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

2017

Contents

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

Savannah Logsdon-Breakstone, ISAC member

INTRODUCTION:

Following the publication of *Everyday Lives: Values in Action*, the Information Sharing and Advisory Committee (ISAC) has become ODP's Stakeholder Quality Council. The ISAC has created a detailed series of recommendations, strategies, and performance measures to guide the Office of Developmental Programs (ODP) and gauge its progress in achieving the important goals put forth in Everyday Lives. These strategies and recommendations developed by the ISAC are intended to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system: administrative entities, providers, support coordination agencies, advocacy organizations, local quality councils, and all entities involved on the ISAC.

As we carry out these recommendations and strategies, we will use the quality improvement framework to gauge our progress and continue to plan improvements in the system. Together we will plan, implement, and assess whether we have achieved the outcomes we intended, make changes as needed, and finally embed 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.
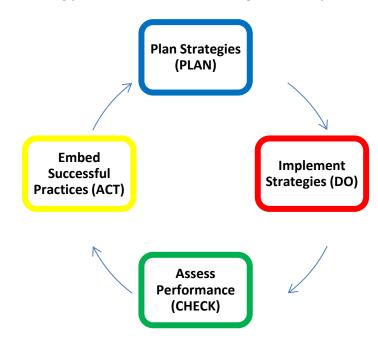
In line with its commitment to continuous quality improvement, the ISAC reviewed 2017 accomplishments and performance data for each recommendation. While strategies outlined in the Appendix of this document will continue to be implemented for all recommendations, ISAC members agreed to focus additional efforts in 2018 to improve in three areas of concern that surfaced during their review:

- Assuring individuals can communicate effectively
- Improving health and wellness by addressing obesity
- 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. Strategies will continue to evolve as counties, support coordinators, service providers, advocates, and others work in partnership to improve services.

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

* Note – Data sources identified in performance measures are described on page 42.

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:

Waiver Services –

- "Communication Specialist Services" service added to Consolidated and P/FDS Waivers on July 1, 2017 — a direct and indirect service supporting participants' nontraditional communication needs by determining those needs and educating the participant and his or her caregivers on the best way to meet them in their daily lives. Eligible participants may receive up to 40 hours of Communication Specialist Services each fiscal year.
- Education Support service clearly states that classes to teach participants who are deaf American Sign Language, Visual Gestural Communication or another form of communication is covered.
- Residential Habilitation, Life Sharing and Supported Living services state that providers are responsible for providing assistance, support and guidance to people to enable them to communicate with providers, caregivers, family members, friends and others.

Accomplishments

✓ **Communication Specialist Services Approved**

✓ **Enhanced Communication Rates Available to both Consolidated and P/FDS Waiver participants**

✓ **More Waiver Participants Reached with ECRs**

Expanded Availability of Enhanced Communication Rates - Providers can request program exceptions to employ staff fluent in Sign Language in order to adequately serve participants who are deaf. A rate modifier was developed to pay an enhanced rate for these staff, the "U1 modifier".
- These "Enhanced Communication Rates" (ECR) were available only for participants enrolled in the Consolidated Waiver prior to July 1, 2017, and are now also available to P/FDS Waiver participants who are deaf.

Increased Utilization of Enhanced Communication Rates - *In FY 15-16, 5 waiver participants received ECR-funded services. In FY 16-17, the number increased to 31.* As of October 31, 2017:
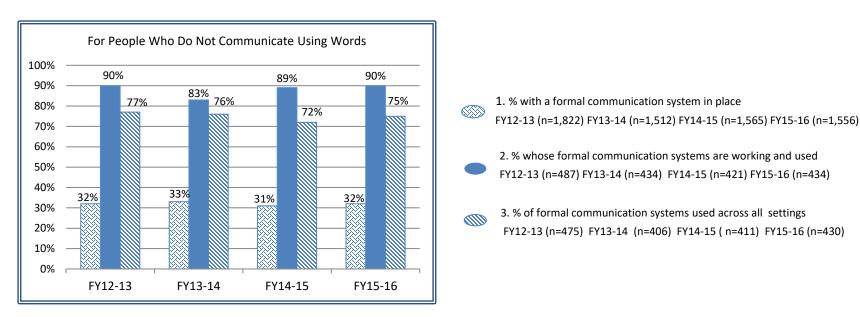- 15 Community Homes operated by three providers were approved for ECR
- 4 Community Residential Rehabilitation Homes operated by one provider were approved for ECR
- 3 providers are approved for ECR for the provision of In-Home and Community Support
- 3 providers are approved for ECR for the provision of Community Participation Support *(Source: PROMISe™ paid claims, FY 16-17)*

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Performance Measures:

(Data Source: Annual Independent Monitoring for Quality (IM4Q) Survey)

1. For people who do not communicate using words, the percent of people with a formal communication system in place, i.e., a formal written plan in place that describes and documents a communication system (e.g., sign language/ASL, a picture board/system such as PECS, a voice-output communication device or iPad, or a combination of methods). A communication profile in the ISP is not sufficient in and of itself.
2. For people with formal communication systems in place, the percent of systems that are in working order and being used.
3. For people with formal communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community).

Source: IM4Q Data

1. % with a formal communication system in place
   FY12-13 (n=1,822) FY13-14 (n=1,512) FY14-15 (n=1,565) FY15-16 (n=1,556)

2. % whose formal communication systems are working and used
   FY12-13 (n=487) FY13-14 (n=434) FY14-15 (n=421) FY15-16 (n=434)

3. % of formal communication systems used across all settings
   FY12-13 (n=475) FY13-14 (n=406) FY14-15 (n=411) FY15-16 (n=430)

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

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

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

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

Accomplishments:

Participant-Directed Goods and Services -- "Participant-Directed Goods and Services" service was added to the P/FDS Waiver on July 1, 2017 — services, equipment or supplies not otherwise provided through other services offered through the waiver, Medicaid State Plan, or a responsible third-party. Services:

- Decrease the need for other Medicaid services.
- Promote or maintain inclusion in the community.
- Promote independence of the participant.
- Increase the participant's health and safety in the home environment.
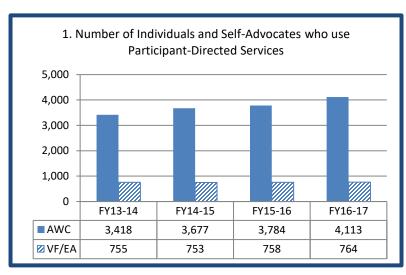- Develop or maintain personal, social, physical or work-related skills.

To use the Participant-Directed Goods and Services service, the participant must self-direct his or her services in the Vendor/Fiscal Employer Agent or Agency with Choice self-direction model. ODP encourages Supports Coordinators (SCs) to use the service to discuss the possibility of self-directing other services with the participant, and as a vehicle to promote self-direction in general.

Wage and Rate Increases - As of July 1, 2017, available wage ranges for some self-directed services increased. For managing and common law employers who had support service professionals at the highest available wages, this allows them to provide a raise to their workers. ODP also adjusted some rates for Agency with Choice providers to account for these increases in wages. Also, the monthly per member per month payment for Agency with Choice is now standardized as it was added to the fee schedule.

Accomplishments

✓ **New Participant-Directed Goods and Services Approved**

✓ **Wage Range Increases for Some services; Rate Increases for Agency With Choice**

✓ **Support Broker Certification**

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Support Broker Certification - **T**he rate for Supports Brokers was increased as of July 1, 2017. Additionally, ODP began requiring Supports Brokers to complete an ODP-approved certification course.

Performance Measures:
1. Number of individuals and self-advocates who use PDS, by AWC and VF/EA (Source: Home and Community Services Information System (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 participant-directed services, including AWC and VF/EA (Source: HCSIS).

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

	FY13-14	FY14-15	FY15-16	FY16-17
■ AWC	3,418	3,677	3,784	4,113
⊠ VF/EA	755	753	758	764

Source: 9/30/17 HCSIS Data

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

	FY13-14	FY14-15	FY15-16	FY16-17
■ 1 service	2,696	2,821	2,828	3,032
⊞ 2 services	1,031	1,056	1,108	1,192
⫼ 3 or > services	426	530	587	631

Source: 9/30/17 HCSIS Data
Includes AWC and VF/EA Services

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

Year	Percentage
FY13-14	11%
FY14-15	11%
FY15-16	12%
FY16-17	12%

Source: 9/30/17 HCSIS Data
Includes AWC and VF/EA Services; Individuals enrolled in Consolidated & P/FDS Waivers, and Base Program

Recommendation 3: Increase Employment

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

Accomplishments:

Waiver Approval - As of July 1, 2017,
- Consolidated and P/FDS Waivers have four employment service definitions:
  - Advanced Supported Employment (Outcome-Based Service; individuals must be paid minimum wage or above)
  - Supported Employment (individuals must be paid minimum wage or above)
  - Small Group Employment (formerly Transitional Work; individuals must be paid minimum wage or above)
  - Benefits Counseling
- P/FDS Waiver allows individuals to exceed the cap by $15,000 annually for employment services.

Memorandum of Understanding (MOU) with Office of Vocational Rehabilitation (OVR) - Through the MOU, OVR has hired or identified at least one counselor in each of its local offices who is assigned to work specifically with people with intellectual disability or autism.

Training Launched/Accomplished -
- In collaboration with OVR, three *Provider Transformation Leadership Boot Camp Sessions* occurred in May 2017. *55 Providers attended*. Six providers (two from each session) will receive 1:1 technical assistance (TA) from the Employment First State Leadership Mentoring Program (EFSLMP) Subject Matter Experts (SMEs) starting in November/December 2017. Six providers who received 1:1 TA in previous years continue to receive follow-up TA from the SMEs with whom they previously worked.
- Discovery/Customized Employment Training has become widely available throughout PA. At least one staff per State Center is certified or in the process of getting certified in Discovery.
- In collaboration with OVR, OMHSAS, and PDE, ODP participated in *Experience the Employment Connection* trainings throughout PA. *1,045 participants attended 15 sessions.*

Accomplishments

- ✓ **Four Employment Service Definitions Approved**
  - **Advanced Supported Employment**
  - **Supported Employment**
  - **Small Group Employment**
  - **Benefits Counseling**

- ✓ **Memorandum of Understanding with Office of Vocational Rehabilitation**

- ✓ **Provider Transformation Leadership Boot Camp**

- ✓ **Discovery/Customized Employment Training Available**

- ✓ ***Experience the Employment Connection* Trainings Throughout PA**

- ✓ **Data-sharing Pilot in Allegheny County**

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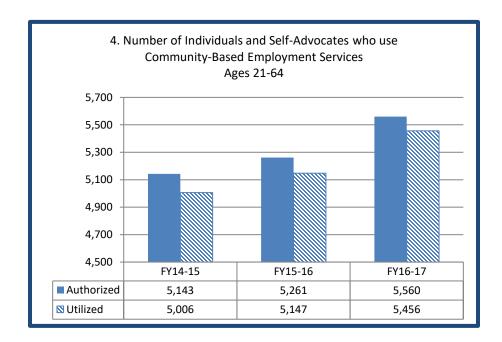**Collaboratives Set Up -** Through EFSLMP "Vision Quest"/School-to-Work Transition, (a "bucket" from which PA received TA from EFSLMP in 2016-2017) a data-sharing pilot began between four school districts in Allegheny County, Pittsburgh's OVR District Office, and the Allegheny County MH/ID Office.

Performance Measures:
1. Percent of people who would like a paid job in the community (Source: Annual Adult Consumer NCI Survey).
2. Percent of people who want to work who have employment as a goal in their ISPs (Source: Annual Adult Consumer NCI Survey).
3. Number of people with authorized employment services (Source: HCSIS).
4. Number of people receiving employment services (Source: PROMIS*e*™).

Individuals and Self-advocates in Community Employment

1. % who have a paid job in the community
FY12-13 (n=1,244) FY13-14 (n=619) FY14-15 (n=624) FY15-16 (n=549)

2. % who would like a paid job in the community
FY12-13 (n= 479)   FY13-14 (n= 275)   FY14-15 (n=275) FY15-16 (n=215)

3. % who want to work and have an employment goal in their ISPs
FY12-13 (n=1,308) FY13-14 (n =610) FY14-15 (n=633) FY15-16 (n=604)

Source: NCI PA Adult Consumer Survey Data

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

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

Data Sources: Authorized community-based employment services: **HCSIS as of 9/30/2017**. Utilization data: **PROMISe™ paid claims as of 10/23/2017** and may not be complete. All ODP Waiver and Base programs are included.

Notes: Unduplicated people ages 21-64 during each fiscal year. 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.

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 - *20 family members* fully trained to teach families on the LifeCourse Framework:

- *Reached nearly 6,100 people* through outreach activities and workshops throughout Pennsylvania.
- Delivered approximately *100 face-to-face workshops with individuals and families*, presenting an Overview of Charting the LifeCourse.
- Touched *more than 150 people through individualized mentoring*, face-to-face or by phone, addressing specific topics.

Community of Practice - PA joined the National Community of Practice: Supporting Families throughout the Lifespan in February 2016 and is encouraging local communities to organize Regional Collaboratives to support families to achieve everyday lives for all family members.

- Developed *25 Regional Collaboratives* in various stages of building stakeholder groups and strategies for supporting families in their local communities. Only 4 individual counties and two joinders are not part of a Collaborative at this time.
- Making community mapping a key strategy at the local level, building integrated supports through relationships, and community-based resources.
- Administrative Entities (AEs) lead the way in bringing human services partners, families, self-advocates and community partners together.

Aligning Supports Coordination (SC) with the LifeCourse Framework - so that SCs have skills and capacity to encourage, explore, and plan with self-advocates and families about their vision of a good life:

- Delivered a *LifeCourse webinar to all SCs and 18 trainings* for individual SCO locations.
- Embedding LifeCourse information and references in the ISP Manual.

Accomplishments

- ✓ **PA Family Network Launched**
- ✓ **PA Joined National Community of Practice**
- ✓ **Regional Collaboratives Initiated**
- ✓ **Supports Coordination Aligned with LifeCourse Framework**
- ✓ **Building an Information Network**

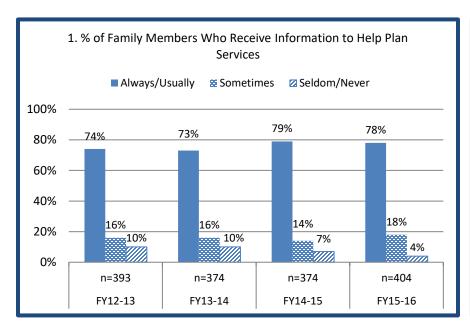# EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Information Network – Building communication paths including:
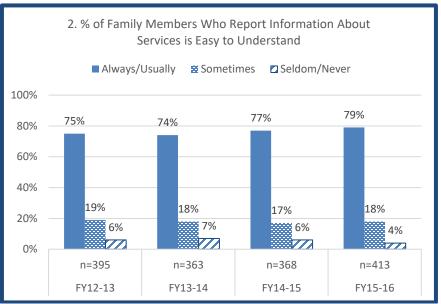- PA Family Network Facebook page, Twitter account and electronic newsletter;
- MyODP
- Collaboration with system partners, including school districts, providers, advocacy groups, community partners, traditional media, other human services entities such as Early Intervention, Children and Youth, OCDEL, OVR, other employment coalitions, and OMHSAS.
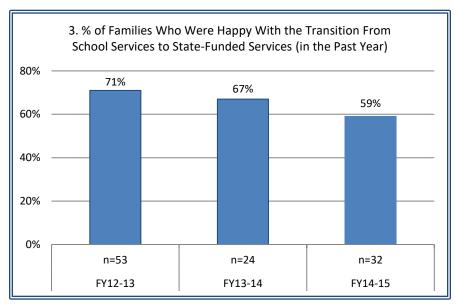
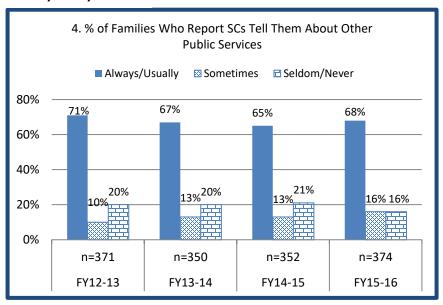**Performance Measures:**

(Source: Annual NCI Adult Family Survey)
1. Percent of family members who receive enough information that helps them participate in planning services for their family.
2. Percent of family members who report that the information received is easy to understand.
3. Percent of family members who report being happy with the transition process (if their family member transitioned from school services to state-funded services in the past year). (Not measured in FY15-16)
4. Does the Supports Coordinator tell you about other public services for which your family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.)?

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

Legend: ■ Always/Usually ▨ Sometimes ▨ Seldom/Never

	FY12-13	FY13-14	FY14-15	FY15-16
Always/Usually	74%	73%	79%	78%
Sometimes	16%	16%	14%	18%
Seldom/Never	10%	10%	7%	4%
	n=393	n=374	n=374	n=404

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

Legend: ■ Always/Usually ▨ Sometimes ▨ Seldom/Never

	FY12-13	FY13-14	FY14-15	FY15-16
Always/Usually	75%	74%	77%	79%
Sometimes	19%	18%	17%	18%
Seldom/Never	6%	7%	6%	4%
	n=395	n=363	n=368	n=413

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Source: NCI PA Adult Family Survey Data

3. % of Families Who Were Happy With the Transition From School Services to State-Funded Services (in the Past Year)

	FY12-13	FY13-14	FY14-15
%	71%	67%	59%
n	n=53	n=24	n=32

4. % of Families Who Report SCs Tell Them About Other Public Services

Legend: ■ Always/Usually ▧ Sometimes ▥ Seldom/Never

	FY12-13	FY13-14	FY14-15	FY15-16
Always/Usually	71%	67%	65%	68%
Sometimes	10%	13%	13%	16%
Seldom/Never	20%	20%	21%	16%
n	n=371	n=350	n=352	n=374

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:

Waiver Services – As of July 1, 2017, Consolidated and P/FDS waivers include nutritional consultation and additional therapy services including art, music, and equine therapies.

Outreach for Healthy Living - Health Care Quality Units (HCQU) developed outreach to promote wellness to individuals and self-advocates living with families, including people on the waiting list.
- Day of Wellness – Central HCQU
- Good nutrition DVD – Western HCQU
- Exercise DVD being developed by the Western HCQU
- On-line trainings for individuals about their health, wellness, and safety developed by the Southeast HCQU
- Health Promotion Activity Plans
- Health fairs held by several HCQUs including South Central.

Sexuality Guidelines - Workgroup convened to create drafts. Draft sexuality bulletin and guidelines were sent out for a 45-day public comment period that started on September 26, 2017 and ended on November 10, 2017.

Accomplishments

✓ **Addition of Nutritional Consultation and Art, Music and Equine Therapies to the Waivers**

✓ **HCQU Outreach for Healthy Living**
  - **Day of Wellness**
  - **Good Nutrition DVD**
  - **Exercise DVD**
  - **On-line Trainings for Individuals about their Health, Wellness, and Safety**
  - **Health Promotion Activity Plans**
  - **Health Fairs**

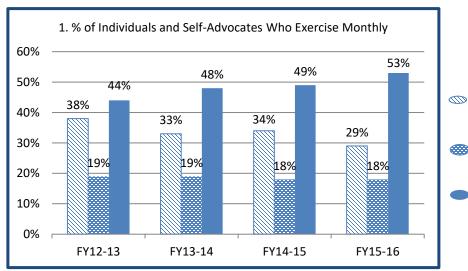✓ **Draft Sexuality Guidelines**

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: Annual IM4Q Survey).
2. Percent of individuals who are underweight, normal weight, overweight, and obese (Source: Annual NCI Survey).

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3. Percent of individuals with medical, dental, and eye exams in the past year (Source – NCI Adult Consumer Survey Data)

Source: IM4Q Data
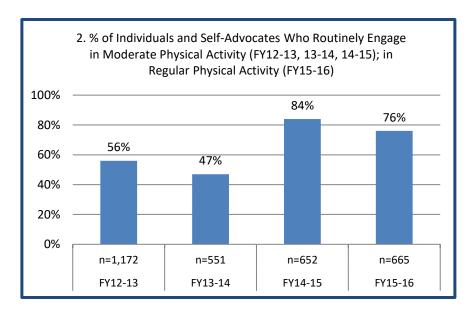
1. % of Individuals and Self-Advocates Who Exercise Monthly

% who never go out for exercise
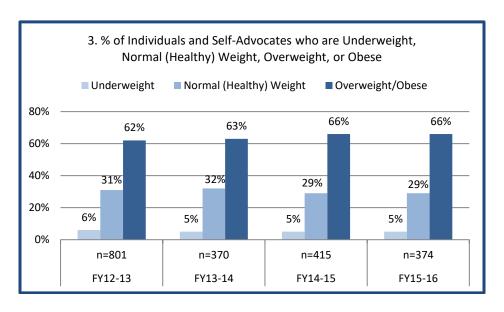FY12-13 (n=5,506) FY13-14 (n=4,735) FY14-15 (n=4,865) FY15-16 (n=4,773)

% who exercise once/week or less
FY12-13 (n=5,506) FY13-14 (n=4,735) FY14-15 (n=4,865) FY15-16 (n=4,773)

% who exercise more than once/week
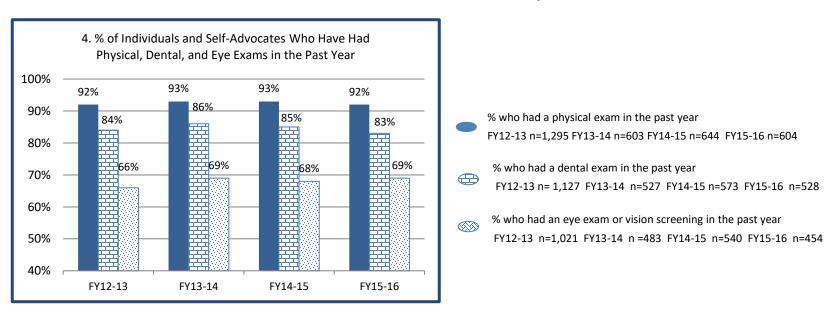FY12-13 (n=5,506) FY13-14 (n =4,735) FY14-15 (n=4,865) FY15-16 (n= 4,773)

2. % of Individuals and Self-Advocates Who Routinely Engage in Moderate Physical Activity (FY12-13, 13-14, 14-15); in Regular Physical Activity (FY15-16)

Source: NCI PA Adult Consumer Survey Data

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.

01/30/18

16

3. % of Individuals and Self-Advocates who are Underweight, Normal (Healthy) Weight, Overweight, or Obese

Source: NCI PA Adult Consumer Survey Data

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

% who had a physical exam in the past year
FY12-13 n=1,295 FY13-14 n=603 FY14-15 n=644 FY15-16 n=604

% who had a dental exam in the past year
FY12-13 n= 1,127 FY13-14 n=527 FY14-15 n=573 FY15-16 n=528

% who had an eye exam or vision screening in the past year
FY12-13 n=1,021 FY13-14 n =483 FY14-15 n=540 FY15-16 n=454

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:

Waiver Services and Rates –
- Consolidated Waiver approved with a change in service definitions that includes behavioral support and nursing services as part of the residential services to provide a higher quality, more integrated service for people with complex needs.
- Payment structure for residential services changes on January 1, 2018 to better support people with complex needs through a fee structure that is needs-based ("acuity-based"). The new payment structure accounts for the integration of behavioral support and nursing in residential services.

Capacity Building Institute (CBI) - CBI began October 2016 and ran through June 2017. *51 attendees* participated, representing ODP, OMHSAS, County offices, HCQUs, ASERTs, State Hospitals, State Centers, and Managed Care Organizations. Second cycle of the CBI begins November 2017. CBI goals include:
- Exploring barriers for practitioners and caregivers supporting people with multiple diagnoses
- Facilitating development of county, region, and statewide networks to address issues regarding individuals who are challenging to support
- Developing a statewide resource list of local go-to people to help find solutions to individual issues
- Enhancing a seamless response system between the OMHSAS and the ODP systems
- Expanding the knowledge of all elements of the partnership serving people with multiple diagnoses
- Problem-solving on a systemic level
- Creating formal statewide policy and best practice recommendations with the Deputy Secretaries of ODP and OMHSAS
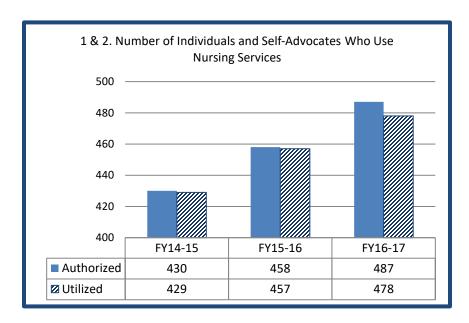
Accomplishments

✓ **Change to Needs-Based (Acuity-Based) Rates**

✓ **Clinical Services Integrated in Residential Services**

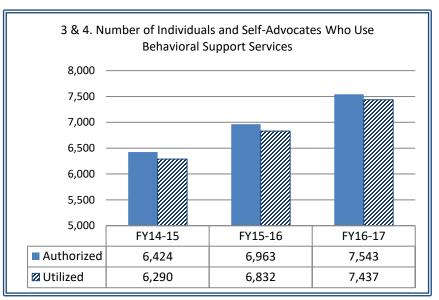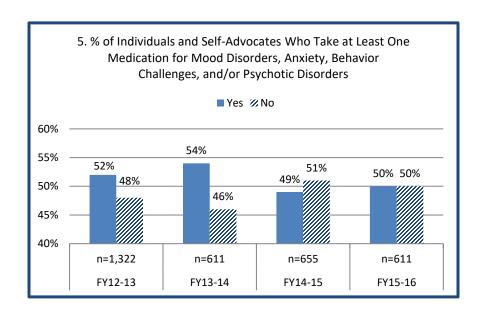✓ **Capacity Building Institute (CBI) Launched**

Performance Measures:
1. Number of people with authorized nursing services (Source: HCSIS).
2. Number of people who use nursing services (Source: PROMIS*e*™).
3. Number of people with authorized behavioral support services (Source: HCSIS).
4. Number of people who use behavioral support services (Source: PROMIS*e*™).

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5. Number and percent of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders (Source: NCI PA Adult Consumer Survey).
6. Number of providers qualified to provide behavioral support services (Source: HCSIS).

1 & 2. Number of Individuals and Self-Advocates Who Use Nursing Services

	FY14-15	FY15-16	FY16-17
Authorized	430	458	487
Utilized	429	457	478

3 & 4. Number of Individuals and Self-Advocates Who Use Behavioral Support Services

	FY14-15	FY15-16	FY16-17
Authorized	6,424	6,963	7,543
Utilized	6,290	6,832	7,437

Sources: Authorized Nursing Services and Behavioral Support Services: People enrolled in Consolidated and P/FDS Waivers and Base; *9/30/17 HCSIS Data*. Utilization data: *PROMISe™ paid claims as of 10/23/2017* and may not be complete.

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

■ Yes ▨ No

	FY12-13	FY13-14	FY14-15	FY15-16
Yes	52%	54%	49%	50%
No	48%	46%	51%	50%
n	n=1,322	n=611	n=655	n=611

Source: NCI PA Adult Consumer Survey Data

Notes - In 2012-2013 and 2013-2014 NCI Surveys, % of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders was measured. In 2015 and 2016, the measurement did not include medications for behavior challenges.

6. # of providers qualified to provide behavioral support services

FY14-15	FY 15-16	FY 16-17
135	184	198

Source: HCSIS

Recommendation 7: Develop and Support Qualified Staff

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

Accomplishments:

College of Direct Support (CDS) - From September 30, 2016 to September 30, 2017, the *number of learners increased from 52,482 to 59,575.*

- New learners are primarily Direct Service Providers including community providers and state centers. Less than 20 individuals and family members are enrolled.
- CDS courses meet the CMS Core Competences.
- The Institute on Disabilities, CDS state administrator, promoted the CDS through conference presentations, webinars, the PA Family Network, ODP newsletter, and DHS social media.

SC Webinar Series Started in July 2017 and continues: - The title of the series, *Orchestrating Success,* reinforces the pivotal role SCs play in the lives of the individuals they serve, key to ensuring people have services and supports necessary to live Everyday Lives.

- Webinars focus on implementation of waivers and ODP initiatives such as Employment, LifeCourse Framework and related topics that give SCs the knowledge they need. Webinars are posted on MyODP for reference by Support Coordinators, AEs and ODP staff.

MyODP - *Registered Users: 20,689* from launch on October 3, 2016 to November 22, 2017.

- Courses: 340 trainings, with only a few limited by roles such as ODP staff. Trainings cover topical areas including waivers implementation, BAS virtual trainings, policy clarifications, employment, required certification courses such as Deaf Services and Community Participation Support, and the Supports Coordination Orientation.

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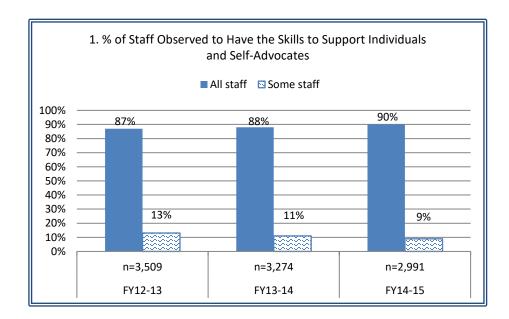
Accomplishments

✓ **Increased Use of the College of Direct Support**

✓ **Supports Coordination Webinar Series: Orchestrating Success**

✓ **MyODP**

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Autism Competence Face-to-Face Trainings -

- Autism Spectrum Disorder Seminar: Professional training focused on debunking myths and misconceptions of autism. *658 attendees* represented multiple systems, including service providers from the Office of Mental Health & Substance Abuse Services (OMHSAS).
- *350 professionals and providers* across multiple service delivery systems attended the 10th annual Pennsylvania Autism Training Conference (PATC). Training topics included Autism Myths & Misconceptions; Employment; LGBTQ; Cyber Safety; Assessment & Treatment; Biofeedback for Stress Reduction; Person-Centered Care; Data into Practice; Autism Acceptance & Appreciation. Several recorded sessions are available through the MyODP Training & Resource Center.
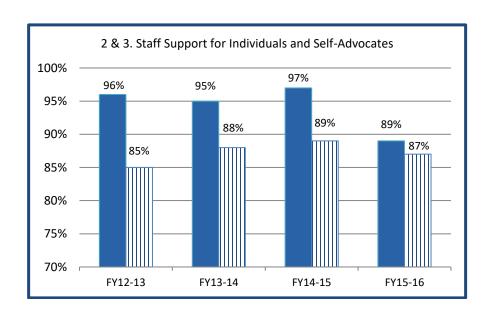
Performance Measures:

1. Percent of staff observed to have the skills needed to support the individuals (Source: Annual IM4Q Survey). (Not asked in FY15-16)
2. Percent of staff observed who treat individuals with dignity and respect (Source: Annual IM4Q Survey).
3. Percent of staff observed who recognize individuals in ways that promote independence (Source: Annual IM4Q Survey).
4. Total # of people who have completed courses through the CDS and MYODP (combined) websites.

1. % of Staff Observed to Have the Skills to Support Individuals and Self-Advocates

Source: IM4Q Data

Note: Independent Monitoring Teams answered questions on staff support for individuals and self-advocates after having spent time with the person and the staff who support them.

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

2. % of staff observed who treat individuals and self-advocates with dignity and respect

FY12-13 (n=3,434) FY13-14 (n=3,331) FY14-15 (n=3,137) FY15-16 (n=3,278)

3. % of staff observed who recognize individuals and self-advocates in ways that promote independence

FY12-13 (n=3,518) FY13-14 (n=3,166) FY14-15 (n=2,860) FY15-16 (n=3,155)

Recommendation 8: Simplify the System

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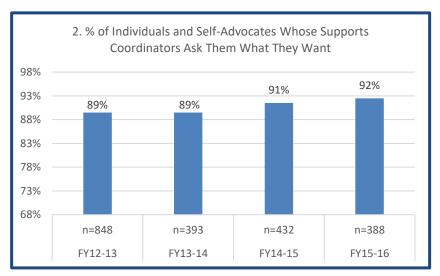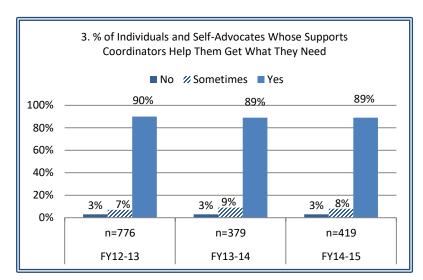
Revised Business Strategy and Process Project

The Project will develop business process strategies and options that will align ODP business operations with the vision outlined in *Everyday Lives*. Information will be elicited from key stakeholders including individuals, families, supports coordinators, administrative entities, and providers. The objectives are to improve the system's interaction with families at the point of first contact and to identify options for assisting individuals and families in self-management throughout the lifespan, and simplify administrative processes for supports coordinators. The project will potentially address business strategies and options across intake, planning, financials, supports and quality.

The project will also consider the shifting business needs for waiver operations in the Office of Child Development and Early Learning (OCDEL) and the Office of Long Term Living (OLTL).
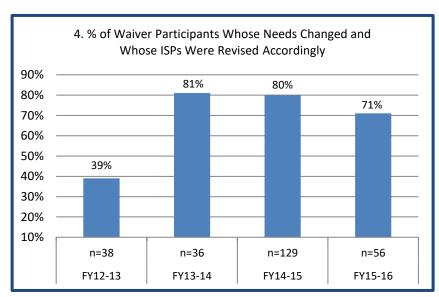
Performance Measures:

1. Evaluate the redesign of the 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 respondents who report their supports coordinator helps them get what they need (Source: Annual Adult Consumer NCI Survey). (Not asked in FY15-16)
4. Percent of people in the Consolidated and P/FDS waivers who had a change in need and had the plan updated (ODP monitoring of waivers).

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2. % of Individuals and Self-Advocates Whose Supports Coordinators Ask Them What They Want

	FY12-13	FY13-14	FY14-15	FY15-16
%	89%	89%	91%	92%
n	n=848	n=393	n=432	n=388

3. % of Individuals and Self-Advocates Whose Supports Coordinators Help Them Get What They Need

Legend: ■ No ▨ Sometimes ■ Yes

	FY12-13	FY13-14	FY14-15
No	3%	3%	3%
Sometimes	7%	9%	8%
Yes	90%	89%	89%
n	n=776	n=379	n=419

Source: NCI PA Adult Consumer Survey

4. % of Waiver Participants Whose Needs Changed and Whose ISPs Were Revised Accordingly

	FY12-13	FY13-14	FY14-15	FY15-16
%	39%	81%	80%	71%
n	n=38	n=36	n=129	n=56

Source: Annual ODP Monitoring of Consolidated and P/FDS Waivers

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:

Updated QM Strategy Bulletin – ODP's QM Strategy Bulletin was updated and disseminated June 2017 to communicate current QM structure, process, and expected outcomes, including ODP's Mission and Vision, expected quality outcomes based on *Everyday Lives* Values and Recommendations and the Home and Community Based Services (HCBS) Quality Framework. The Bulletin establishes ISAC as ODP's stakeholder Quality Council, outlines roles and responsibilities for ODP and stakeholders to maintain and improve quality, and promotes *ODP's QM Certification Curriculum* to build QM capacity across the system.

Quality Assessment and Improvement (QA&I) Process - ODP revised AE, SCO, and Provider Monitoring processes to focus on improving the quality of individuals' Everyday Lives and experiences across the system. New QA&I Process includes:

- AE, SCO, and Provider Self-Assessments;
- Interviews with a sample of individuals;
- Questions to assess and improve system performance in achieving ISAC Recommendations, including assuring effective communication, supporting employment, and improving quality;
- Targeted technical assistance to AEs, SCOs, and Providers based on their results.

IM4Q Survey Update – New questions were included in the FY17-18 IM4Q Survey to collect feedback from individuals and families on the ISAC Recommendations Assuring Effective Communication, Promoting Self-direction, Choice, and Control, Promoting Employment and Community Participation, Promoting Health, Wellness, and Safety, Supporting People with Complex Needs, and Expanding Options for Community Living.

Accomplishments

✓ **Updated QM Strategy Bulletin**

✓ **New Quality Assessment & Improvement Process**

✓ **IM4Q Survey Update**

✓ **QM Certification Classes**

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

Quality Management Certification – *239 class participants have certified to date, 51 AE staff, 25 SCO staff, 135 Provider staff, and 28 ODP/HCQU staff.* 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.

Performance Measures:
1. ODP's QM Strategy Bulletin is updated and disseminated.
2. Number of ODP and stakeholder staff who achieve ODP QM Certified status (Source: MyODP.org).
3. ODP develops and distributes an annual report.
4. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.

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 –

- Effective July 1, 2017, the service Housing Transition and Tenancy Sustaining Services is available for waiver participants—direct services to assist individuals and self-advocates with planning, locating, and maintaining a home of their own.
- Expanded Lifesharing Service is now available for waiver participants to allow for:
  o enrollment of birth families as Lifesharing providers;
  o the service to be provided in the participant's own home.
- New Supported Living Service is available for waiver participants. This service:
  o Enables individuals and self-advocates to live in their own homes with the support of an agency available to provide guidance and assistance as needed.
  o Includes direct and indirect services provided to participants who live in a private home.
  o Protects health and welfare of participants by assisting them in the general areas of self-care, health maintenance, wellness activities, meal preparation, decision-making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources. Participants are supported to live in their own home in the community and to acquire, maintain or improve skills necessary to live more independently and be more productive and participatory in community life.
- As of July 1, 2017, there were *118 Supported Living Providers across four regions: Central-26, Northeast-15, Southeast-37, and Western-40.*

Supports Coordination Training - As part of the ongoing webinar series for SCs, ODP trained them on the above available service options for community living.
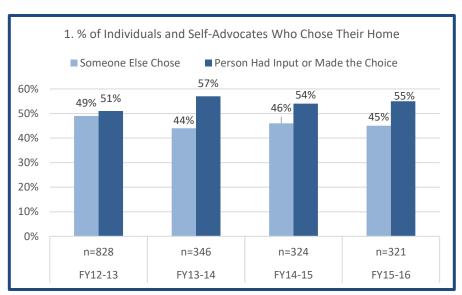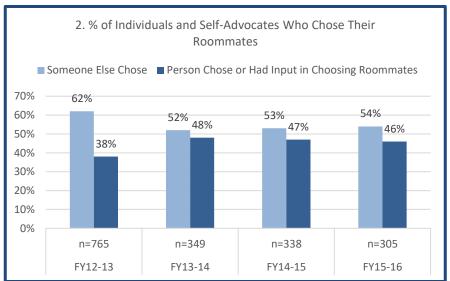
Accomplishments

✓ **Housing Transition and Tenancy Sustaining Services Available**

✓ **Expanded LifeSharing Service**

✓ **Supported Living Service**

✓ **Supports Coordination Training**

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES
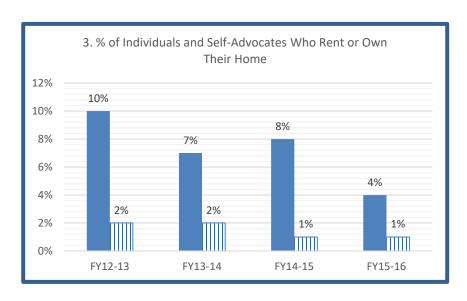
Performance Measures:

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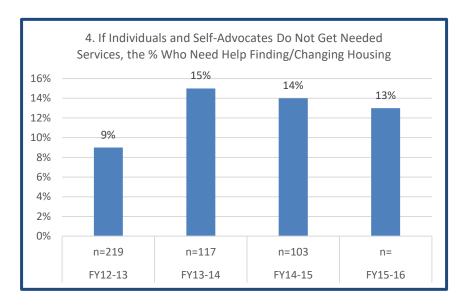
Source: NCI PA Adult Consumer Survey Data

Source: NCI PA Adult Consumer Survey Data Individuals and self-advocates and/or their families or supporters reported they chose or had some input in choosing where they live and their roommates, or that they chose to live alone.

3. % of Individuals and Self-Advocates Who Rent or Own Their Home

% of individuals and self-advocates who rent their home

FY12-13 (n=1,366) FY13-14 (n=647) FY14-15 (n=675) FY15-16 (n=229)

% of individuals and self-advocates who own their home

FY12-13 (n=1,366) FY13-14 (n=647) FY14-15 (n=675) FY15-16 (n=622)

In FY15-16, the measure changed from person rents home to person's name is on the lease.

Source: NCI PA Adult Consumer Survey Data

4. If Individuals and Self-Advocates Do Not Get Needed Services, the % Who Need Help Finding/Changing Housing

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:

Waiver Services - ODP introduced the new Community Participation Support (CPS) Service in the Consolidated and P/FDS Waivers, replacing pre-vocational and day habilitation services. This change supports provider transformation by targeting services to community settings rather than facility settings, helping individuals build potential for employment and increase engagement and connection in their communities.

Accomplishments

✓ **New Community Participation Support Service**

✓ **New Training on Community Participation Supports for Direct Support Professionals**

ODP implemented Community Participation Support (CPS) standardized curriculum -
All direct support professionals, program specialists, and supervisors of direct support professionals who provide Community Participation Support are required to complete CPS training by July 1, 2018.

- Department-approved training is a seven-module series that includes the following:
    1. The "Why" – Everyday Lives
    2. What are Community Participation Supports?
    3. Where Community Participation Supports are Provided
    4. Inclusion/Integration
    5. Person-Centered Planning
    6. Introduction to Community Mapping
    7. Building Relationships That Sustain a Community Life
- Can be completed on-line or as a hybrid course (Pre-test, Module 1 on-line, Modules 2-7 face-to-face in house by provider using standardized curriculum and post-test on-line)

As of 12/1/17:
- *2,137 certificates* have been issued to users with a DSP role who have completed the online course requirements.
- *211 certificates* have been issued to other professional roles, including provider manager, provider training staff and provider fiscal staff.

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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: PROMIS*e*™).

2. Number and percent of people with weekly participation (Source: Annual IM4Q Survey).

   a. Visit friends, relatives and neighbors

   c. Go to worship

   b. Go to restaurant

3. Percent of people who have friends (Source: Annual NCI Adult Consumer Survey).

4. Percent of respondents who said their relative had enough opportunities to participate in activities in the community (Source: Annual Family/Friend/Guardian IM4Q Survey).

5. Percent of respondents who said their relative seemed to have the opportunity to learn new things (Source: Annual Family/Friend/Guardian IM4Q Survey).
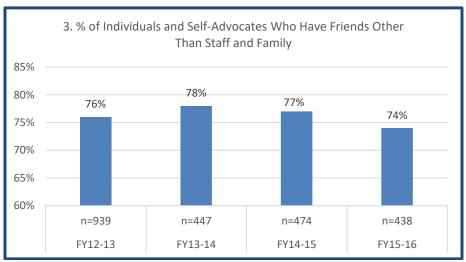

1. Community Participation Support: Percentage of Time Provided in Community versus Facility Locations

10%

90%

■ Time in Facility　　■ Time in Community

Note: Review of all claims submitted for individuals receiving Community Participation Support service from 7/1-10/2/2017. Time in community locations calculated N=claims with SE modifier indicating time in community and D=All claims for CPS. Claims data submitted is subject to billing corrections and all claims for the time period have not been submitted.

Source: DHS Enterprise Data Warehouse - Paid Claim Table
Data Extraction Date: 10/13/2017
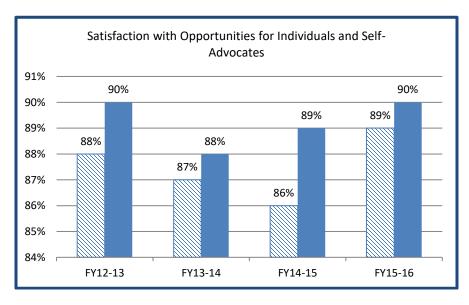**(Cycles 7/1/2017 through 10/02/2017)**

EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

	2. Weekly Participation in Community Activities Harris Poll Comparisons					
	Harris 2010: People Without Disabilities	Harris 2010: People With Disabilities	Independent Monitoring 2013	Independent Monitoring 2014	Independent Monitoring 2015	Independent Monitoring 2016
Visit with friends, relatives, and neighbors	65%	54%	54% (n=5,485)	51% (n=4,938)	50% (n=4,949)	46% (n=4,778)
Go to restaurant	41%	20%	43% (n=5,456)	44% (n=4,960)	43% (n=4,956)	45% (n=4,897)
Go to worship	28%	24%	27% (n=5,318)	27% (n=4,661)	28% (n=4,765)	27% (n=4,698)

Source: IM4Q Data

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.

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EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

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

	n=939 FY12-13	n=447 FY13-14	n=474 FY14-15	n=438 FY15-16
%	76%	78%	77%	74%

Source: NCI Adult Consumer Survey Data

Satisfaction with Opportunities for Individuals and Self-Advocates

	FY12-13	FY13-14	FY14-15	FY15-16
Participate in activities (4)	88%	87%	86%	89%
Learn new things (5)	90%	88%	89%	90%

Source: Family/Friend/GuardianIM4Q Survey

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

FY12-13 (n= 1,992) FY13-14 (n=1,671) FY14-15 (n=1,834)

FY15-16 (n= 1,667)

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

FY12-13 (n=1,939) FY13-14 (n=1,628) FY14-15 (n=1,802)

FY15-16 (n=1,634)

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:

Expanded Eligibility for Consolidated and P/FDS Waivers - Consolidated and P/FDS Waivers were successfully amended July 1, 2017 to include:

- Individuals with Autism without ID in order to provide a full array of services;
- Provisions to include eligibility determination for all people who qualify.

Webinars were conducted weekly and monthly to provide information to AEs and SCOs, laying a foundation to successfully accomplish this objective.

Program Funds in the Governor's Budget - Governor's Budget includes an additional $200 million dollars for enhancement of rates and new service provision in the ID/Autism system. This is the highest increase seen in more than two decades and has allowed for service system capacity expansion.

P/FDS Graduate Initiative - P/FDS graduate initiative is included in the FY17-18 budget to serve 820 new individuals from the Consolidated/P/FDS waiting list, AAW/ACAP interest list, and the Community Living Waiver.

Additional Community Services Funded - Numerous counties are using base, block grant and Health Choices Reinvestment funds to develop additional services for people, such as Extended Acute Programs, System Navigators, Specialized Clinical Expertise, and Developmental Disability Training Teams.

Outreach and Training -

- The Supporting Families Initiative disseminates the LifeCourse Framework through Regional Collaboratives, supporting individuals, self-advocates, families and supports coordinators to create everyday lives in their communities.
- ASERT Resource Center connects individuals, families and professionals to existing resources, including local self-advocacy and family support groups. *In 2017, ASERT engaged with 77,473 people through 56,898 website users, 6,147 newsletter subscribers, 966 Twitter followers, 2,983 Facebook followers, 2,434 Resource Center tickets, 5,655 contacts with individuals at outreach events, and 2,390 individuals trained.*
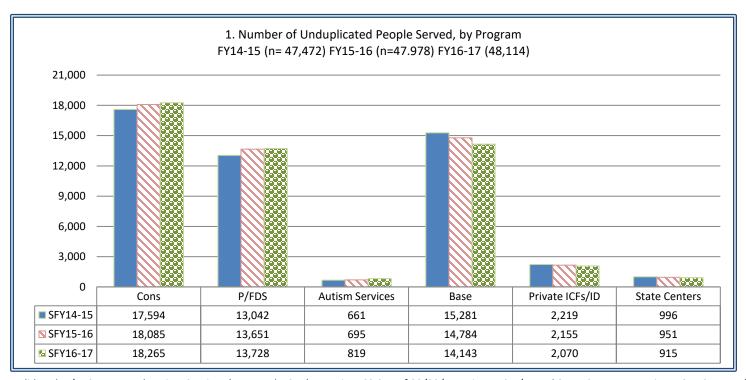
Accomplishments

- ✓ **Individuals with Autism without ID Eligible for Consolidated and P/FDS Waivers**

- ✓ **Governor's Budget Includes Funds for Increased Rates and Service System Capacity**

- ✓ **P/FDS Graduate Initiative to Serve 820 New Individuals**

- ✓ **Additional Community Services Funded**

- ✓ **Supporting Families Initiative**

- ✓ **ASERT Resource Center**

- ✓ **Autism Insurance Awareness (ACT 62)**

- ✓ **Training for PA's Criminal Justice System, First Responders, and Healthcare Professionals**

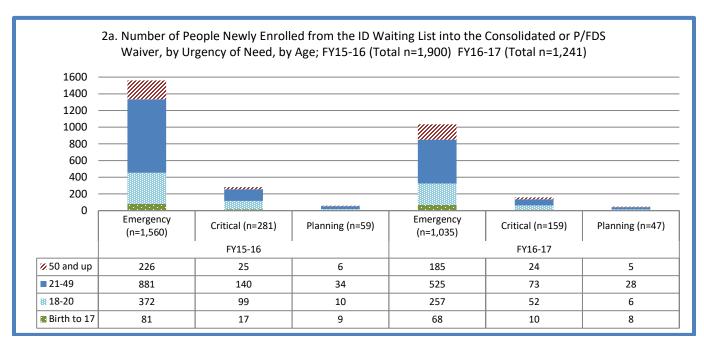## EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

- ODP participates with PA's DHS, Insurance Department and Department of State to disseminate information to families about ACT 62, a statewide insurance mandate specific to services provided to children and adolescents with Autism Spectrum Disorder (ASD). ACT 62 resources for families are posted on paautism.org and the DHS website.
- Since 2014, the ASERT Collaborative has trained approximately *3,283 Criminal Justice System professionals* to improve their interactions with individuals with autism.
- The ASERT Collaborative joins with the PA DOH to provide education to Emergency and Pre-Hospital Responders on the care of patients with Autism Spectrum Disorder.
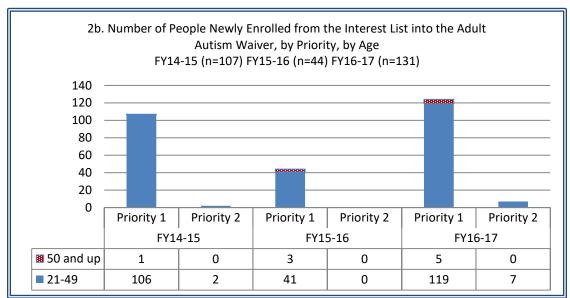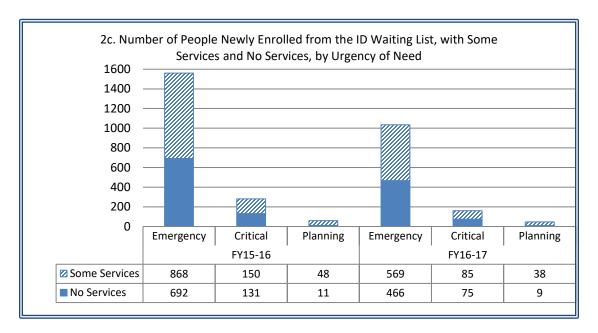
Performance Measures:
1. Number of unduplicated people served, by program, by fiscal year, during the course of the year (Sources: HCSIS, PROMIS*e*™).
2. Number of people newly enrolled (Sources: HCSIS, Money Follows the Person (MFP) File)
   a. From the ID waiting list, by category, (Emergency, Critical, Planning), by age.
   b. From the interest list, by category, (Priority 1, Priority 2), by age.
   c. From the ID waiting list, by category, by some ODP-funded services and no ODP-funded services.
   d. From the ID waiting list, with caregivers over the age of 60.
   e. From the ID waiting list, by program enrolled in – Cons, P/FDS, Autism Programs, Private ICF/ID, Base.
3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes (Sources: HCSIS, PROMIS*e*™).

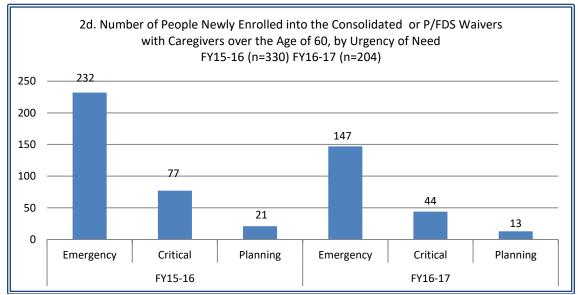## EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

1. Number of Unduplicated People Served, by Program
FY14-15 (n= 47,472) FY15-16 (n=47.978) FY16-17 (48,114)

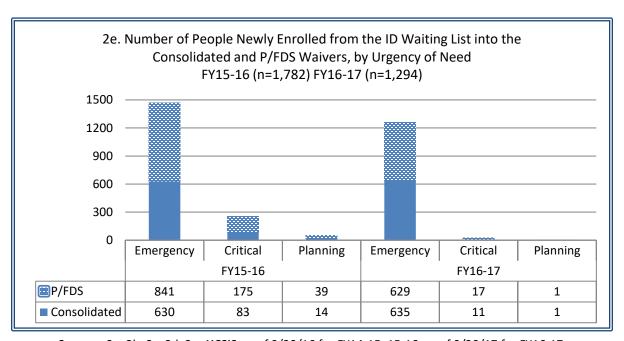|	Cons	P/FDS	Autism Services	Base	Private ICFs/ID	State Centers
SFY14-15	17,594	13,042	661	15,281	2,219	996
SFY15-16	18,085	13,651	695	14,784	2,155	951
SFY16-17	18,265	13,728	819	14,143	2,070	915

Sources: Consolidated, P/FDS, Base, and Autism Services (AAW and ACAP): Data in **HCSIS** as of 09/30/17; Private ICFs/ID and State Centers: Data in **PROMISe™** as of 10/30/17
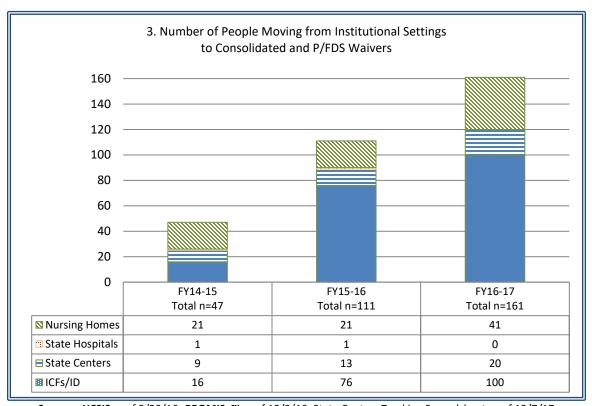
EVERYDAY LIVES 2017 – RECOMMENDATIONS, STRATEGIES AND PERFORMANCE MEASURES

2a. Number of People Newly Enrolled from the ID Waiting List into the Consolidated or P/FDS Waiver, by Urgency of Need, by Age; FY15-16 (Total n=1,900) FY16-17 (Total n=1,241)

	Emergency (n=1,560)	Critical (n=281)	Planning (n=59)	Emergency (n=1,035)	Critical (n=159)	Planning (n=47)
	FY15-16			FY16-17		
50 and up	226	25	6	185	24	5
21-49	881	140	34	525	73	28
18-20	372	99	10	257	52	6
Birth to 17	81	17	9	68	10	8

2b. Number of People Newly Enrolled from the Interest List into the Adult Autism Waiver, by Priority, by Age FY14-15 (n=107) FY15-16 (n=44) FY16-17 (n=131)

	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2
	FY14-15		FY15-16		FY16-17	
50 and up	1	0	3	0	5	0
21-49	106	2	41	0	119	7

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
	FY15-16			FY16-17		
Some Services	868	150	48	569	85	38
No Services	692	131	11	466	75	9

2d. Number of People Newly Enrolled into the Consolidated or P/FDS Waivers with Caregivers over the Age of 60, by Urgency of Need
FY15-16 (n=330) FY16-17 (n=204)

Emergency	Critical	Planning	Emergency	Critical	Planning
232	77	21	147	44	13
FY15-16			FY16-17		

2e. Number of People Newly Enrolled from the ID Waiting List into the
Consolidated and P/FDS Waivers, by Urgency of Need
FY15-16 (n=1,782) FY16-17 (n=1,294)

	Emergency	Critical	Planning	Emergency	Critical	Planning
		FY15-16			FY16-17	
P/FDS	841	175	39	629	17	1
Consolidated	630	83	14	635	11	1

Sources: 2a, 2b, 2c, 2d, 2e: ***HCSIS,*** as of 9/30/16 for FY14-15, 15-16; as of 9/30/17 for FY16-17.

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

	FY14-15 Total n=47	FY15-16 Total n=111	FY16-17 Total n=161
Nursing Homes	21	21	41
State Hospitals	1	1	0
State Centers	9	13	20
ICFs/ID	16	76	100

Sources: HCSIS as of 9/30/16; *PROMISe™* as of 10/3/16; State Centers Tracking Spreadsheet as of 12/7/17

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 (PROMISe™) - Pennsylvania's CMS-certified Medicaid Management Information System (MMIS) and HIPAA-compliant claims processing and financial management information system.

Vendor Fiscal/Employer Agent (VF/EA) and Agency with Choice (AWC) Participant Satisfaction Surveys – VF/EA vendor and AWCs are required to complete an annual satisfaction survey to measure the quality of services rendered to participants in each of these programs.

Appendix

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

* Note – Data sources identified in performance measures are described on page 41.

Recommendation 1: Assure Effective Communication

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

Strategies:

1. Finalize and issue the communication policy bulletin.

    - Establishes that "effective communication is the key to leading self-determined lives, being part of communities, being healthy and safe, and having healthy relationships."
    - Recognizes the rights of people with communication challenges to receive supports and services to effectively and fully communicate.
    - Describes the communication profile and a communication plan in the ISP.
    - Specifies roles, expectations, training needs, and funding options for supporting effective communication.

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

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

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

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

Performance Measures:

(Data Source: Annual Independent Monitoring for Quality (IM4Q) Survey)

1. For people who do not communicate using words, the percent of people with a formal communication system in place, i.e., a formal written plan in place that describes and documents a communication system (e.g., sign language/ASL, a picture board/system such as PECS, a voice-output communication device or iPad, or a combination of methods). A communication profile in the ISP is not sufficient in and of itself.

2. For people with formal communication systems in place, the percent of systems that are in working order and being used.

3. For people with formal communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community).

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

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

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

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

Strategies:

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

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

3. Expand the availability of support brokerage services.
   - Clarify that supports broker can be authorized as the only PDS on an individual's ISP.
   - Remove supports broker services from P/FDS capitation to increase service accessibility (Waiver Amendment V).
   - Allow supports broker services for participants in a waiver residential habilitation setting who have a plan to transition to a private residence and to self-direct their services through an AWC or VF/EA FMS when they are in a private residence (Waiver Amendment V).

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

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

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

Performance Measures:

1. Number of individuals and self-advocates who use PDS, by AWC and VF/EA (Source: Home and Community Services Information System (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 participant-directed services, including AWC and VF/EA (Source: HCSIS).

4. Participant satisfaction with ODP's self-directed services models. (Source: Annual VF/EA and AWC Participant Surveys).

Recommendation 3: Increase Employment

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

Strategies:

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

Performance Measures:

1. Percent of people who have a paid job in the community (Source: Annual Adult Consumer National Core Indicators (NCI) Survey).
2. Percent of people who would like a paid job in the community (Source: Annual Adult Consumer NCI Survey).
3. Percent of people who want to work who have employment as a goal in their ISPs (Source: Annual Adult Consumer NCI Survey).
4. Number of people with authorized employment services (Source: HCSIS).
5. Number of people receiving employment services (Source: PROMIS*e*™).
6. Number of waiver participants in a competitive, integrated job (Source: HCSIS/updated ISP monitoring; collected beginning November 2016).

Recommendation 4: Support Families throughout the Lifespan

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

Strategies:

1. Recognize that family is defined by the person; by who is important to the person. It may include biological and chosen family or staff.

2. Support the work of the PA Family Network to reach families with a consistent message of the importance of family expectations of a good life for family members and opportunities for discovery and navigation of support/service systems and community-based resources.

3. Support the development of regional collaboratives so that communities and all stakeholders experience genuine direction and ownership in local approaches to supporting families of people with autism or intellectual disabilities.

4. Align supports coordination with the LifeCourse Framework so that SCs have the skills and capacity to encourage, explore, and plan with self-advocates and families about their vision of a good life.

5. Amend the ISP to address families' needs including, challenges a family faces, the vision for the individual, and extended family information.

6. Develop materials that lead families to: information, connections, opportunities, supports, and resources needed to build everyday lives for all.

7. Strategize multiple ways to disseminate information to families. Communication avenues include: counties, providers, email distribution lists, school districts, advocacy organizations, social media, and traditional media at the local and state level.

8. Collaborate across systems to encourage positive expectations of meaningful lives, to realize the role of all systems in supporting families within this vision, and to make it as easy as possible for families to receive the information, supports and services they need throughout the lifespan. Include the school systems and medical community as pivotal messengers.

9. For people who are waiting for supports and services, develop a supports coordination service and funding for planning, connecting with other families, and finding information and resources within their communities.

Performance Measures:

(Source: Annual NCI Adult Family Survey)

1. Percent of family members who receive enough information that helps them participate in planning services for their family.

2. Percent of family members who report that the information received is easy to understand.

3. Percent of family members who report being happy with the transition process (if their family member transitioned from school services to state-funded services in the past year).

4. Does the Supports Coordinator tell you about other public services for which your family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.)?

Recommendation 5: Promote Health, Wellness, and Safety

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

Strategies:

Overarching plan to meet above recommendation: Develop and implement a comprehensive program of wellness opportunities for people with IDD and autism. Areas including: diet/nutrition; physical activities; emotional wellness; sexuality and healthy relationships; wellness as related to aging; safety and drugs and alcohol.

1. Direct people to existing resources with information on healthy living.
2. Increase the use of Mental Health First Aid (MHFA) among stakeholders.
3. Update, disseminate, and provide training on sexuality guidelines.
4. Incorporate a focus on health and wellness into the individual planning process.
5. Health Care Quality Units will develop outreach to promote wellness to individuals and self-advocates living with families, including people on the waiting list.

Performance Measures:

1. Regarding monthly exercise, percent of individuals who report they:
   - Never go out for exercise.
   - Exercise less than weekly.
   - Exercise once a week.
   - Exercise more than once a week (Source: Annual IM4Q Survey).
2. Percent of individuals who are underweight, normal weight, overweight, and obese (Source: Annual NCI Survey).
3. Percent of individuals with medical, dental, and eye exams in the past year (Source – NCI Adult Consumer Survey Data).
4. Number of persons receiving MHFA trainings and number of participants. Track role of participants. (Source: MHFA Enrollment Form Data).
5. Updated sexuality guidelines distributed.

Recommendation 6: Support People with Complex Needs

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

Strategies:

1. Develop Capacity Building Institute (CBI). ODP will, in collaboration with the Office of Mental Health and Substance Abuse Services, will establish a training opportunity for members of the IDD and mental health fields to better serve individuals and self-advocates with IDD and autism in addition to mental health needs.

2. Improved support for individuals and self-advocates with complex medical needs. ODP will develop in coordination with the HCQUs and ASERTs increased access to information and guidance for individuals and self-advocates with new onset or longstanding complex medical health needs.

3. Improved used of data. Use data related to individuals with complex medical needs, complex dental needs, or complex mental health needs to inform ODP policy and program design. This data will enhance the development of:

   - Training and education.

   - Strategies to target identified health risks.

   - Improved capacity.

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

Performance Measures:

1. Number of people with authorized nursing services (Source: HCSIS).
2. Number of people who use nursing services (Source: PROMIS*e*™).
3. Number of people with authorized behavioral support services (Source: HCSIS).
4. Number of people who use behavioral support services (Source: PROMIS*e*™).
5. 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).
6. Number of people by role and county trained through the Capacity Building Institute (Source: MYODP.org).
7. Assessment of knowledge/skills of CBI attendees (Source: MYODP.org).
8. Number of people trained in Mental Health First Aid as part of the Capacity Building Institute.
9. Number of people trained and number of sessions completed (total, per county, per provider, family supports) in the dual diagnosis curriculum (Source: MYODP.org)

Recommendation 7: Develop and Support Qualified Staff

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

Strategies:

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

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

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

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

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

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

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

Performance Measures:

1. Percent of staff observed to have the skills needed to support the individuals (Source: Annual IM4Q Survey).

2. Percent of staff observed who treat individuals with dignity and respect (Source: Annual IM4Q Survey).

3. Percent of staff observed who recognize individuals in ways that promote independence (Source: Annual IM4Q Survey).

4. Number of people (statewide) who meet credentialing requirements by program (Source: MYODP.org).

5. Total # of enrolled agencies who utilize College of Direct Support and MYODP websites.

6. Total # of people who have completed courses through the CDS and MYODP (combined) websites.

7. Total # of people trained by the Health Care Quality Units.

8. Total # of people trained by the ASERTs.

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 the 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 respondents who report their supports coordinator helps them get what they need (Source: Annual Adult Consumer NCI Survey).

4. Percent of people in the Consolidated and P/FDS waivers who had a change in need and had the plan updated (ODP monitoring of ID waivers).

Recommendation 9: Improve Quality

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

Strategies:

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

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

Performance Measures:

1. ODP's QM Strategy Bulletin is updated and disseminated.
2. Number of ODP and stakeholder staff who achieve ODP QM Certified status (Source: MYODP.org).
3. ODP develops and distributes an annual report.
4. ODP develops and maintains an online provider profile.
5. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.

Recommendation 10: Expand Options for Community Living

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

Strategies:

1. Establish a housing transition and tenancy sustaining service definition: Direct services provided to assist individuals and self-advocates with planning, locating, and maintaining a home of their own. Services include:
    - assessing the individual's community living skills and housing needs;
    - assistance with:
        - locating housing;
        - applying for housing vouchers/applications;
        - finding and establishing a relationship with a housemate;
        - financial planning and education family including special needs trusts and ABLE accounts;
        - communicating with landlords;
        - arranging for home modifications and repairs; consider warranty periods;
        - making security payments and monthly payments;
        - purchasing necessary home security devices;
        - obtaining and using assistive technology;
        - coordinating the move;
        - arranging support services;
        - securing government benefits, household furnishings, and utility assistance; and
        - providing training on tenant rights, empowerment, advocacy, and how to be a good tenant.

2. Expand understanding of what is possible.

    - Promote development and distribution of education/training/technical assistance to individuals and self-advocates to increase knowledge of options and ability to make informed choices.

    - Ensure development and distribution of education/training/technical assistance for families through the Supporting Families initiative. This should include planning for the future so that families can explore what is possible. The education should include items like ABLE accounts, sustaining housing, and community support.

3. Expand Lifesharing to allow for the enrollment of birth families as life sharing providers.
4. Develop a supported living option that enables individuals and self-advocates to live in their own homes with the support of an agency available to provide guidance and assistance as needed.
5. Provide training to Supports Coordinators on the varied options for community living.
6. Expand choice of options to include creative housing alternatives.

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

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

Performance Measures:

1. Percent of people who choose their home (Source: Annual NCI Adult Consumer Survey).

2. Percent of people who choose their roommate (Source: Annual NCI Adult Consumer Survey).

3. Percent of people who rent or own their homes (Source: Annual NCI Adult Consumer Survey).

4. If people don't get needed services, the percent whose unmet need is in the area of finding/changing housing (Source: Annual NCI Survey).

5. Number of people with authorized housing transition and tenancy sustaining services **(**Source: HCSIS**).**

6. Number of people receiving housing transition and tenancy sustaining services (Source: PROMISe).

Recommendation 11: Increase Community Participation

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

Strategies:

1. Train direct care provider staff, supervisors, and managers in Person Centered Thinking and Planning to assist people to identify new experiences, promote engagement in new activities, and make new connections that are important to them.
2. Establish the statewide practice of community participation that facilitates valued and active participation in a broad range of integrated activities that build on the person's interests, preferences, and strengths while reflecting the person's desires for employment, community involvement, and membership.
3. Redesign day programs (adult day habilitation and prevocational services) to limit separation from the community, encourage employment and community participation, and to provide the support people need to be in their communities, from transportation to skill building.
4. Provide training to SCs and all stakeholders on facilitating and supporting individuals to become more involved in community life.
5. Develop and disseminate new ideas and approaches on how to provide creative solutions to transportation barriers.

Performance Measures:

1. Use claims and encounters data for pre-vocational, day habilitation, and community participation support to track whether community-based services are increasing and facility-based services are decreasing over time (Source: PROMIS*e*™).
2. Number and percent of people with weekly participation (Source: Annual IM4Q Survey).
   a. Visit friends, relatives and neighbors
   b. Go to restaurant
   c. Go to worship
3. Percent of people who have friends (Source: Annual NCI Adult Consumer Survey).
4. Percent of respondents who said their relative had enough opportunities to participate in activities in the community (Source: Annual Family/Friend/Guardian IM4Q Survey).
5. Percent of respondents who said their relative seemed to have the opportunity to learn new things (Source: Annual Family/Friend/Guardian IM4Q Survey).
6. Use data from ODP monitoring of providers to evaluate community participation and inclusion in physical locations including work and home

Recommendation 12: Provide Community Services to Everyone

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

Strategies:

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

   Supports coordination should provide individuals, self-advocates, and families with tools and support to create a vision of an everyday life that:
   a. Considers factors in an everyday life: daily and community living, social and spirituality, healthy lifestyles, security, and advocacy;
   b. Builds on the personal strengths, interests, relationships, resources, and opportunities within the person's and family's lives; and
   c. Serves as the overall framework for incorporating publically funded services to support an everyday life.

2. Expand service system capacity to be able to provide employment services, in home supports and community participation services to individuals and self-advocates with intellectual disabilities or autism within 90 days of their eligibility determination.
   In the process of building capacity, prioritize and reserve capacity for:
   a. High school graduates to begin services 30 days prior to graduation.
   b. People on the emergency list who have a caregiver over the age of 60.
   c. People who have caregivers who are unable to take care of their family member due to illness or an unanticipated life situation.

3. Improve the Prioritization of Urgency of Need for Services (PUNS) instrument and process to more accurately identify individuals with ID or autism in need of supports and services and the types of services needed. The work should be done with the advice of a stakeholder work group.

4. All individuals waiting for services will have their eligibility for ODP Medicaid waivers determined.

5. ODP will provide instruction to professionals in the criminal justice system to minimize arrest.

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

Performance Measures:

1. Number of unduplicated people served, by program, by fiscal year, during the course of the year (Sources: HCSIS, PROMIS*e*™).

2. Number of people newly enrolled (Source: Enterprise Data Warehouse (EDW), 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.

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

    g.   The amount of time each person waited for services prior to enrollment (by categories, 1 yr., 3 yrs., 5 yrs. or more; by people with services and people without services).

3.   The number of people waiting for services:

    a.   On the ID waiting list, by category, by some ODP-funded services and no ODP-funded services (Source: PUNS Reports).

    b.   On the ID waiting list, by category, by age (Source: PUNS Reports):

       i.   Birth – day before the 18th birthday   iii.   21- the day before the 50th birthday

       ii.   18 – the day before the 21st birthday   iv.   50 and above

    c.   On the Autism Services interest list, with no services and with services (Source: Adult Autism Waiver Interest List).

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

Recommendation 13: Evaluate Future Innovations Based on Everyday Lives Principles

Future consideration of service models and reimbursement strategies must be based on the principles of person-centered planning, individual choice, control over who provides services and where, and access to/full engagement in community life. Innovative approaches should be evaluated based on the recommendations of *Everyday Lives*, including: employment, recognizing and supporting the role of families, and meeting the diverse needs of all individuals. Stakeholders should be fully engaged in designing, implementing and monitoring the outcomes and effectiveness of innovative service models and service delivery systems.

Principles:

Consideration of new service delivery systems or payment models such as managed care, accountable care organizations, medical homes** or pay for performance must include the following:

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

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

3. Recognition that payment models assume that individuals and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited, but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.

4. Recognition that while individuals and self-advocates with intellectual disability or autism have medical, mental health, and dental needs that require medical services, the goal of home and community based services is to enable people to live and engage in community life.

5. Incorporation of the Federal Home and Community Based Services rule, which requires person-centered planning, individual choice and control over who provides services and where, and supports access to the greater community and full engagement in community life.

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

7. Recognition that most individuals and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.

*** Note: A typical description of a medical home is: a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.*