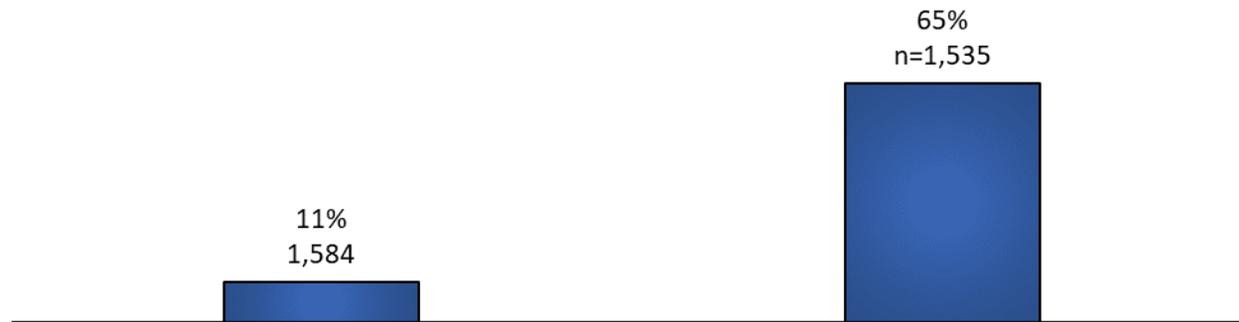
65%
n=1,535

11%
1,584

Percent of respondents who reported they had learned about the LifeCourse framework and tools

Percent of relatives who reported the services coordinator asks about their vision for an everyday life for their family member

Source: IM4Q FY17-18

Recommendation 5: Promote Health, Wellness, and Safety

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

Accomplishments:

Health Risk Screen Tool – The implementation of use of the Health Risk Screening Tool for individuals receiving residential services began in July 2019. This person-centered process engages individuals, providers, supports coordinators, AEs, and ODP in a cooperative manner to using a nationally accepted tools for risk identification and mitigation. An initial rollout lasting at least 1 year is anticipated. The HCQUs serve as the gatekeepers for the HRST screenings in their regions. As of December, the total number screenings reached 2,646.

Mental Health First Aid Training (MHFA) – 8-hour, in-person training sessions were held in 19 locations in 2019. MHFA teaches participants 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.

Skin Integrity Pilot Project – ODP continued work with this pilot project, using claims data to identify individuals with pressure wounds and conduct targeted outreach. Refinements to the data collection tool were initiated in 2019.

Positive Choices Training – Northwest HCQU again conducted 10-week course for individuals with history of relationship challenges.

Outreach for Healthy Living – HCQUs developed outreach to promote Health and Wellness through multiple training sessions:
- Hands-on Food Consistency Training for choking risk reduction – Northwest HCQU.
- Maintaining Health and Wellness During the Holidays – Northeast HCQU.
- Fatal Four trainings conducted by all HCQUs.
- Dysphagia Diet and Food Safety Workshop **–** Eastern HCQU.
- Adapting Mental Health Therapies for Dually Diagnosed Individuals **–** South Central HCQU.
- Health and Wellness project for development of a 6-week wellness program related to increasing exercise, improving balance and hydration Western HCQU.

Accomplishments

✓ **Implementation of the Health Risk Screening Tool for individuals receiving residential services began in July 2019**

✓ **Mental Health First Aid Training (MHFA) in-person training sessions held in 19 locations in 2019**

✓ **Data Integrity Pilot Project refined data collection tool in 2019**

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

- Thyme in Your Kitchen class – Western HCQU.
- 5-Part educational series for self-advocates on Diabetes. Topics include: The Basics, Carbohydrates, Maintaining Blood Sugar, Medications, and the Impact of Exercise – Western HCQU.
- Day of Learning Event, including Overview of Chronic Kidney Disease – 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 physical activity at least once a week for at least 10 minutes. *(Source: NCI PA Adult Consumer Survey)*
5. Percent of individuals who report that communication in their doctor's office is effective, including:

   - Percent who report if they needed help communicating at the doctor's office, it was available;
   - Percent who reported they have the opportunity to discuss health with their primary care provider;
   - Percent who reported their doctor speaks directly to them during appointments;
   - Percent who feel they understood their doctors' instructions;
   - Percent who reported they feel their doctor understands them. *(Source: IM4Q)*

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

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

1. Percent of Individuals and Self-Advocates Who Exercise

Legend:

- **Percent who never exercise**
  FY14-15 (n=4,865) FY15-16 (n=4,773)
  FY16-1 (n=4,857) FY17-18 (n=4,732)

- **Percent who exercise once/week or less**
  FY14-15 (n=4,865) FY15-16 (n=4,773)
  FY16-17 (n=4,857) FY17-18 (n=4,735)

- **Percent who exercise more than once/week**
  FY14-15 (n=4,865) FY15-16 (n=4,773)
  FY16-17 (n=4,857) FY17-18 (n=4,735)

Chart data:

	FY14-15	FY15-16	FY-16-17	FY-17-18
Never go out for exercise	34%	29%	29%	36%
Exercise once/week or less	18%	18%	18%	19%
Exercise more than once/week	49%	53%	53%	45%
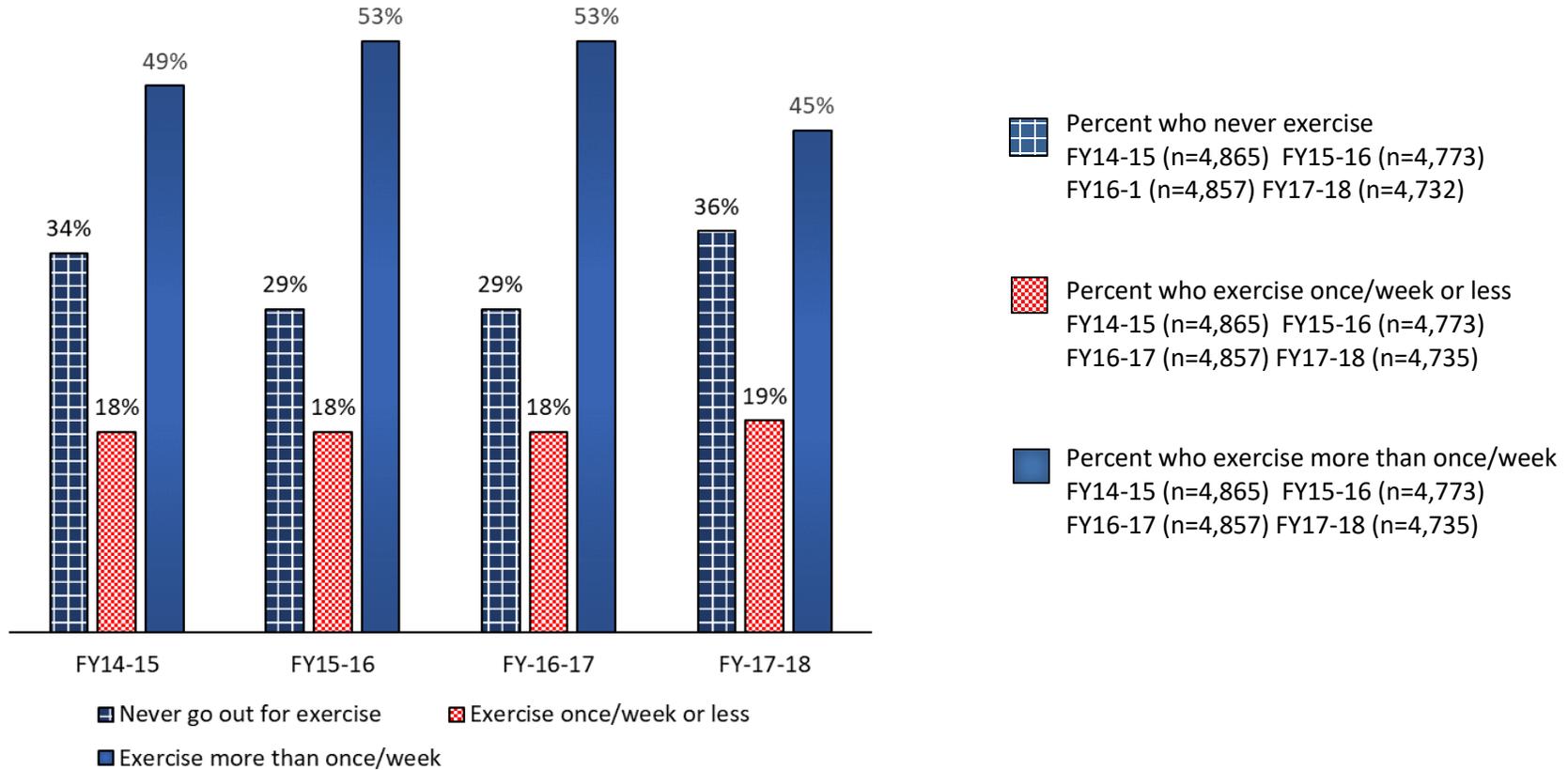
Source: IM4Q

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2. Percent of Individuals and Self-Advocates who are Underweight, Normal Weight, Overweight, or Obese
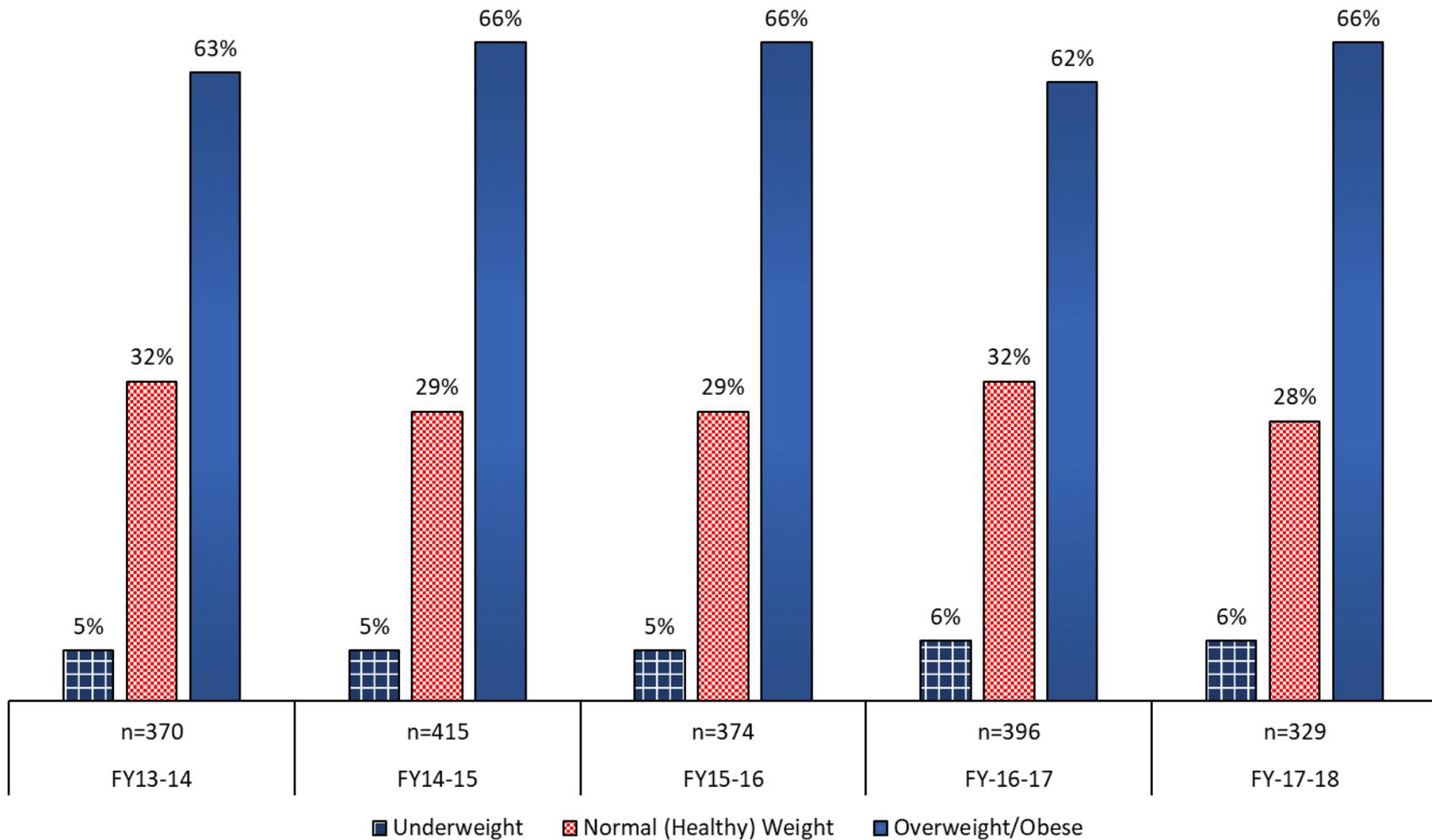
	FY13-14	FY14-15	FY15-16	FY-16-17	FY-17-18
Underweight	5%	5%	5%	6%	6%
Normal (Healthy) Weight	32%	29%	29%	32%	28%
Overweight/Obese	63%	66%	66%	62%	66%
	n=370	n=415	n=374	n=396	n=329

■ Underweight ⊠ Normal (Healthy) Weight ■ Overweight/Obese

Source: NCI PA Adult Family Survey

3. Percent of Individuals and Self-Advocates Who Have Had Physical, Dental, and Eye Exams in the Past Year
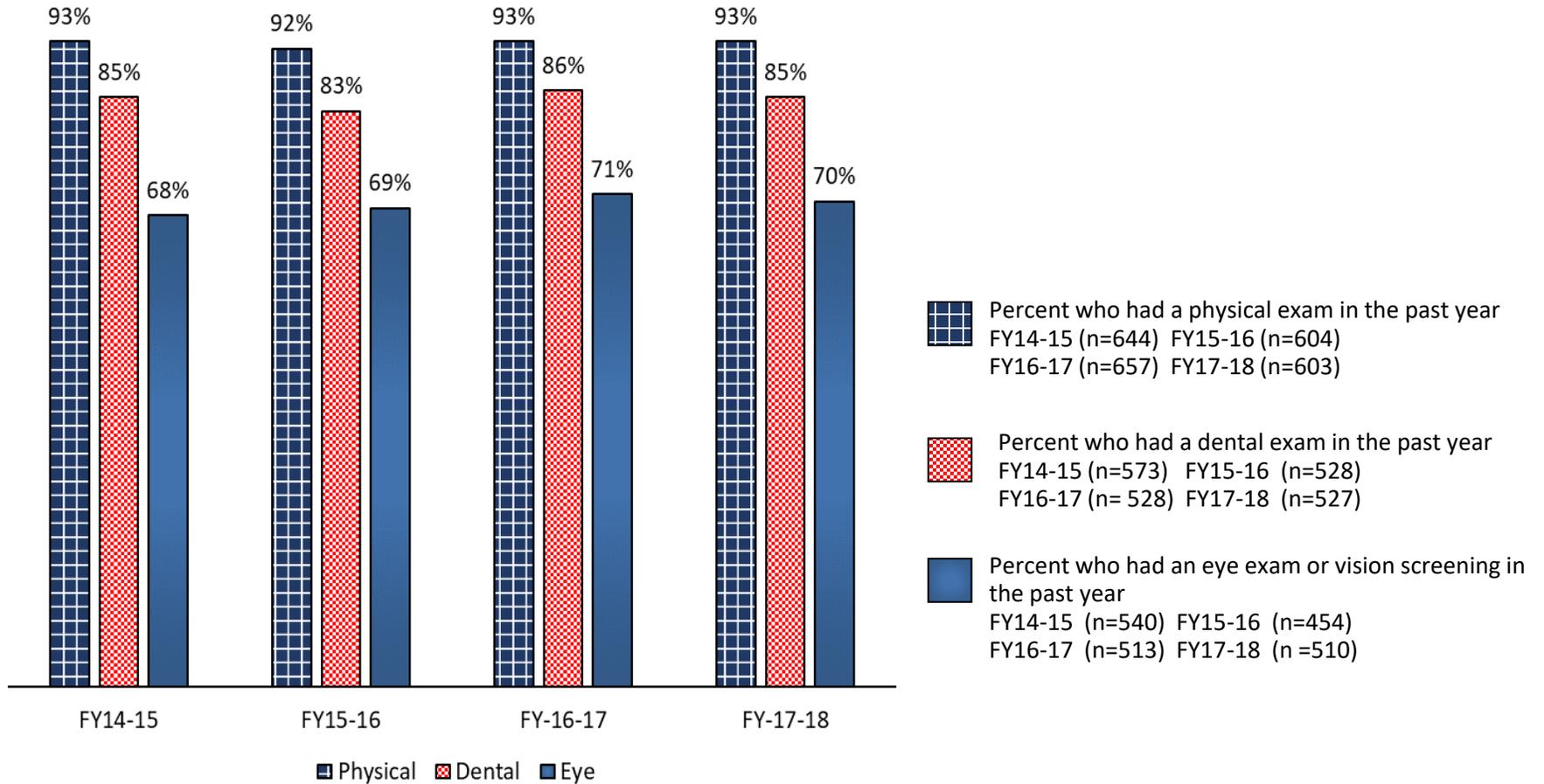
Percent who had a physical exam in the past year
FY14-15 (n=644) FY15-16 (n=604)
FY16-17 (n=657) FY17-18 (n=603)

Percent who had a dental exam in the past year
FY14-15 (n=573)   FY15-16 (n=528)
FY16-17 (n= 528) FY17-18 (n=527)

Percent who had an eye exam or vision screening in the past year
FY14-15 (n=540) FY15-16 (n=454)
FY16-17 (n=513) FY17-18 (n =510)

Source: NCI PA Adult Family Survey

4. Percent of Individuals and Self-Advocates who Routinely Engage in Moderate Physical Activity (FY13-14, 14-15); in Regular Physical Activity (FY15-16)

n=551	n=652	n=665	n=671
FY13-14	FY14-15	FY15-16	FY16-17
47%	84%	76%	74%
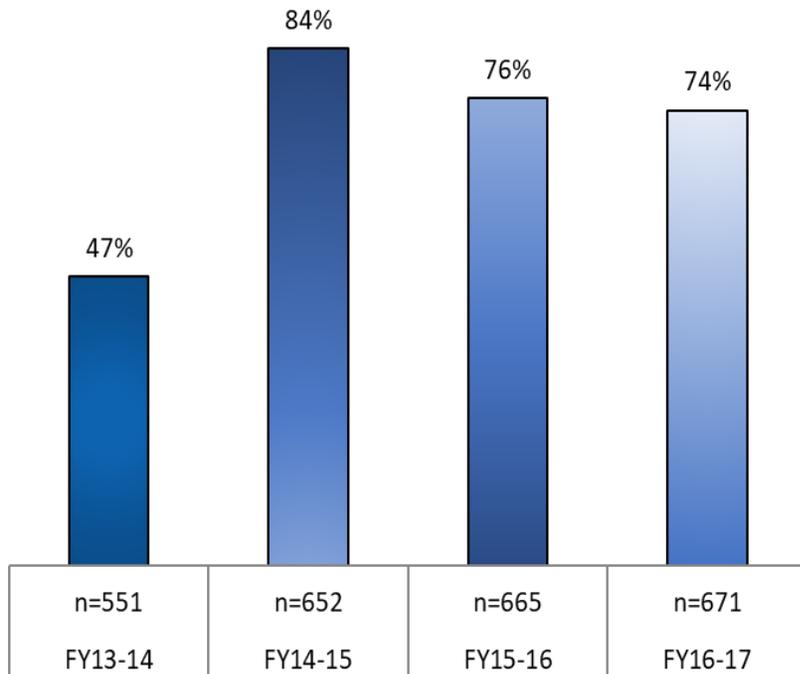
4. Percent of individuals who exercise or do physical activity at least once a week at least 10 minutes at a time

71%

n=660 FY17-18
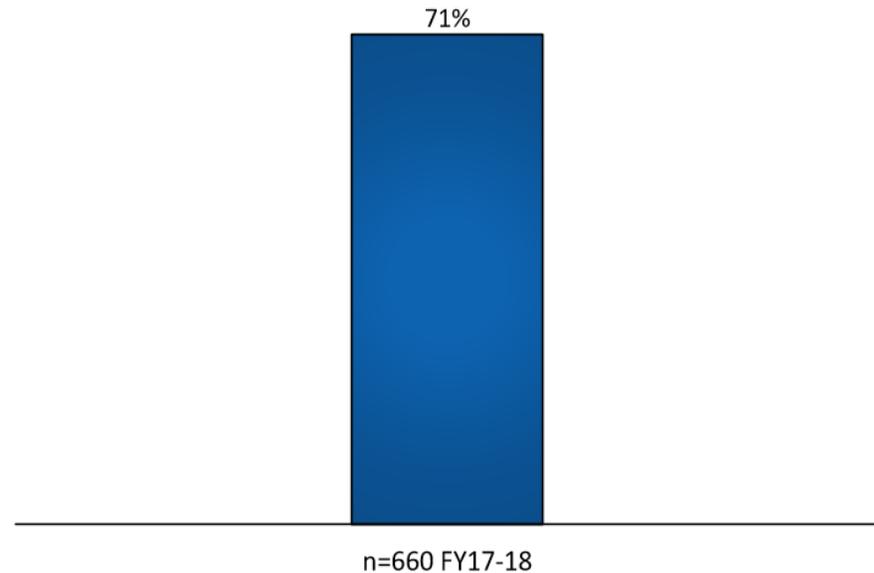
Notes – Moderate physical activity is an activity that causes some increase in breathing or heart rate. Examples include: brisk walking, swimming, bicycling, cleaning, and gardening. In 2016, the term Moderate Physical Activity was changed to Regular Physical Activity.

Source: NCI PA Adult Family Survey

5. Percent of individuals who report commuincation in their doctor's office is effective
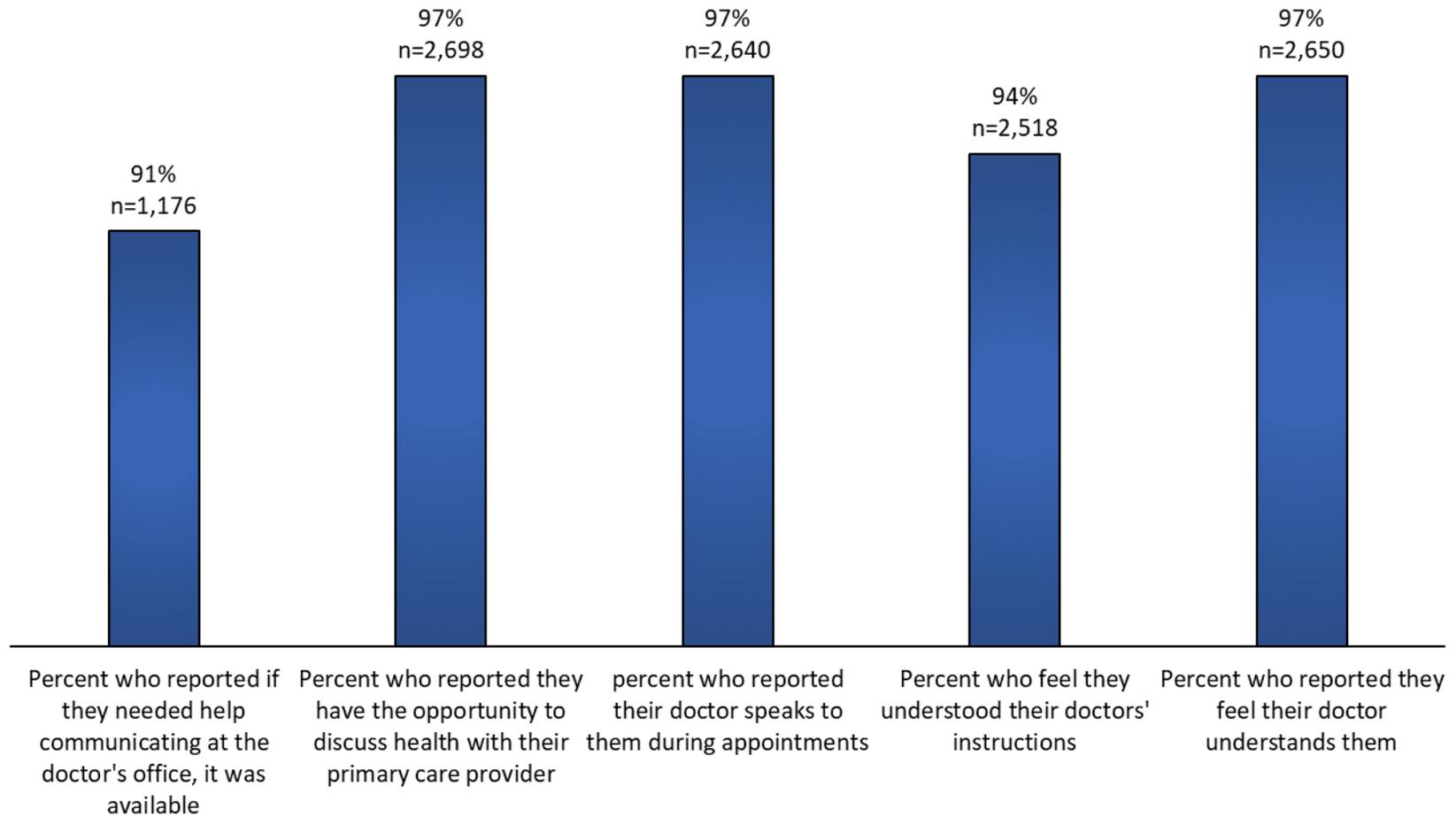
91%
n=1,176

97%
n=2,698

97%
n=2,640

94%
n=2,518

97%
n=2,650

Percent who reported if they needed help communicating at the doctor's office, it was available

Percent who reported they have the opportunity to discuss health with their primary care provider

percent who reported their doctor speaks to them during appointments

Percent who feel they understood their doctors' instructions

Percent who reported they feel their doctor understands them

Source: IM4Q FY17-18

6. Percent of individuals who reported they can access necessary medical services
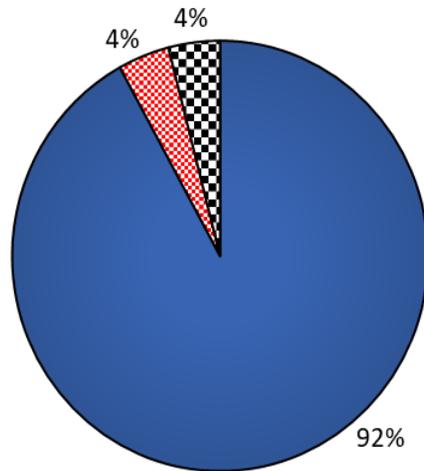
Percent who reported it was easy, in-between, or hard to get health care services in their community (n=2,395)
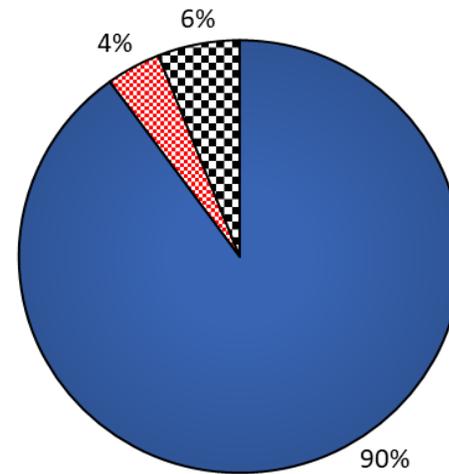
Percent who reported it was easy, in-between, or hard to get dental services in their community (n=2,420)

■ very easy or easy   ▨ in-between   ▦ very hard or hard

Source: IM4Q FY17-18

6. Percent of individuals who reported they can access necessary medical services

89%
n=2,188

61%
n=1,898

39%
n=1,898

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

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

Percent who said they were not able to see a specialist due to barriers
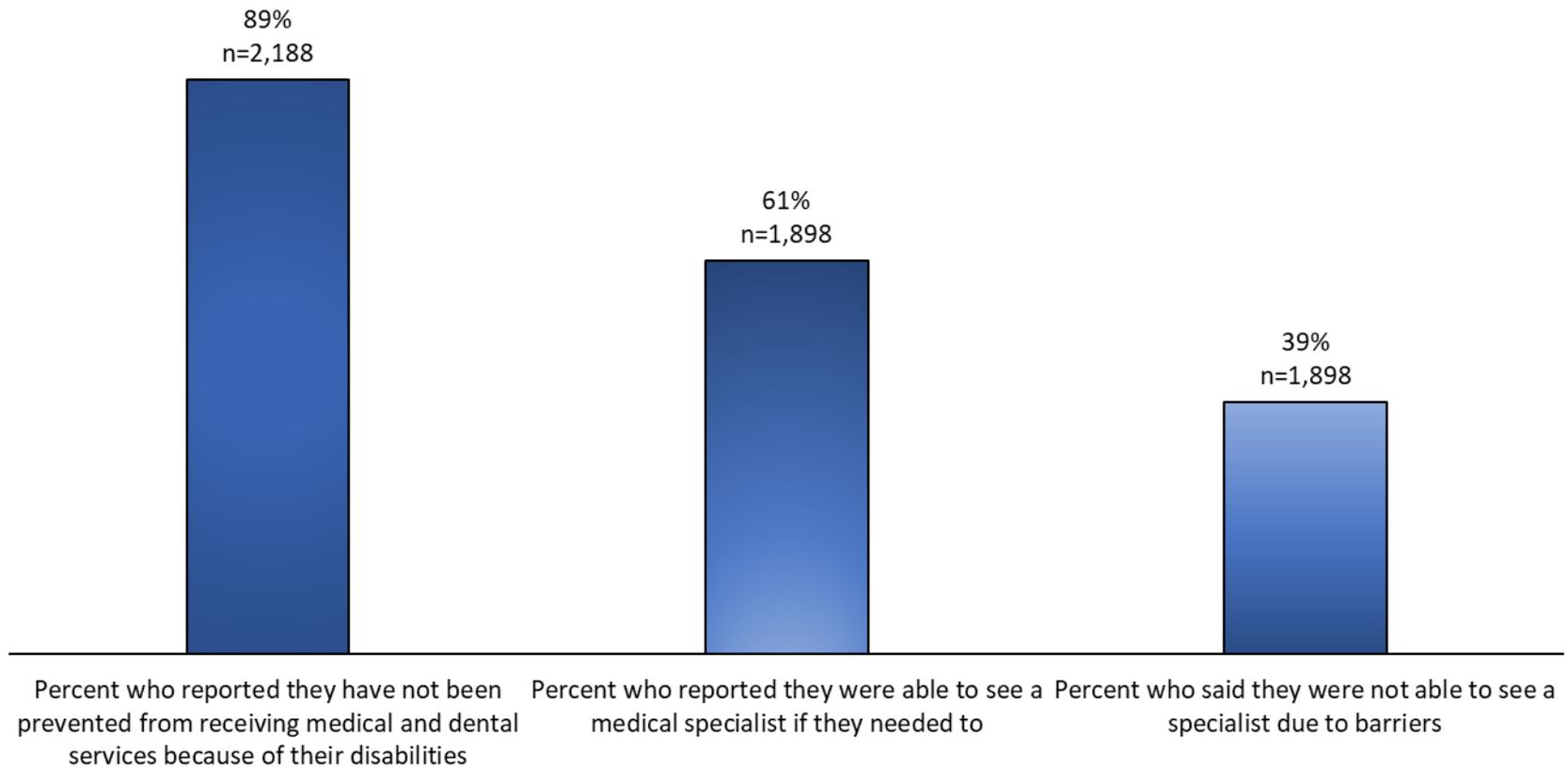
Source: IM4Q FY17-18

6. Percent of individuals who reported they can access necessary medical services (n=1,511)
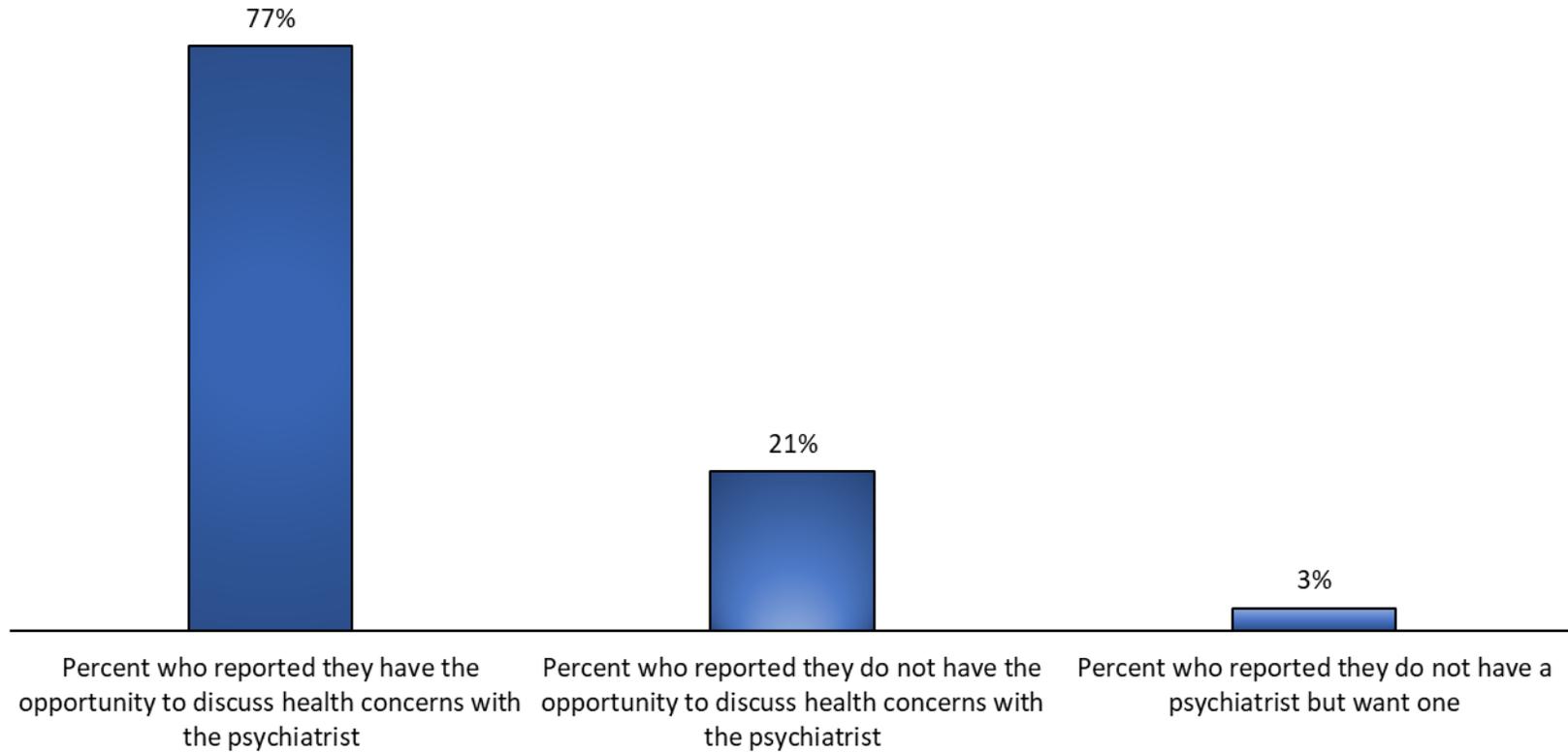
Source: IM4Q FY17-18

7 & 8. Consent at the Doctors' Office (n=1,734)

85%
Percent of individuals who reported they are able to provide consent for medical treatment

90%
Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent
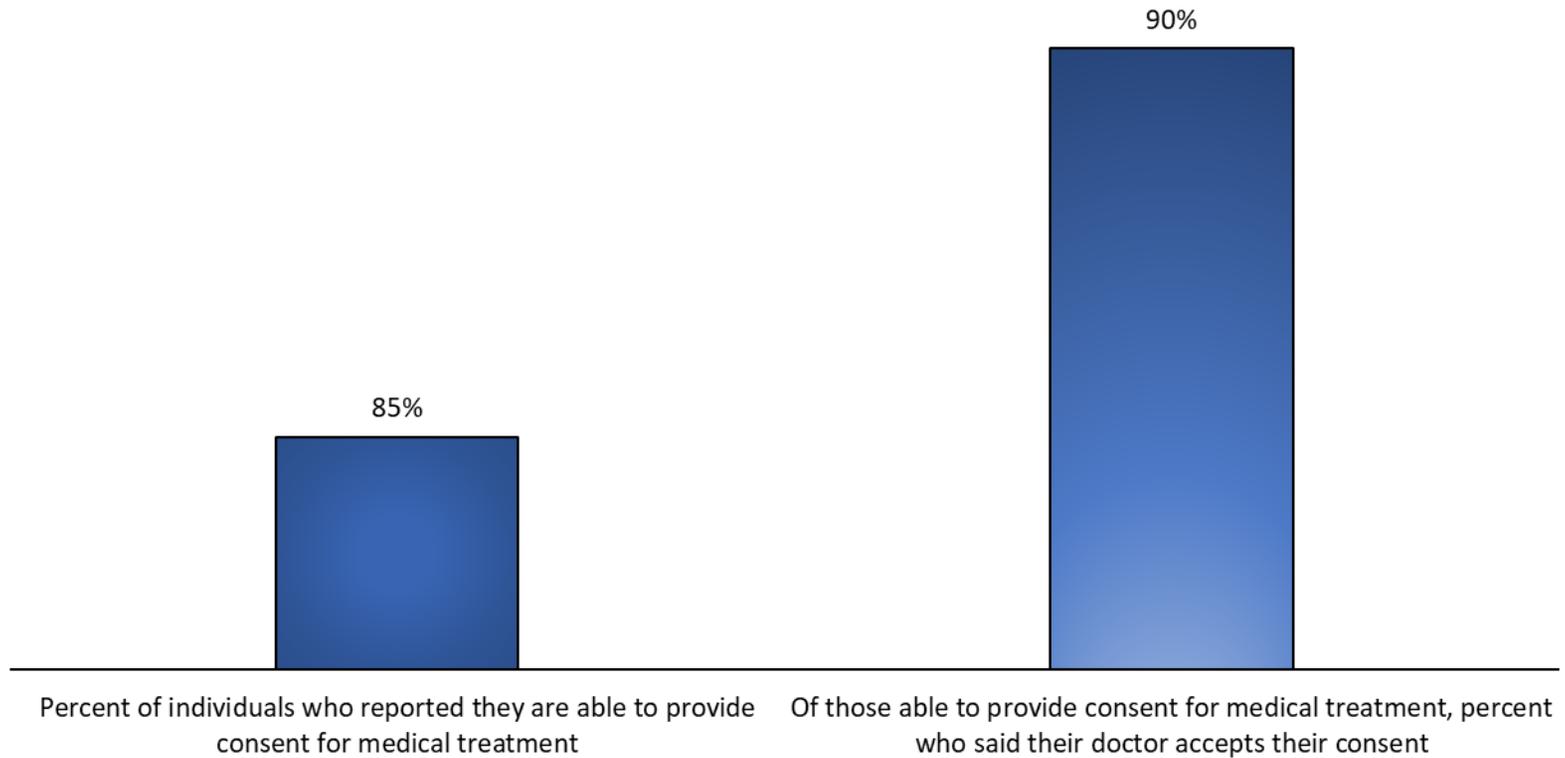
Source: IM4Q FY17-18

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 – New providers are required to complete the Dual Diagnosis Curriculum. 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 – Approximately 275 individuals participated in the August 2019 conference held at the Blair County Convention Center, including Providers, ODP & OMHSAS Regional Offices, State Facilities, Clinicians, AEs/Counties, and SCs. The conference theme was "Expanding Capacity, Reaching Further".

Capacity Building Institute (CBI) – 66 attendees begin the fourth class of CBI in September 2019. The third class completed graduation in May 2019. CBI continues to focus on promoting best and promising practices for increased capacity to support individuals with complex needs in the community setting.

Accomplishments

✓ **New providers required to complete Dual Diagnosis Curriculum**

✓ **Dual Diagnosis Conference held in August 2019**

✓ **Capacity Building Institute continued focus on promoting best and promising practices for increased capacity to support individuals with complex needs**

✓ **Professional Conference Series on Dual Diagnosis**

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 offered in 2019 included:
- Cultural Competence
- Using the LifeCourse Framework
- Behavior Support Planning for Adults with IDD and Co-occurring Mental Illness
- Peer Support/Peer Specialist Program
- Healthy Sexual Environments
- Sexual Trauma

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

- Mindfulness Tools and Movement Practices.

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/A with authorized behavioral support services *(Source: HCSIS)*
4. Number of people with ID/A who use behavioral support services. (*Source: PROMISe™)*
5. Number of people with Autism with authorized behavioral support services *(Source: HCSIS)*
6. Number of people with Autism who use behavioral support services. (*Source: PROMISe™)*
7. Number and percent or people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders. *(Source: NCI PA Adult Consumer Survey)*
8. Number of providers qualified to provide behavior support services. *(Source: HCSIS)*
9. If the Individual has complex needs, the percent for whom the SC ensures there is a plan in place and implemented to address those needs. *(Source: QA&I)*
10. If the individual has complex needs, the percent for whom SC addresses issues identified via monitoring related to support for the person. *(Source: QA&I)*

1 & 2. Number of Individuals and Self-Advocates with ID/A who use Nursing Services

	FY15-16	FY16-17	FY17-18	FY18-19
Authorized	458	488	549	492
Utilized	457	485	538	491
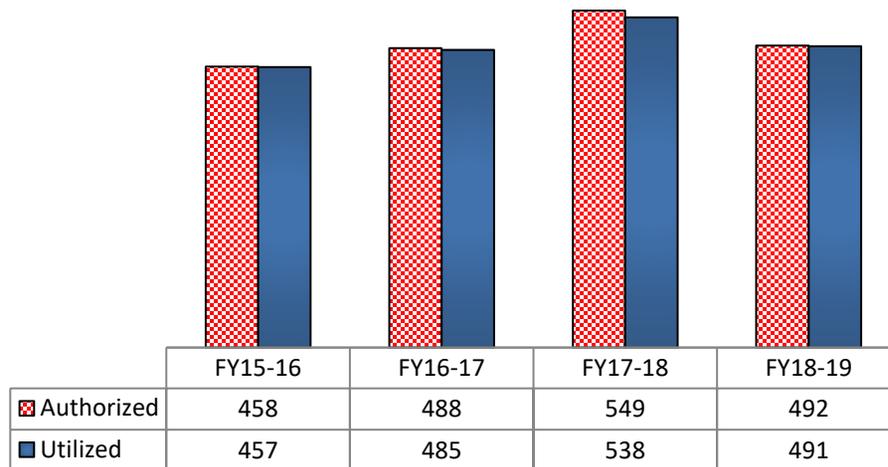
3 & 4. Number of Individuals with ID/A who use Behavioral Support Services

	FY15-16	FY16-17	FY17-18	FY18-19
Authorized	6,964	7,543	7,397	4,194
Utilized	6,832	7,442	7,211	3,981
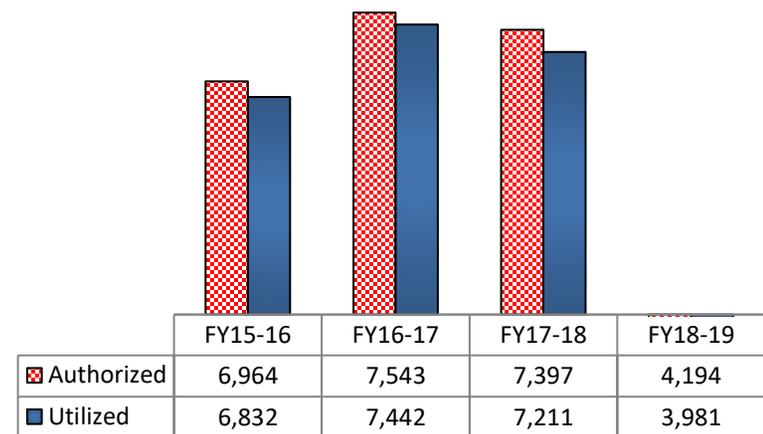
Sources: Data in *HCSIS* as of Sept 30, 2019; Data in *PROMISe*™ as of October 28, 2019

The drop in numbers in FY18-19 is related to change in residential rate setting methodology; Behavioral support for individuals in residential services was bundled with the daily residential rate in 2018.

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
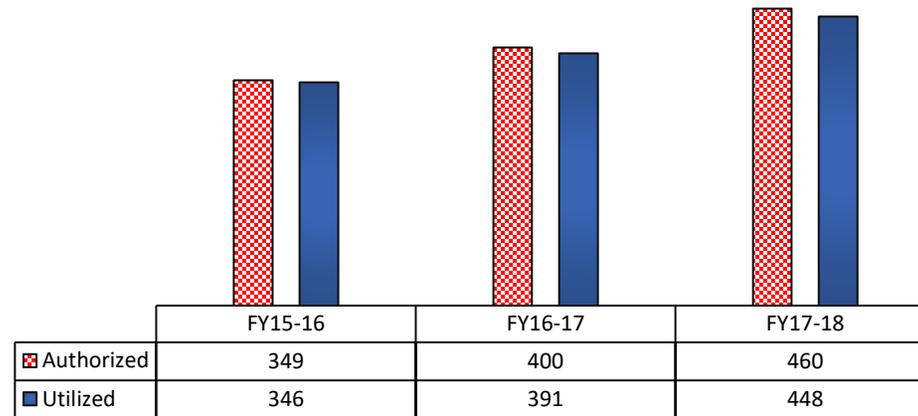
Sources: Data in HCSIS as of Sept 30, 2019; Data in *PROMISe™ as of October 28, 2019

7. % of Individuals and Self-Advocates Who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders

	FY14-15	FY15-16	FY-16-17	FY-17-18
Yes	49%	50%	48%	53%
No	51%	50%	52%	47%
	n=655	n=611	n=653	n=619
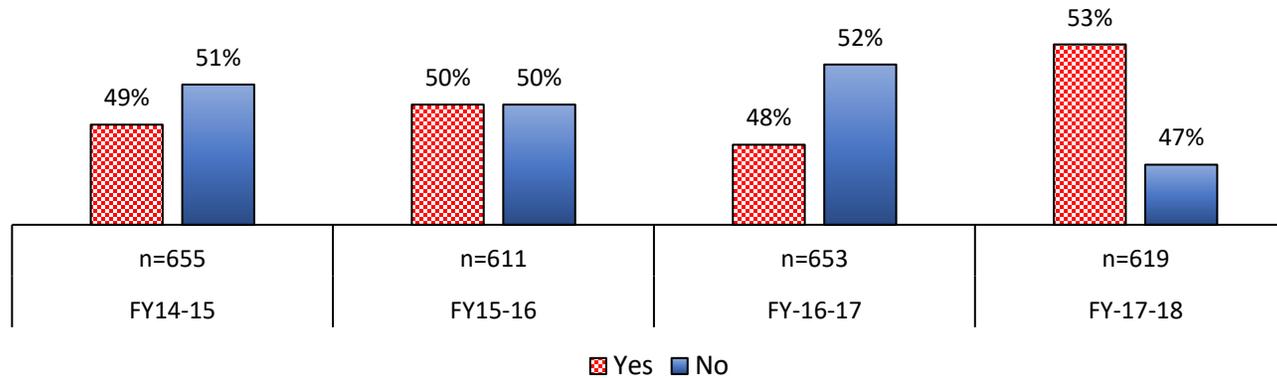
Source: NCI PA Adult Consumer Survey

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

of Enrolled Behavior Specialist Providers by Type

AAW, 29, 11%

ID/A, 234, 89%
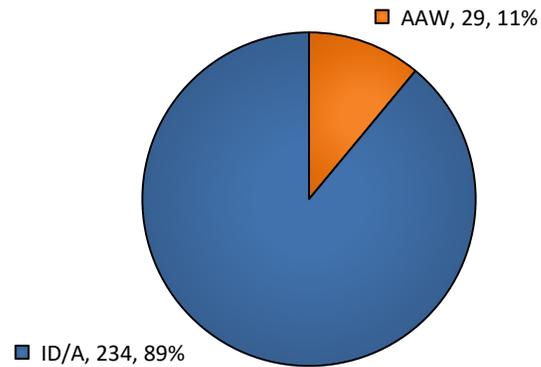
Source: HCSIS as of December 2019

9 &10. SCs Support Individuals with Complex Needs

99.20%
n=244

99%
n=197

If the individual has complex needs, the SC ensure there is a plan in place and implemented to address those needs

If the individual has complex needs, the SC address issues identified via monitoring related to support for person
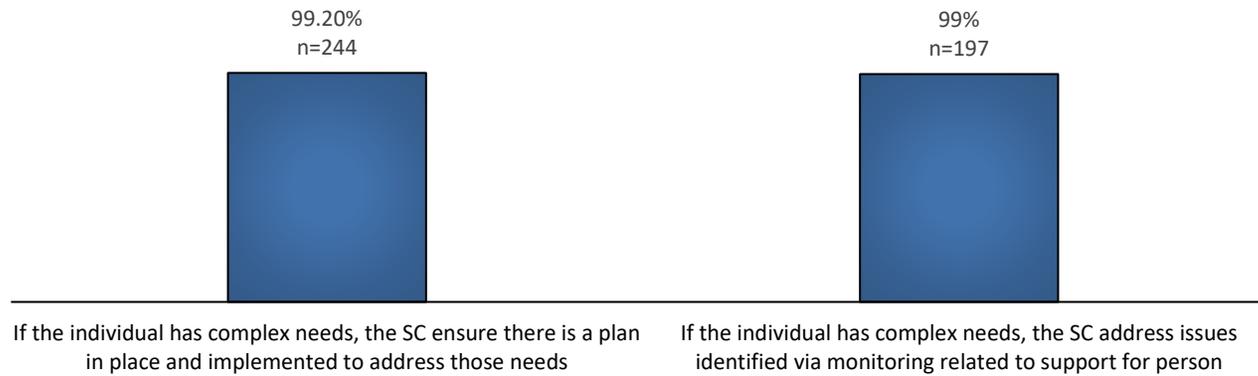
Source: QA&I FY18-19

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) -- 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. 1965 new learners added to College of Direct Support (CDS) for FY18-19.

College of Employment Services (CES) Enrollment – As of October 31st, 2019, the *number of learners enrolled reached 994* (942 Direct Support Professionals, 52 — Support Service Workers (Self-Direction model)).

MyODP – Trainings cover topical areas including: Autism Specific Trainings, Community Participation Supports, Deaf Services, Dual Diagnosis, Health, Wellness, & Safety, LifeCourse Framework, and Person-Centered Thinking. Total Registered Users has reached 79,818 as of November 22, 2019. Courses: 435 trainings with only a few limited by roles such as ODP staff.

ODP Training – for Administrative Entities and Supports Coordinators – 39 AE/SCO Educational Webinars from 10/1/18 – 09/30/19 were viewed by 2,645 Supports Coordination, Administrative Entity and ODP professionals. Trainings are recorded and available through the MyODP Training & Resource Center.

Autism Spectrum Disorder Seminar – Subtitled *Being an Informed Supporter: What You Should Know About Autism*, this professional training was offered in all four regions of the state. It focused on providing information and tools people need to effectively support individuals with autism, within the following areas: Social Skills, Challenging Behavior & Mental Health, Employment, Family Systems, Community Engagement, and Communication.

Approximately 365 attendees statewide represented multiple systems, including Early Intervention (EI), Behavior Health Rehabilitation Services (BHRS), Special Education, ODP ID/Autism Waivers, Office of Children, Youth, and Families (OCYF), Office of Long-Term Living (OLTL), Office of Mental Health and Substance Abuse Services (OMHSAS), and Office of Vocational Rehabilitation (OVR).

Accomplishments

- ✓ **1,965 new learners added to College of Direct Support (CDS) for FY18-19**

- ✓ **College of Employment Services (CES) enrollment reached 994 individual trainees**

- ✓ **Autism Spectrum Disorder seminar offered in four regions and reached 365 individual trainees**

- ✓ **12th Annual Pennsylvania Autism Training Conference (PATC) hosted 720 attendees**

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

12th Annual Pennsylvania Autism Training Conference (PATC) – Approximately 270 professionals and providers across multiple service delivery systems attended the two-day conference. Training topics included Suicide Prevention, Behavior Analysis, Health & Wellness, Meaningful Communication, Justice System, Family Systems, Dual Diagnosis, Community Engagement, and Relationships.

Performance Measures:

1. Percent of staff observed who treat individuals with dignity and respect*. (Source: IM4Q)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(Source: IM4Q)*
3. Percent of respondents who said staff in their relative's home and place of work always treat people with dignity and respect. *(Source: IM4Q)*
4. Percent of staff observed supporting individuals at home and/or work who appeared to have the skills they needed to support the person. *(Source: IM4Q)*
5. Percent of respondents who said staff appear to have the skills they need to support their relative at home and at their place of work. *(Sour: IM4Q)*

1 & 2. Support Staff Treat Individuals with Dignity and Respect and Promote Independence
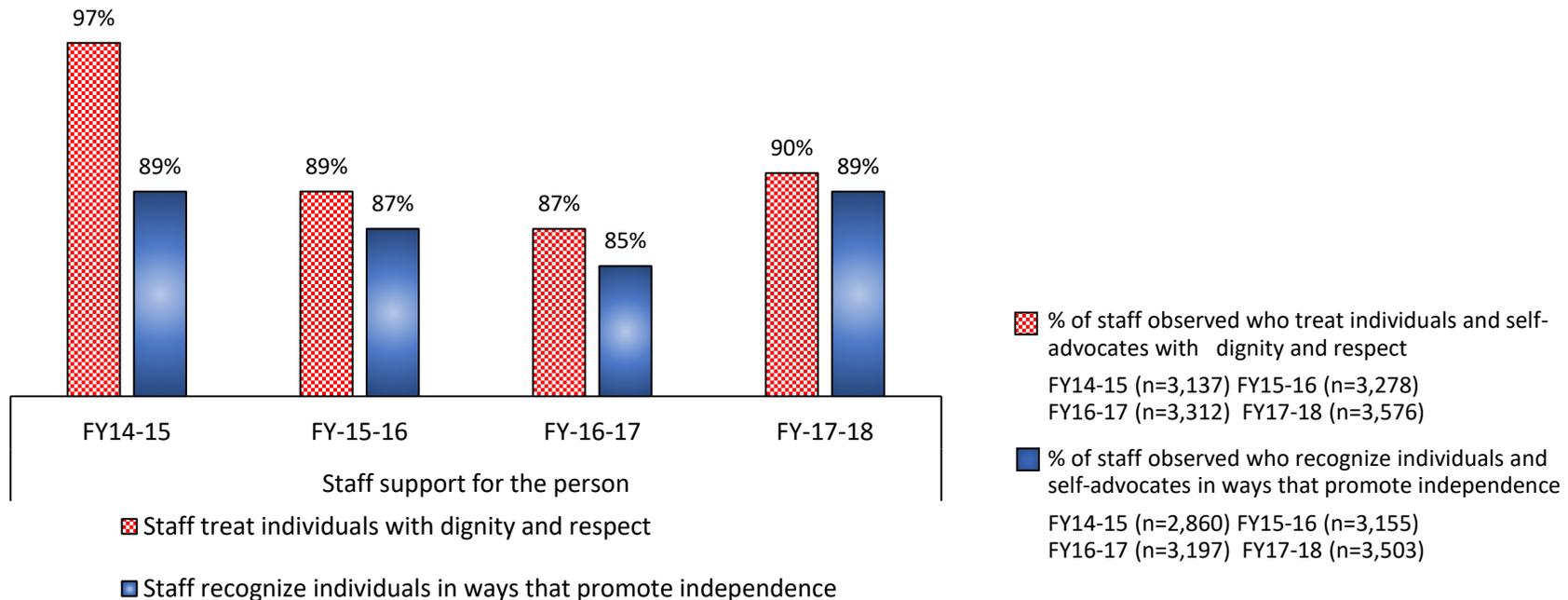
Source: IM4Q

Legend:

▦ % of staff observed who treat individuals and self-advocates with dignity and respect
FY14-15 (n=3,137) FY15-16 (n=3,278)
FY16-17 (n=3,312) FY17-18 (n=3,576)

▮ % of staff observed who recognize individuals and self-advocates in ways that promote independence
FY14-15 (n=2,860) FY15-16 (n=3,155)
FY16-17 (n=3,197) FY17-18 (n=3,503)

▦ Staff treat individuals with dignity and respect

▮ Staff recognize individuals in ways that promote independence

3 & 4. Support Staff Treat Individuals with Dignity and Respect and have Appropriate Skills

93%

90%

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

Staff observed that support individuals at home and/or work appeared to have the skills they needed to support the person.
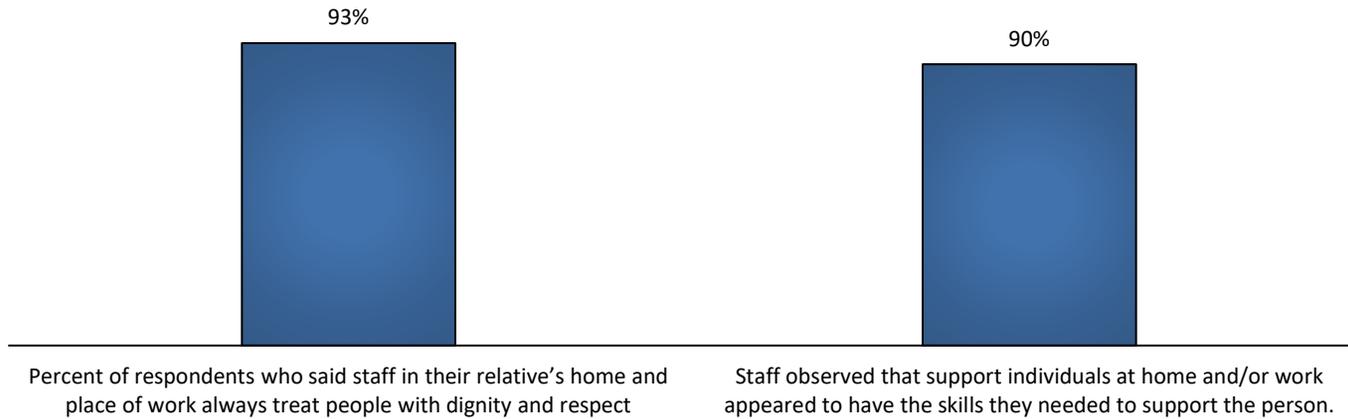
Source: IM4Q FY17-18

5. Staff Support at Home and Work

91%

84%

Staff appear to have the skills they need to support their relative in the home

Staff in their relative's place of work appear to have the skills they need to support their relative
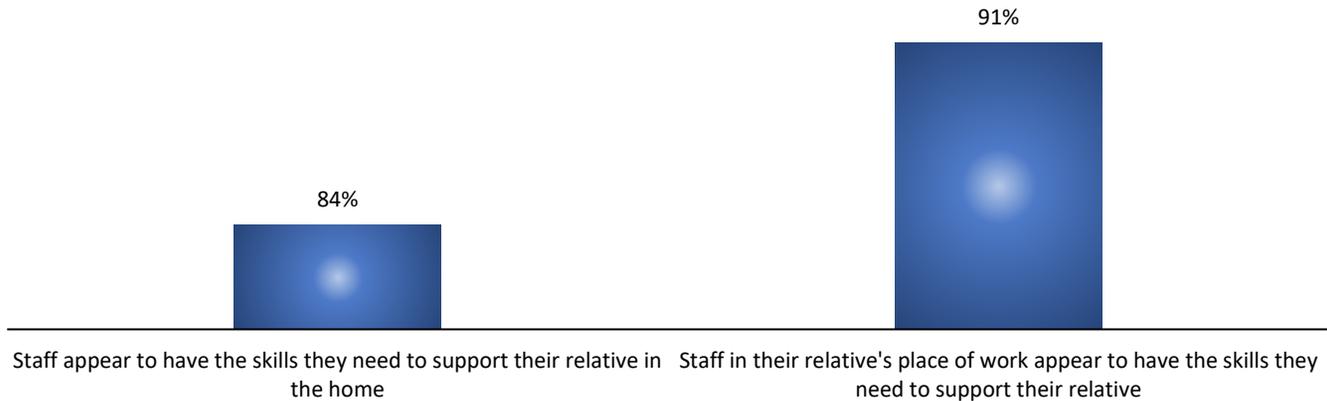
Source: IM4Q FY17-18

Recommendation 8: Simplify the System

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

Accomplishments:

'Front Door Project' – Involving all stakeholders is in process to improve the first point of contact, completion is anticipated March 2020.

HCSIS replacement activities –DHS began the process to plan for an procure a new Enterprise Case Management system. ODP is involved in design and stakeholder sessions gathering user stories conducted in fall of 2019. New system anticipated to be in place in 2023.

Resource and Referral Tool – DHS began the planning for procurement of an on-line resource and referral tool that will be available to assist people to find and connect with community resources related to housing, employment, basic and financial needs. New system anticipated to roll out in 2023.

Supports Coordination Strategic Thinking Group – Initiated in October 2019, this project will articulate strategic goals to and strengthen the role of supports coordinators. Anticipate February 2020 for Plan initiation.

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)*

Accomplishments

✓ **Front Door Project completion anticipated in March 2020**

✓ **HCSIS Replacement process began**

✓ **Resource and Referral Tool procurement planning has begun**

✓ **Supports Coordination Strategic Thinking Group initiated in October 2019**

2. % of Individuals and Self-Advocates whose Supports Coordinators Ask Them What They Need
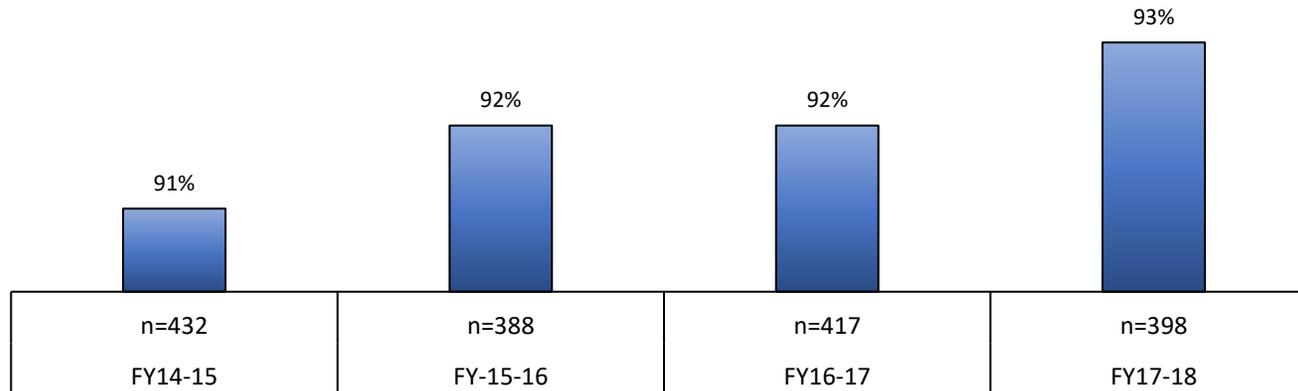
Source: NCI PA Adult Consumer Survey

3. Individuals' needs Changed and Updated Timely
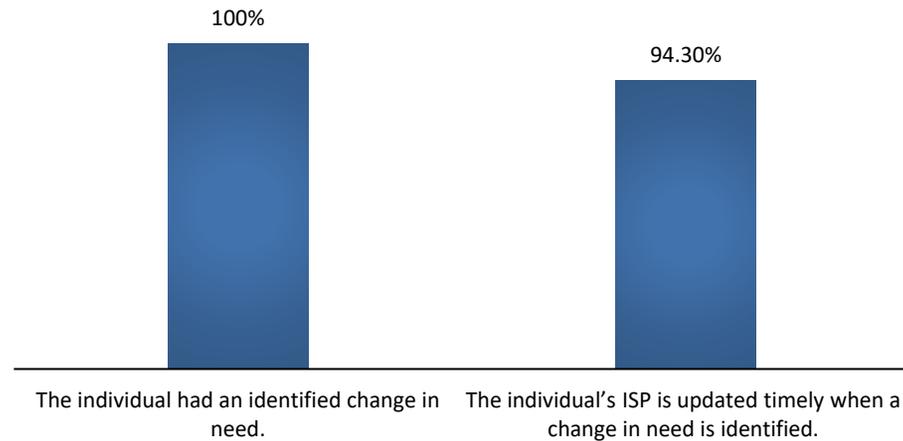
Source: QA&I FY18-19

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 second 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 18 SCOs, while AEs reviewed 291 Providers including entity self-assessments, interviews of individuals receiving services, desk and onsite reviews, corrective actions, and development of quality improvement plans.
- The second Annual QA&I Statewide Report of system-wide performance self-assessments was released to the public in March 2019 and evaluates progress on achieving selected ISAC Recommendations and adhering to CMS and regulatory requirements.
- The second Annual QA&I Statewide Report of system-wide performance was released to the public in December 2019.
- The process for integrating Adult Autism Waiver SCOs and Providers into QA&I was developed and launched July 2019.

Provider Profiles – In July 2019, ODP launched online Provider Profiles as a key effort to continuously improve quality and choice for individuals and families. The Provider Profiles project is being rolled out in two phases:

- Phase 1 - Provider Summaries and Data Displays were made available on MyODP.org for 84 residential providers with 10 or more individual surveys in the 2017 Independent Monitoring for Quality (IM4Q) Data File. IM4Q Scale Scores are displayed for each Provider in areas including Individual Satisfaction, Choice, Inclusion, Dignity, Family Satisfaction, and Physical Setting.
- Phase 2 - Additional Summaries being added to MyODP.org for approximately 300 Providers who received full QA&I reviews in FY 2017-2018 and had their QA&I Comprehensive Reports posted online.

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 22 AE staff, 17 SCO staff, 146 Provider staff, and 21 ODP/HCQU staff were certified this year during eight class offerings. The total number of individuals certified is now 603.

Accomplishments

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

✓ **Second Annual QA&I Statewide Report issued**

✓ **AAW QA&I Process launched July 2019**

✓ **Provider Profiles Launched in July 2019**

✓ **QM Certified Staff increased to a total of 603**

EVERYDAY LIVES 2019 – 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 annual reports, including the ISAC Annual Report, ODP's Annual Data Report, the Annual QA&I Aggregate Report of Self-Assessment and the Annual QA&I Statewide Report.
3. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.
4. Number and percent of AEs, SCOs and Providers whose QM Plans reflect ODP's Mission, Vision and Values. *(Source: QA&I)*
5. Number and percent of AEs, SCOs and Providers that review and evaluate performance data in selecting priorities for QM Plans. *(Source: QA&I)*

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

Legend:
- ■ Has a QM plan that reflects ODP's Mission, Vision and Values
- ▨ Reviewed and Evaluated performance data in selecting priorities for the QM plan
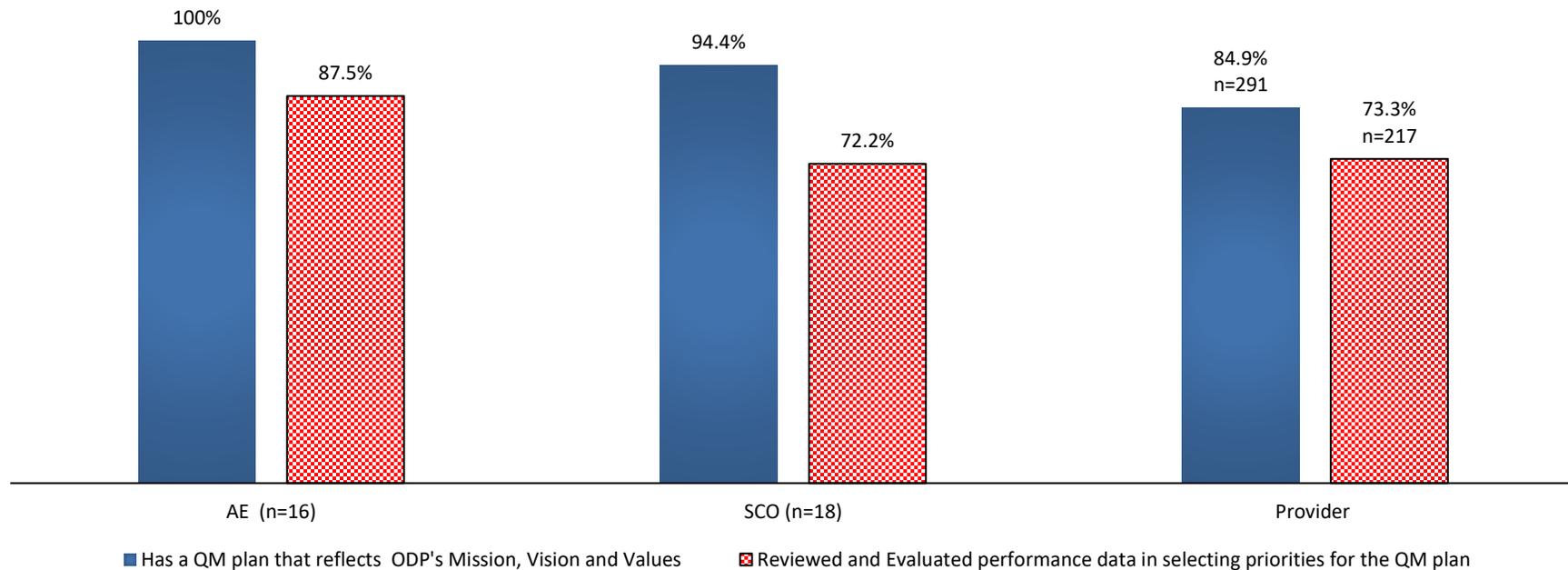
Source: QA&I FY2018-2019

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 updated the housing transition and tenancy sustaining service to allow for indirect support a part of the service. This service is intended to provide direct services to assist individuals with planning, locating, and maintaining a home of their own.
- ODP currently has 49 individuals authorized to receive the service. The new Supported Living service currently has 66 individuals authorized to receive the 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 had also included an expansion of who can provide the LifeSharing service. This service can be provided by birth families. Currently there are 9 individuals receiving Lifesharing provided by a family member.

Performance Measures:

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

Accomplishments

- ✓ **Housing Transition and Tenancy service updated**

- ✓ **Expanded LifeSharing Service to be provided by families**

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

	n=324	n=321	n=294	n=303
	FY14-15	FY15-16	FY16-17	FY17-18

Someone Else Chose: 46%, 45%, 45%, 43%
Person Chose or Had Input in Choosing Home: 54%, 55%, 55%, 57%

Legend: ▨ Someone Else Chose   ■ Person Chose or Had Input in Choosing Home
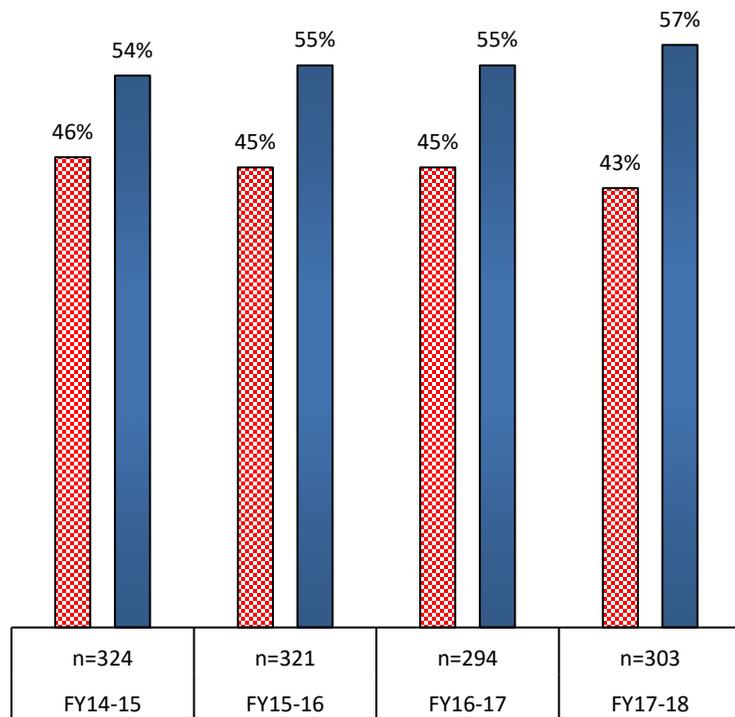
2. % of Individuals and Self-Advocates Who Chose Their Roommates
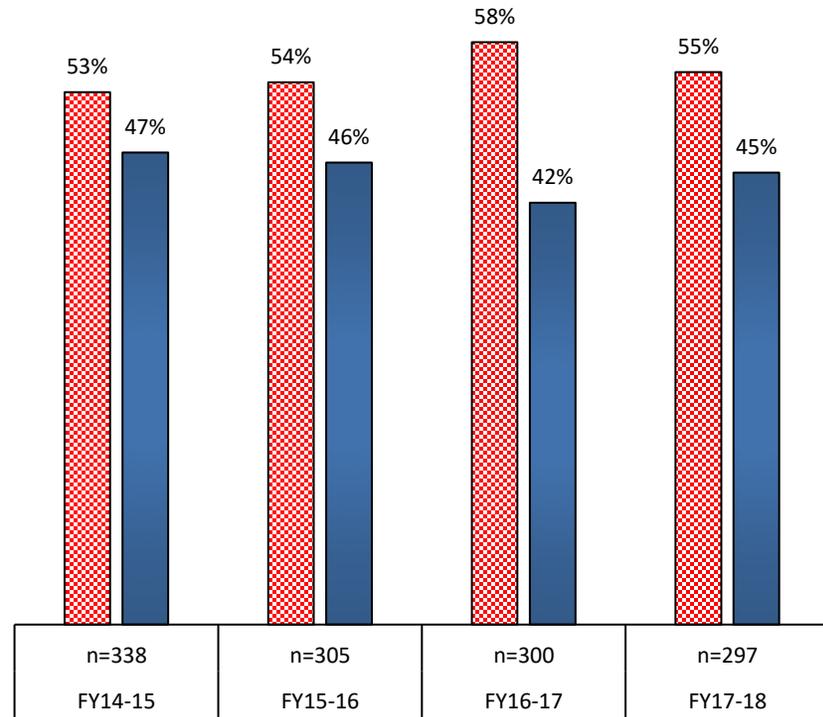
	n=338	n=305	n=300	n=297
	FY14-15	FY15-16	FY16-17	FY17-18

Someone Else Chose: 53%, 54%, 58%, 55%
Person Chose or Had Input in Choosing Roommates: 47%, 46%, 42%, 45%

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

Source: NCI PA Adult Consumer Survey

3. % of individuals and self-Advocates Who rent or own their home
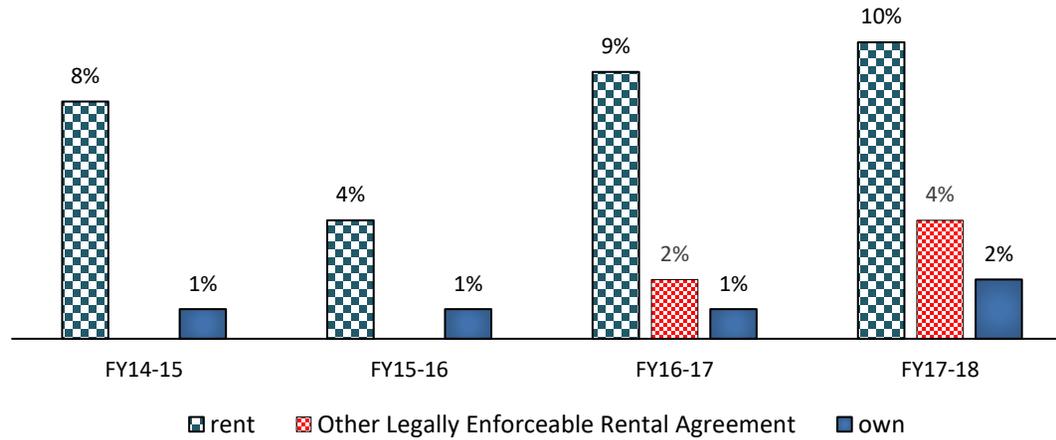
Source: NCI PA Adult Consumer Survey

4. If Individuals and self-advocates do not get needed services, the percent who need help finding/changing housing
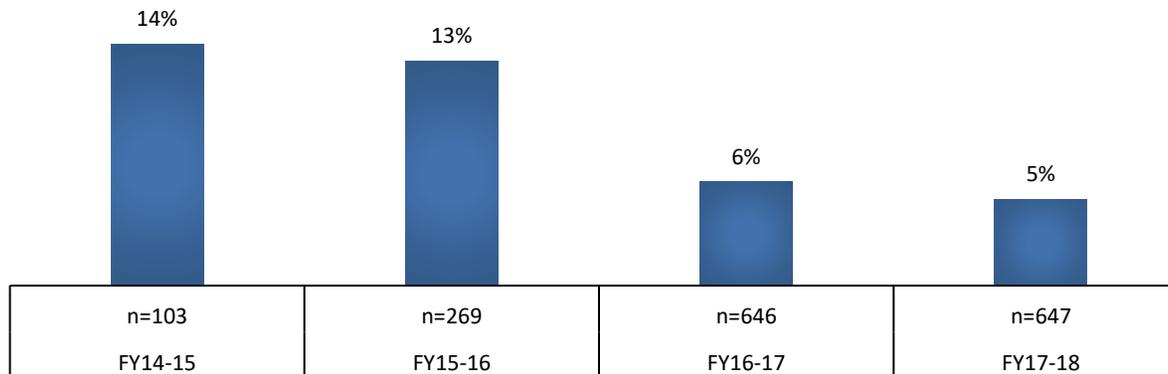
Source: NCI PA Adult Consumer Survey

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.

Accomplishments:

Increased Community Participation – The Community Participation Support service continued to be provided in community settings at an increasing rate, month by month, throughout the past year. As demonstrated in the data from July 2017 through September 2018, community participation increased at a steady pace. On July 1, 2019, ODP implemented a new billing structure for the Community Participation Support service, with billing codes specific to community or facility settings, making measuring the time spent in community settings more precise. By September 2019, 46.8 percent of individuals received 25 percent or more of their CPS service in the community.

New On-Call and Remote Support Service Component – A new component of the service, on-call and remote support, was added on October 1, 2019. This new component is designed for individuals for whom the provider has coordinated community activities in which the individual is supported through unpaid supports and/or as a component of the fading strategy where on-call and remote support is needed as a back-up.

Community Participation Support curriculum – ODP implemented Community Participation Support standardized curriculum.

- **As of November 2019**:
    - 32,199 users have received a certificate for Required Training
    - 3,026 users have received a certificate for Professional Development

Community Participation Support Training, Curriculum Programs – ODP paired with the Tuscarora Intermediate Unit to offer *Getting Connected to the Community: Practical Skills for Building Person Centered Community Connections.* This interactive training program is presented to individuals receiving the CPS service and their support teams. During this training, individuals, families and support team members come together to brainstorm about and plan for building/enhancing person centered community connections.

Responding to providers' requests, ODP has offered a second round of sessions of the Train the Trainer program. These sessions train agency staff to deliver the instructor-led version of the *Community Participation Supports for Direct Support Professionals* curriculum.

Accomplishments

- ✓ **Increased Community Participation**
- ✓ **New On-Call and Remote Support Service Component added**
- ✓ **Community Participation Support Training, Curriculum Programs**
- ✓ **CPS Training on MyODP for over 30,000 users**
- ✓ **Communications, Technical Assistance to Support Community Inclusion**

# EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Communications, Technical Assistance to Promote Community Inclusion – ODP issued a number of communications to offer guidance to providers to improve and enhance community inclusion for individuals receiving Community Participation Support. Also, ODP staff (regional leads, and policy and executive staff) continue to meet with individual providers, professional organizations, and county offices to exchange ideas and feedback on the CPS service, as well as to improve the quality of service provision and provide general technical assistance.

Performance Measures:

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

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

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

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

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

6. Percent of respondents who said their relative had enough opportunities to participate in activities in the community. *(Source: IM4Q)*

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

1 & 2. Community Participation Support Services Since July 2017
by PROMISe Service Ending Year and Month
### % in Community Setting
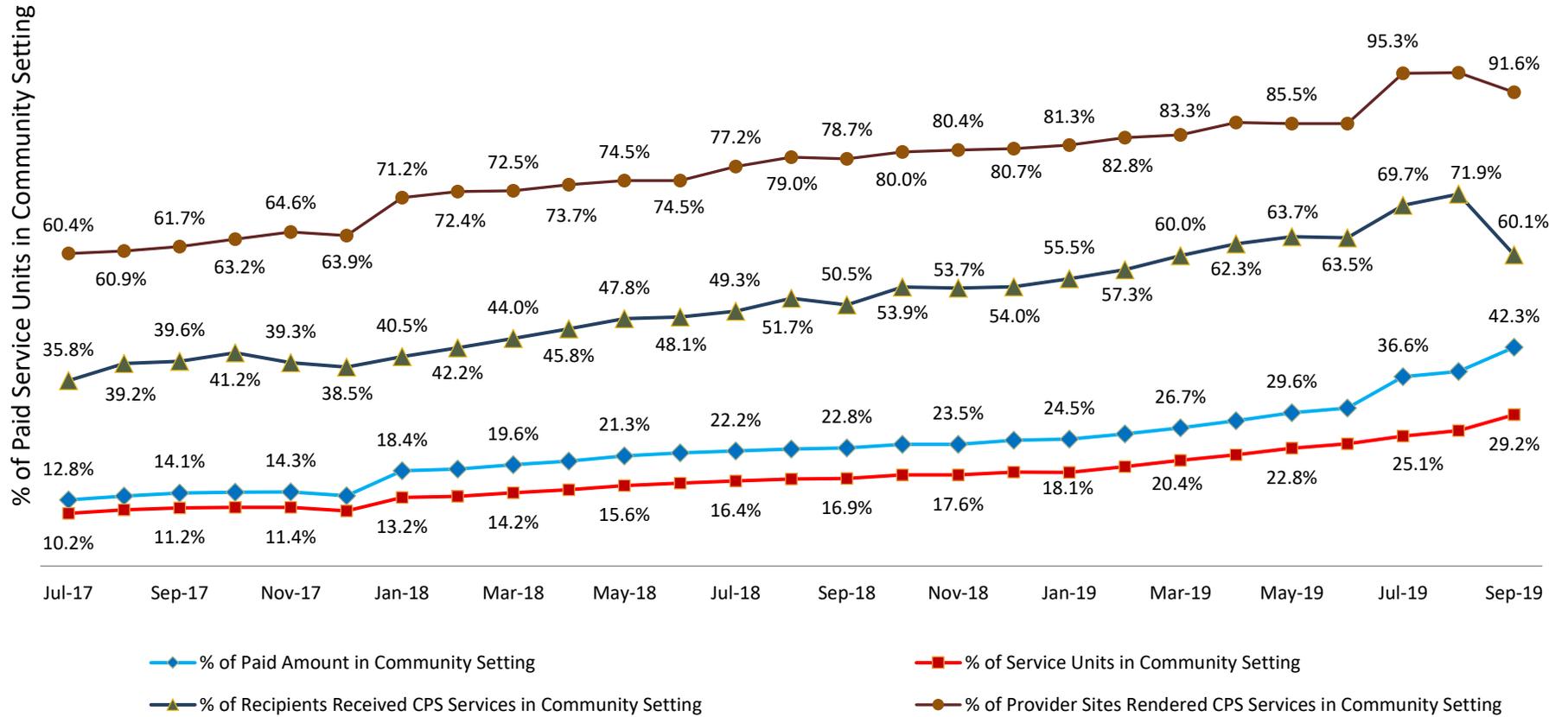
Source: DHS EDW PROMISe Paid Claim Table Data Extraction Date: 09/14/2019 with RA dates through 09/02/2019

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

3a. Choice and Control During the Day
2017 (n=4,036) (2018 n=3,972)

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

3b. Options for work or day activity

Individuals reported that when they chose their work or day activities they had an option to go where people without disabilities go
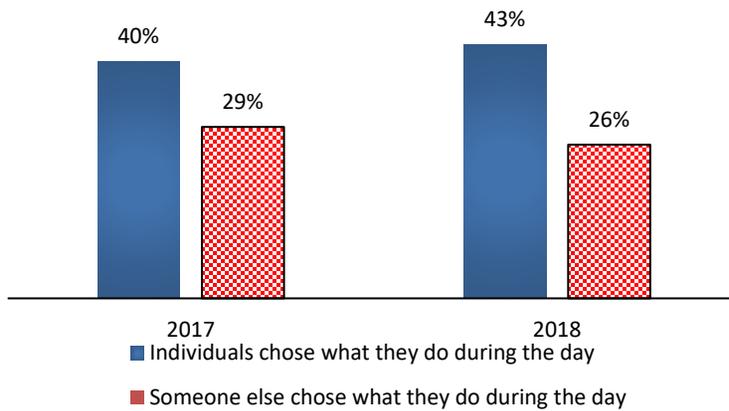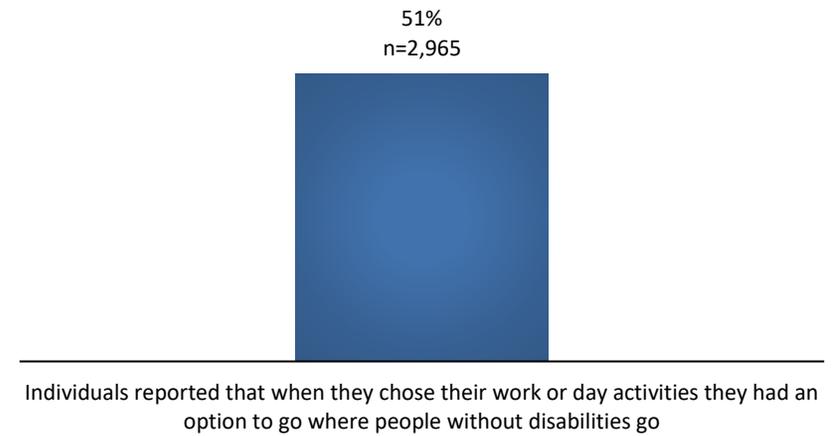
Source: IM4Q FY17-18

3c. Individuals saw no other places when choosing what they do during the day


Source: IM4Q FY17-18

4. Weekly Participation in Community Activities Harris Poll Comparisons:

	Harris 2010:	Harris 2010:	Independent Monitoring	Independent Monitoring	Independent Monitoring	Independent Monitoring	Independent Monitoring
	People Without Disabilities	People With Disabilities	2014	2015	2016	2017	2018
Visit with friends, relatives, and neighbors	65%	54%	51% (n=4,938)	50% (n=4,949)	46% (n=4,778)	44% n=4,868	46% (n=4,862)
Go to restaurant	41%	20%	44% (n=4,960)	43% (n=4,956)	45% (n=4,897)	47% (n=4,994)	47% (n=4,961)
Go to worship	28%	24%	27% (n=4,661)	28% (n=4,765)	27% (n=4,698)	22% (n=4,723)	27% (n=4,643)

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.

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

77%	74%	79%	78%
n=474	n=438	n=464	n=435
FY14-15	FY15-16	FY16-17	FY17-18
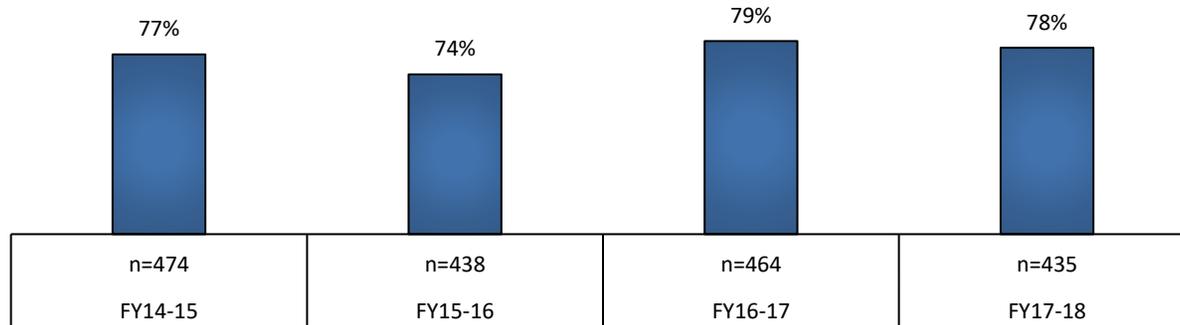
Source: NCI PA Adult Consumer Survey

6. Satisfaction with Opportunities for Individuals and Self-Advocates

	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Blue	87%	86%	89%	89%	87%
Red	88%	89%	90%	88%	87%

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

FY14-15 (n=1,834) FY15-16 (n=1,667) FY16-17 (n=1,493) FY17-18 (n=1,695)

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

FY14-15 (n=1,802) FY15-16 (n=1,634)   FY16-17 (n=1,469) FY17-18 (n=1,695)

Source: IM4Q

Recommendation 12: Provide Community Services to Everyone

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

Accomplishments:

Program Funds for the Waiting List in the Governor's Budget – The 2018-19 budget included resources which allowed ODP to enroll 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". The 2019-2020 budget includes funding for 765 individuals to be enrolled in the Community Living Waiver, 100 people to be enrolled in the Consolidated waiver.

Success of High School Graduates Waiting List Initiatives for– The targeted expansion of the P/FDS waiver to serve High School graduates over the past number of years has resulted in significant growth in program size so that ODP can plan for upcoming graduates within existing program capacity.

Announced Closure of Polk and White Haven Centers – August 14, 2019 ODP announced the closures of 2 of the 4 remaining State Centers. The 306 White Haven and Polk Center residents will transition to community homes, or other intermediate care facilities if they choose, over 36 months. Transition planning for the residents is modelled after the process used with the Hamburg closure in 2017-2018.

Children with Medical Complexities Initiative –DHS initiated a cross program office project with the objective of better addressing the needs of children with medical complexities. Efforts are focused on both (1) ensuring supports are in place for children and their families so children can continue to be supported at home and (2) transitioning children who are living in congregate care back home with their families or, when that is not possible, finding an alternative family setting for the child.

Accomplishments

- ✓ **Continued expansion of Home and Community based programs**

- ✓ **Planned Closures of Polk and White Haven State Centers in 3 years**

- ✓ **Initiative to support children with medical complexities**

Performance Measures:

1. Number of unduplicated people served, by program, by FY, during the course of the year. *(Sources: HCSIS, PROMISe™)*
2. Number of people newly enrolled. *(Sources: HCSIS)*
   a. From the ID waiting list, by category, (Emergency, Critical, Planning), by age
   b. From the interest list, by category, (Priority 1, Priority 2), by age

    c. From the ID waiting list, by category, by some ODP-funded services and no ODP-funded services

    d. From the ID waiting list, with caregivers over the age of 60

    e. From the ID waiting list, by program enrolled in – Cons, P/FDS, Autism Programs, Private ICF/ID, Base.

3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes. *(Sources: HCSIS, PROMISe™)*

1. Number of Unduplicated People Served, by Program
FY15-16 (n= 50,305) FY16-17 (n=49,921) FY17-18 (50,762) FY18-19 (49,943)

	Consolidated	Community Living	P/FDS	Autism Services	Base	Private ICFs/ID	State Centers
SFY15-16	18,085		13648	695	14,771	2,155	951
SFY16-17	18,267		13722	818	14,128	2,071	915
SFY17-18	18,397	1,005	14,660	882	12,918	2,031	869
SFY18-19	18,541	2,809	14,618	900	10,339	1,957	779
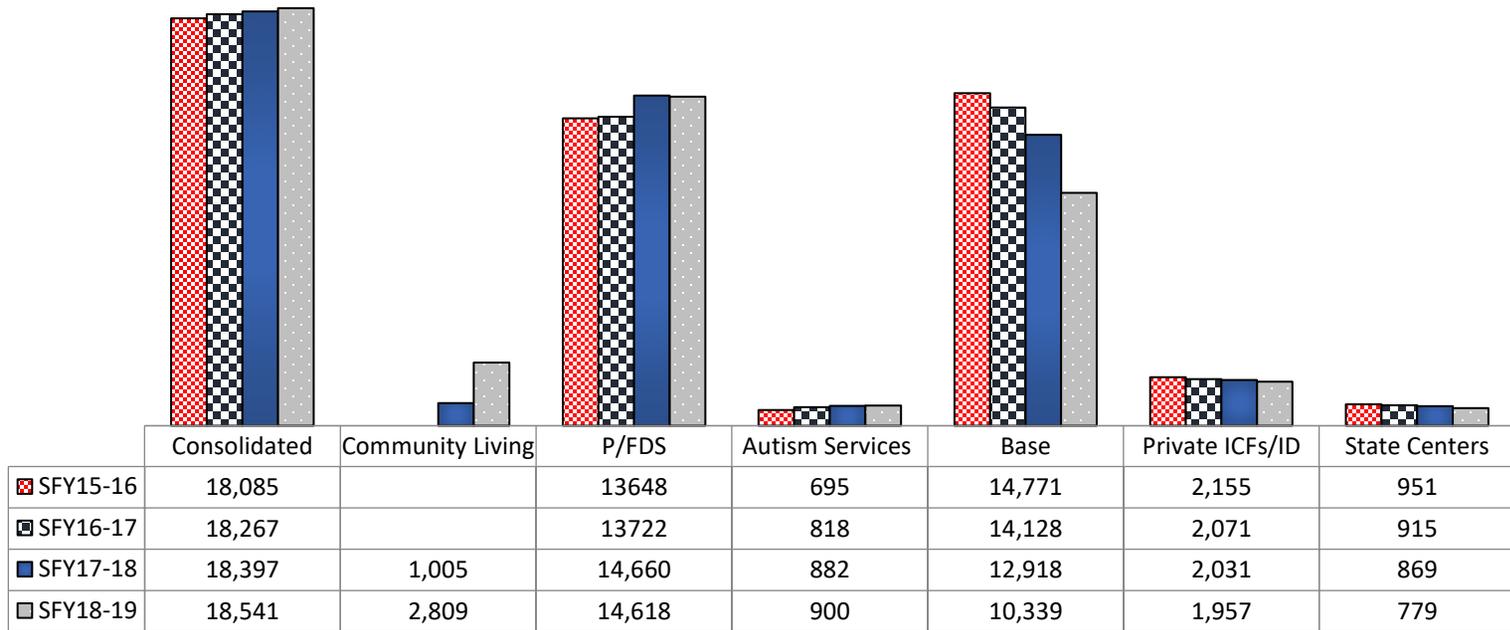
*Sources:* Consolidated, P/FDS, Base, and Autism Services (AAW and ACAP): Data in *HCSIS* as of Sept 30, 2019; Private ICFs/ID and State Centers: Data in *PROMISe*™ as of October 28, 2019

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2a. Number of People Newly Enrolled from the ID Waiting List into the ID/A Waivers, by Urgency Need, by Age;
FY17-18 (Total n=2,825) FY18-19 (Total n=3,320)

|	Emergency (n=2,634)	Critical (n=155)	Planning (n=36)	Emergency (n=3,034)	Critical (n=233)	Planning (n=53)
		FY17-18			FY18-19	
50 and up	342	26	8	391	37	11
21-49	1,802	103	23	2,062	165	34
18-20	392	24	4	477	21	5
Birth to 17	98	2	1	104	10	3
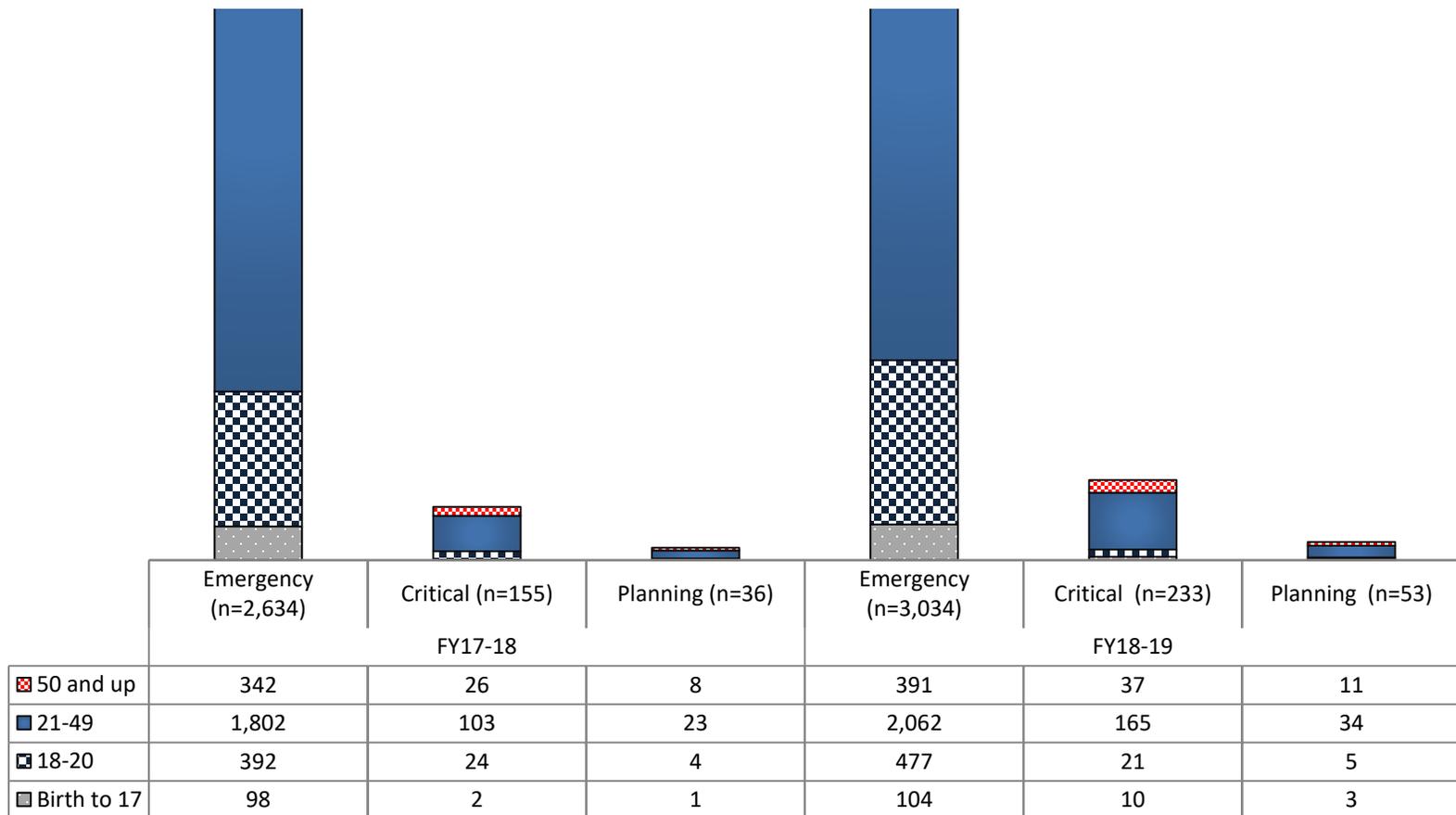
*Sources:* EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2019

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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) FY18-19 (n=19)

	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2
	FY15-16		FY16-17		FY17-18		FY18-19	
50 and up	3	0	5	0	4	1	19	0
21-49	41	0	119	7	72	1	0	0
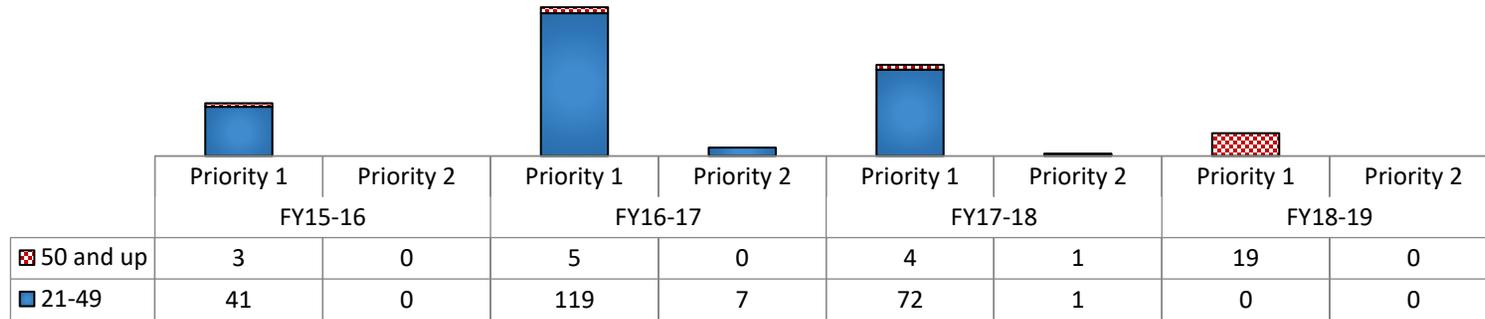
2c. Number of People Newly Enrolled from the ID Waiting List, with Some Services and No Services, by Urgency of Need

	Emergency	Critical	Planning	Emergency	Critical	Planning
	FY17-18			FY17-18		
Some Services	1984	129	35	2099	208	51
No Services	646	26	1	927	25	2
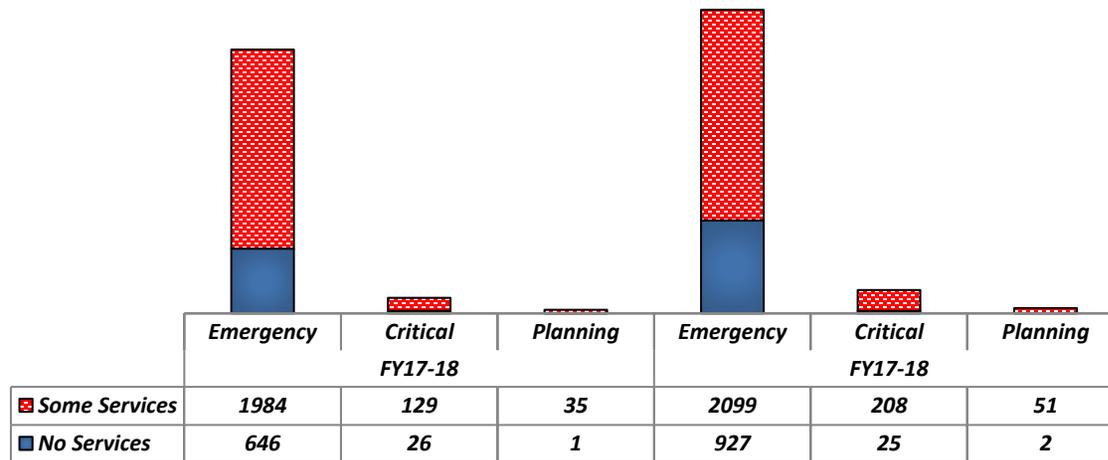
Data Sources: EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2019 and PROMISe as of 12/02/2019

# EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2d. Number of People Newly Enrolled into the Consolidated or P/FDS Waivers with Caregivers over the Age of 60, by Urgency of Need
FY17-18 (n=468) FY18-19 (n=557)

	FY17-18			FY18-19	
Emergency	Critical	Planning	Emergency	Critical	Planning
386	63	19	462	91	24

*Sources*: EDW HCSIS Consumer Demographics Fact and PUNS as of 10/31/2019

2e. Number of People Newly Enrolled from the ID/A Waiting List into the ID/A Waivers, by
Urgency of Need
FY17-18 (n=2,866) FY 18-19 (n=3,396)

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY17-18			FY18-19	
■ *Consolidated*	614	21	3	612	19	5
▨ *Community Living*	482	79	23	972	166	38
▣ *P/FDS*	1,577	57	10	1,524	49	11

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

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

	n=111	n=161	n=85	n=99
	FY15-16	FY16-17	FY17-18	FY18-19
ICFs/ID	76	100	9	56
State Centers	13	20	51	23
State Hospitals	1	0	0	0
Nursing Homes	21	41	25	20

Nursing Homes   State Hospitals   State Centers   ICFs/ID
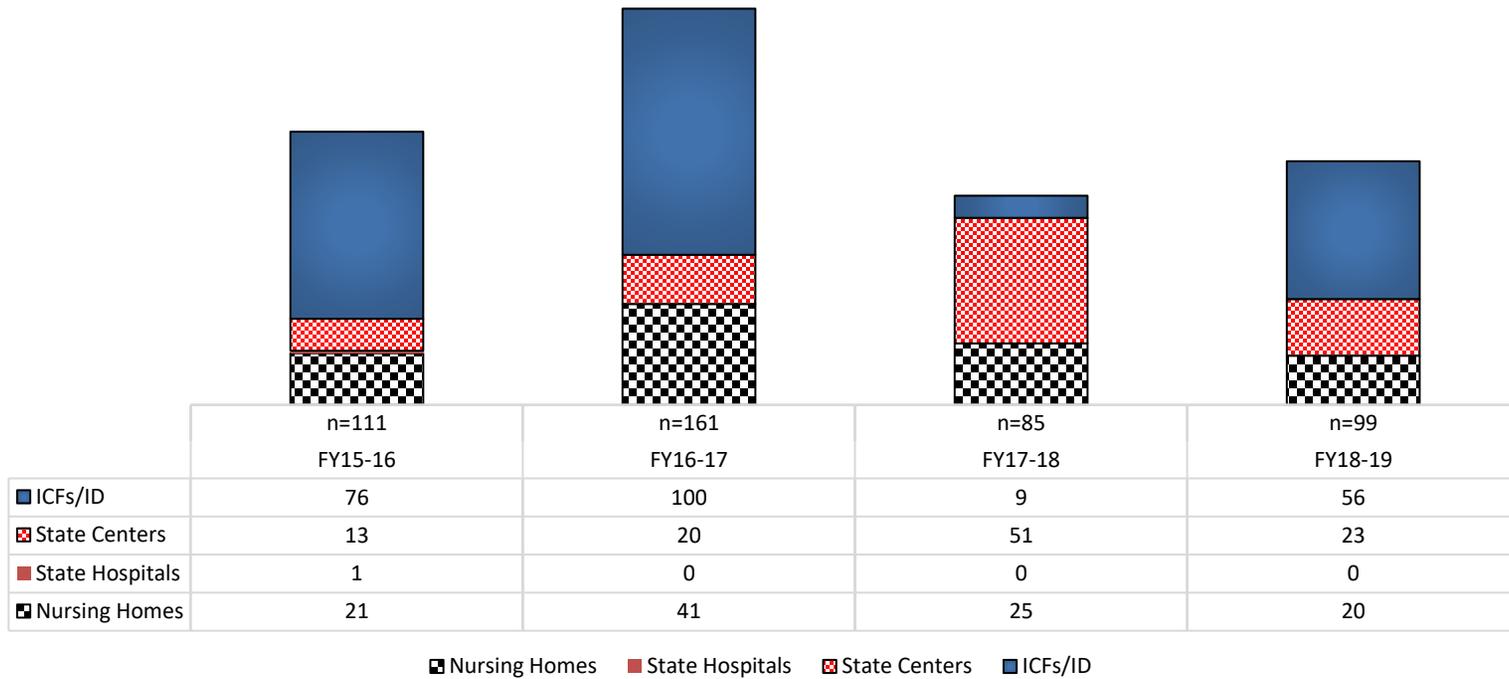
Sources: HCSIS as of December 7, 2019; PROMISe™ as of December 7, 2019; Facility Fact as of December 7, 2019.

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.

Recommendation 1: Assure Effective Communication

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

Strategies:

1. Finalize and issue the communication policy bulletin.

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

2. Incorporate a focus on communication in the individual planning process.
3. Identify all possible funding avenues (including private insurance, ACCESS (Medicaid), Medicare, Person/Family Directed Services (P/FDS), waivers, etc.) to support people in exploring effective communication supports. These would include formal assessments to identify needs and appropriate approaches, techniques, devices, updates, and training.
4. Address the lack of Communication Specialists and clinicians, such as speech-language professionals and board-certified behavior analysts, with the expertise in communication to work with individuals with intellectual disabilities or autism.
5. Recognize and accommodate the primary language of individuals, self-advocates, and families; provide materials and translation.
6. Promote generic social change by building capacity in understanding and supporting people with nontraditional communication needs.
7. Track progress by measuring compliance with revised regulations relating to communication.

Performance Measures:

1. For people who do not communicate effectively using words, the percent of people with a communication system in place, i.e., a written plan in place that describes and documents a communication system (e.g., sign language, a picture board/system such as Picture Exchange Communication System (PECS), a voice-output communication device, or a combination of methods). A communication profile in the ISP is not sufficient in and of itself. *(Source: Independent Monitoring for Quality (IM4Q))*
2. For people with communication systems in place, the percent of systems that are in working order and being used. *(Source: IM4Q)*

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

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

Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.

Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes, and facilitate the implementation of the individual's decisions.

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

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

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

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

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

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

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

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

Recommendation 3: Increase Employment

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

Strategies:

1. Inform families about employment opportunities when their children are young; inform self-advocates as they approach the age of transition.
2. Strengthen state and local interagency collaboration to support individuals and self-advocates to transition into competitive integrated employment upon graduation.
3. Support individuals receiving subminimum wage to gain competitive-integrated employment.
4. Support families before, during, and after an individual's transition to competitive-integrated employment.
5. Build an Employment First assumption in all supports coordination planning activities, including ISP redesign and training.
6. Provide training and ongoing technical assistance to service providers and supports coordinators.
7. Routinely publish data on employment services, work, and wages.
8. Connect OVR Workforce Development information system and ODP information system (HCSIS) to enable the departments to share information.
9. Build provider capacity for the benefits counseling service. Provide training and technical assistance to supports coordinators to increase awareness of how benefits counseling might inform individuals, self-advocates, and families about options to work while maximizing benefits.
10. Promote and increase county and state government hiring of people with disabilities.
11. Support the growth and advancement of post-secondary education programs.

Performance Measures:

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

Recommendation 4: Support Families throughout the Lifespan

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

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

Performance Measures:
1. Percent of family members who receive enough information that helps them participate in planning services for their family. *(Source: NCI PA Adult Family)*
2. Percent of family members who report that the information received is easy to understand. *(Source: NCI PA Adult Family)*
3. Percent of family members reporting the Supports Coordinator tells them about other public services for which their family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.) *(Source: NCI PA Adult Family)*
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages. *(Source: IM4Q)*
5. Percent of relatives who said they were aware of the PA Family Network. *(Source: IM4Q)*

6. Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors. *(Source: IM4Q)*
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process. *(Source: IM4Q)*
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools. *(Source: IM4Q)*
9. Percent of relatives who reported the services coordinator asks about their vision for an everyday life for their family member. *(Source: IM4Q)*

Recommendation 5: Promote Health, Wellness, and Safety

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

Strategies:

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

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

Performance Measures:

1. Regarding monthly exercise, percent of individuals who report they:
   - Never go out for exercise;

- Exercise less than weekly;
- Exercise once a week;
- Exercise more than once a week. *(Source: IM4Q)*

2. Percent of individuals who are underweight, normal weight, overweight, and obese. *(Source: NCI PA Adult Consumer Survey)*
3. Percent of individuals with medical, dental, and eye exams in the past year. *(Source: NCI PA Adult Consumer Survey)*
4. Percent of individuals and self-advocates who routinely engage in physical activity at least once a week for at least 10 minutes. *(Source: NCI PA Adult Consumer Survey)*
5. Percent of individuals who report that communication in their doctor's office is effective, including:
    - Percent who report if they needed help communicating at the doctor's office, it was available;
    - Percent who reported they have the opportunity to discuss health with their primary care provider;
    - Percent who reported their doctor speaks directly to them during appointments;
    - Percent who feel they understood their doctors' instructions;
    - Percent who reported they feel their doctor understands them. *(Source: IM4Q)*

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

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

Recommendation 6: Support People with Complex Needs

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

Strategies:
1. Continue offering 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. Promote use of online dual diagnosis training curriculum. New providers are required to complete the dual diagnosis training curriculum.
5. Continue offering Dual Diagnosis conference.
6. Develop online training modules for Functional Behavioral Assessment. These modules are being developed as a coordinated effort between BAS and ASERT but will be of use in support of any individual served by ODP. This will promote a more standardized approach to the FBA and will allow for a greater number of individuals to build competency in this area.
7. Continue offering the Professional Conference Series.
8. ODP will explore ways to promote interest in and competencies for providing nursing services for individuals with I/DD and autism.

Performance Measures:
2. Number of people with authorized nursing services. *(Source: HCSIS)*
3. Number of people who use nursing services. *(Source: PROMISe™)*
4. Number of people with ID with authorized behavioral support services *(Source: HCSIS)*
5. Number of people with ID who use behavioral support services. (*Source: PROMISe™*)
6. Number of people with Autism with authorized behavioral support services *(Source: HCSIS)*
7. Number of people with Autism who use behavioral support services. (*Source: PROMISe™*)
8. 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)*
9. Number of providers qualified to provide behavior support services. *(Source: HCSIS)*

10. 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)*
11. If the individual has complex needs, the percent for whom SC addresses issues identified via monitoring related to support for the person. *(Source: QA&I)*

Recommendation 7: Develop and Support Qualified Staff

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

Strategies:

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Performance Measures:

1. Percent of staff observed who treat individuals with dignity and respect. *(Source: IM4Q)*
2. Percent of staff observed who recognize individuals in ways that promote independence. *(Source: IM4Q)*
3. Percent of respondents who said staff in their relative's home and place of work always treat people with dignity and respect. *(Source: IM4Q)*
4. Percent of staff observed supporting individuals at home and/or work who appeared to have the skills they needed to support the person. *(Source: IM4Q)*
5. Percent of respondents who said staff appear to have the skills they need to support their relative at home and at their place of work. *(Sour: IM4Q)*

Recommendation 8: Simplify the System

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

Strategies:

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

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

Performance Measures:

1. Evaluate the redesign of ISP process and format for: reduction in time that SC spends on administrative tasks, reduction in the number of pages in the ISP, and increase time spent with individuals, self-advocates, and families in person-centered planning.

2. Percent of respondents who report their supports coordinator asks them what they want *(Source: Annual Adult Consumer NCI Survey)*

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

Recommendation 9: Improve Quality

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

Strategies:

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

Performance Measures:

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status. *(Source: MyODP.org)*
2. ODP develops and distributes annual reports, including the ISAC Annual Report, ODP's Annual Data Report, the Annual QA&I Aggregate Report of Self-Assessment and the Annual QA&I Statewide Report.
3. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.
4. Number and percent of AEs, SCOs and Providers whose QM Plans reflect ODP's Mission, Vision and Values. *(Source: QA&I)*
5. Number and percent of AEs, SCOs and Providers that review and evaluate performance data in selecting priorities for QM Plans. *(Source: QA&I)*
6. Number and percent of AEs, SCOs and Providers that use self-assessment results to work on quality improvement annually. *(Source: QA&I)*

Recommendation 10: Expand Options for Community Living

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

Strategies:

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

Recommendation 11: Increase Community Participation

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

Strategies:

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

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

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

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

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

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

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

Performance Measures:

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

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

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

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

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

Recommendation 12: Provide Community Services to Everyone

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

Strategies:

1. Individuals, self-advocates with intellectual disabilities or autism, and families should receive: supports coordination service; information about local resources and services (e.g. OVR, Medicaid, aging, housing supports, income supports and victim services); information to connect with family and self-advocacy support organizations; and Family Support Service (FSS) using Base and block grant funding. Supports coordination should provide individuals, self-advocates, and families with tools and support to create a vision of an everyday life that:
    a. Considers factors and local community resources in an everyday life: daily and community living, social and spirituality, healthy lifestyles, security, and advocacy;
    b. Builds on the personal strengths, interests, relationships, resources, and opportunities within the person's and family's lives; and
    c. Serves as the overall framework to provide publicly funded services which align with everyday life.

2. Expand service system capacity to be able to provide employment services, in home supports and community participation services to individuals and self-advocates with intellectual disabilities or autism within 90 days of their eligibility determination. In the process of building capacity, prioritize and reserve capacity for:
    a. High school graduates to begin services 30 days prior to graduation;
    b. People who have caregivers who are unable to take care of their family member due to illness, aging, or an unanticipated life situation;
    c. PUNS and/or any other emergency.

3. Conduct ongoing training on the Prioritization of Urgency of Need for Services (PUNS) instrument:
    a. For individuals, families, SC and AEs;
    b. For SCs on facilitating discussion to inform the PUNS.

4. ODP will provide training and technical assistance to law enforcement and criminal justice systems regarding intellectual disability and autism on available supports and services in order to:
    a. Promote diversion for people with intellectual disabilities or autism who are arrested;
    b. Improve supports to victims of crimes with intellectual disabilities or autism.

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

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

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

EVERYDAY LIVES 2019 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Performance Measures:

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