SELECTIVE CONTRACTING

RESIDENTIAL AND SUPPORTS COORDINATION SERVICES

CONCEPT PAPER

Available for Public Comment

Office of Developmental Programs
Pennsylvania Department of Human Services

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Contents

Selective Contracting Overview

Residential Services and Supports Coordination

Office of Developmental Programs

NOTE: Textboxes have been added to this document that include plain language for key concepts.

Introduction

The Commonwealth of Pennsylvania's Department of Human Services, Office of Developmental Programs (ODP) intends to pursue two statewide 1915(b)(4) selective contracting waivers for select services currently offered in the following 1915(c) waiver programs and Medicaid State Plan[1]: Consolidated, Community Living, and Person/Family Directed Support (P/FDS). The services that will be included are:

- *Residential Services*
  - Residential Habilitation (licensed and unlicensed)
  - Supported Living
  - Life Sharing (licensed and unlicensed)
- *Supports Coordination*

The selective contracting authority allows state Medicaid programs to determine specific criteria for provider contracting under their fee-for-service delivery system, thereby creating restrictions on who can provide the service.[2] This has the effect of removing the requirement of contracting with any willing and qualified provider per Section 1902(a)(23) of the Social Security Act.[3] This approach also gives flexibilities in payment arrangements, allowing for alternative payments and tying payments to outcomes. Therefore, ODP can enhance the quality outcome expectations and tie incentives specifically to the quality outcomes through the selective contracting waivers.

ODP will continue to delegate tasks outlined in the Consolidated, Community Living and P/FDS waivers to the county-based Administrative Entities (AEs).

To improve service quality, ODP will change the way it manages Residential Services and Supports Coordination.

This new way of managing is called "selective contracting."

[1] Targeted Support Management is offered through the Medicaid State Plan and will be included in the 1915(b)(4) selective contracting waiver.

[2] Managed Care Authorities, Medicaid.gov. Available online: https://www.medicaid.gov/medicaid/managed-care/managed-care-authorities/index.html.

[3] State Plans for Medical Assistance, Social Security Administration. Available online: https://www.ssa.gov/OP_Home/ssact/title19/1902.htm.

Background

ODP is pursuing selective contracting at this time for a number of reasons. At the heart of all policy work for services for people with intellectual and developmental disabilities (I/DD) is the *Everyday Lives*[4] document, in which ODP, individuals who receive services, families, and service system stakeholders outline the value set that guides ODP. This document serves as the foundation for all program enhancements and changes that ODP pursues. It outlines what is important to people with disabilities and their families, and the pieces that need to be in place to allow people with disabilities to live an everyday life as a member of their community. The key values from *Everyday Lives* are outlined in the figure below.

Figure 1. Everyday Lives — Key Values

These values support a move to selective contracting for Residential Services and Supports Coordination — two key services that link waiver participants to a life of their choosing in the community and at home. Implementing selective contracting for Residential Services and Supports Coordination will allow ODP to ensure that Residential Service providers and Supports Coordination Organizations (SCOs) are delivering on these values by clarifying expectations and provider requirements, thereby improving the quality of service delivery. In addition to identifying characteristics required of providers, selective contracting allows states to outline quality and care coordination standards and align payment with outcomes. Providers who do not meet these requirements are ultimately not offered contracts to perform these services. In this way, selective contracting will allow ODP additional levers to ensure that it is administering programs reflective of its values.

[4] Everyday Lives, Values in Action, 2021. Available online: https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Everyday%20Lives/Everyday%20Lives%CB%90%20Values%20In%20Action%20(c_241391).pdf.

Evaluate Future Innovations Based on Everyday Lives Principles: ISAC Recommendation 13

The Everyday Lives recommendations adopted by the Information Sharing and Advisory Committee (ISAC) include guidance specific to systems innovation and the principles by which to evaluate systems innovations. The full language of the recommendation is below.

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:

- Adherence to the values and principles of *Everyday Lives*.
- Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing, and monitoring the outcomes.
- Recognition that payment models assume that individuals and self-advocates with I/DD 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.
- Recognition that while individuals and self-advocates with I/DD 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.
- 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.
- Adoption of a performance evaluation system founded in the principles of *Everyday Lives* and the Home and Community-Based Services Rule.
- Recognition that most individuals and self-advocates with I/DD 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 I/DD.

Changes will be based on person-centered planning, individual choice, control over who provides services, and access to full engagement in community life.

Environmental Scan

To support efforts to improve home and community-based services for people with I/DD, ODP engaged Mercer Consulting and the National Association of State Directors of Developmental Disability Services (NASDDDS) to assist with an assessment of available options through Medicaid; analysis of Residential Services and Supports Coordination providers including identifying the proximity to waiver participants and level of services delivered in recent years; and an environmental scan to provide background of similar programs in other states. In this scan, Mercer reviewed different delivery system models adopted by Medicaid programs for the I/DD population, including a focus on states utilizing models that are an alternative to capitated managed care.

ODP worked with a company to look at how other states manage their services. The company also helped ODP look at different options that can be used in Medicaid programs.

Recent Compliance Trends in ODP Programs

Residential Community Homes are licensed in accordance with 55 Pa. Code Chapter 6400 and services provided to individuals residing in these homes are typically funded through the Residential Habilitation service. ODP has observed an increase in compliance issues in residential Community Homes in recent years. From July 2018 to January 2020 the percent of licenses operating under provisional or revocation pending appeal status more than tripled from .39% to 1.5%. From January 2020 to January 2023 the number of licenses in provisional or revocation status pending appeal again climbed to 2.66%. For context this represents approximately 200 licensed homes. Further, the scope and severity of the regulatory violations found during licensing inspections (that resulted in a provisional license or license revocation) led ODP to take the additional step of banning the admission of new individuals and prohibiting the opening of new service locations in 20 cases in 2022. At this point, noncompliance in Community Homes has resulted in a need for more unannounced monitoring inspections, during which additional violations are being identified by inspectors, including abuse, improper medication administration, and failure to arrange or provide health services. Through unannounced inspections in 2022, ODP found an average of 10.93 violations per inspection, up from 7.67 in 2019. Findings of improper medication administration rose from 37 violations in 2019 to 119 violations in 2022. Findings of failure to arrange or provide health services rose from a total of 108 instances in 2019 to 306 instances in 2022.

ODP has observed similar trends for Supports Coordination services, related to regulatory and procedural compliance activities. For instance, ODP expects SCOs to enter individual monitoring tools within 14 days for 100% of participants; however, ODP observed an 84.60% adherence rate. Two of the four regions, Central and Southeast, show a rate of 77.60% and 75.44%, respectively, on this metric while the other two regions have compliance rates of 90% or above.

In addition, the results of the Quality Assessment & Improvement (QA&I) process show the areas of improvement listed below. We have categorized these areas into two groups — those related to executing proactive approaches to assure quality, and those related to appropriate responses to negative incidents that have occurred. These two groups of measures are:

- *Proactive management measures*: Includes conducting all monitoring at required frequency; addressing individuals' health care needs; and including a competitive integrated employment outcome in the service plan for participants who receive Community Participation Support in

a prevocational setting. The rates for all three of these measures declined from Fiscal Year (FY) 2020–2021 to FY 2021–2022 by 11.7%, 8.8%, and 29.4%, respectively.

Data shows that some Residential Providers and Supports Coordination Organizations are struggling to follow the rules.

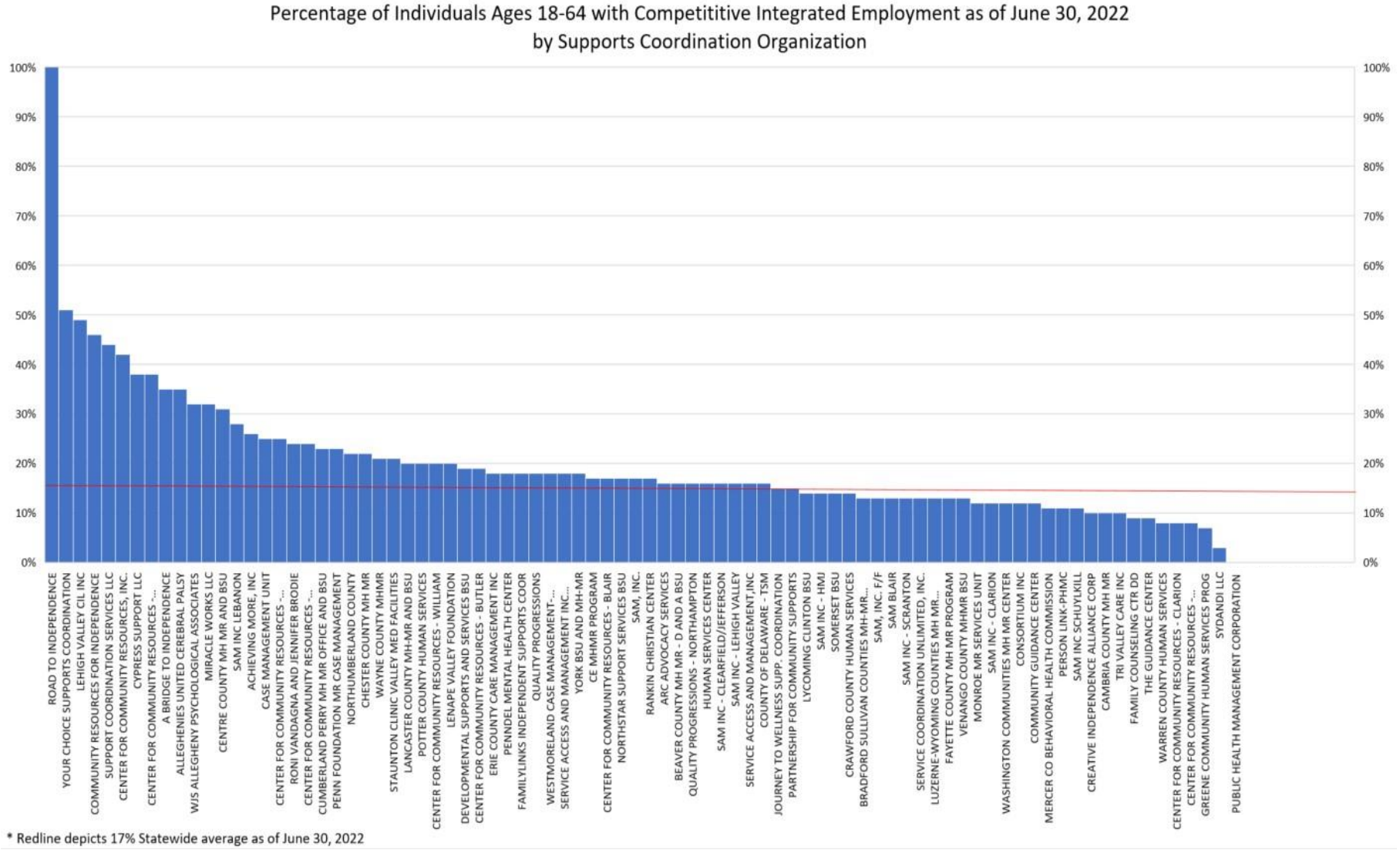
- *Incident response measures*: Includes measures to identify and report abuse, neglect, and exploitation; monitoring the implementation of corrective action; and following up on corrective action. These measures have improved from FY 2020–2021 to FY 2021–2022, but overall compliance percentages are soft on improvement. The rates in FY 2021–2022 are 41.1%, 85.2%, and 83.3%, respectively, which are not at levels expected by ODP for delivering quality services to the participants as defined in the 1915(c) Home- and Community-Based Services (HCBS) waivers that outlines a required 86% or higher overall compliance score.[5]

Finally, beyond concerns related to basic compliance, outcomes vary significantly by provider. A prime example is in outcomes related to competitive integrated employment. The statewide average of individuals ages 18 to 64 who are competitively employed in the community was 17% as of June 30, 2022. At this time 42% of all active SCOs were performing below the statewide average, as displayed in the graph below[6]. Variations in performance are significant and not explained by differences in local unemployment rates.

[5] Pennsylvania 1915(c) HCBS Waiver Application, Consolidated Waiver, Approved June 1, 2022. Available online: https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF.

[6] DHS Internal Memo: Compliance Issues in Supports Coordination — November 2022.

Graph 1. Individuals with Competitive Integrated Employment by SCO



Selective Contracting Goals

Sustainability and Improving Service Quality

To guide the transition to selective contracting, ODP established two aim statements (key objectives) to identify the ultimate goals of these programs for Residential Services and Supports Coordination as shown in Figure 2. These overarching goals state that ODP is working to meet a predetermined percentage of individuals with I/DD (the threshold is yet to be determined and will require the establishment of baseline data) who express satisfaction with the preferred providers of Residential Services and Supports Coordination one year from the date of implementing selective contracting for each set of services. These objectives put quality of experience at the forefront of the program. They are driven by ODP's commitment to:

- Supporting high quality practices from SCOs and providers
- Ensuring that supports are integrated and person-centered
- Confirming that people experience more independence
- Ensuring that individuals have a variety of choices in their lives

ODP will know selective contracting has improved the quality of services when individuals and families are more satisfied with Residential Services and Supports Coordination.

To meet these objectives, there are several drivers that ODP and the providers must recognize and focus on to achieve the program transformation successfully. These drivers are in the areas of provider quality, integration of behavioral supports, enhancing the integration of supports, moving people towards more independence, and ensuring that supports are person-centered where individuals have a variety of choices. In Figure 2 below, we present the primary objectives of the selective contracting programs along with the primary drivers and structural program changes that ODP is implementing to serve as the foundation for these programs. Program changes must all promote system sustainability through addressing workforce issues, better supporting families, encouraging service delivery methods and models that support greater independence, and creating efficiencies.

Implement Strategies to Support Workforce

The design of ODP's selective contracting for Residential and Supports Coordination Services embeds numerous strategies intended to address workforce retention, and professionalization. The design also includes strategies to reduce reliance on service models highly dependent on traditional staffing. Examples of these workforce support strategies are:

- Establish credentialling standards for preferred providers of both Residential and Supports Coordination services[7].
- Establish standards for clinical supports within Residential Services and specialization within Supports Coordination (for example, specialist Supports Coordinators serving children with medically complex conditions or individuals with forensic involvement).
- To qualify as a preferred provider of Residential Services, a provider will need to demonstrate they provide the full continuum of residential services (Supported Living, Life Sharing and Residential Habilitation). Supported Living and Life Sharing are less reliant on traditional staffing than Residential Habilitation.
- Incentivize adoption of technology that supports greater independence and/or safety of individuals and potentially reduces the need for traditional agency-based staffing.

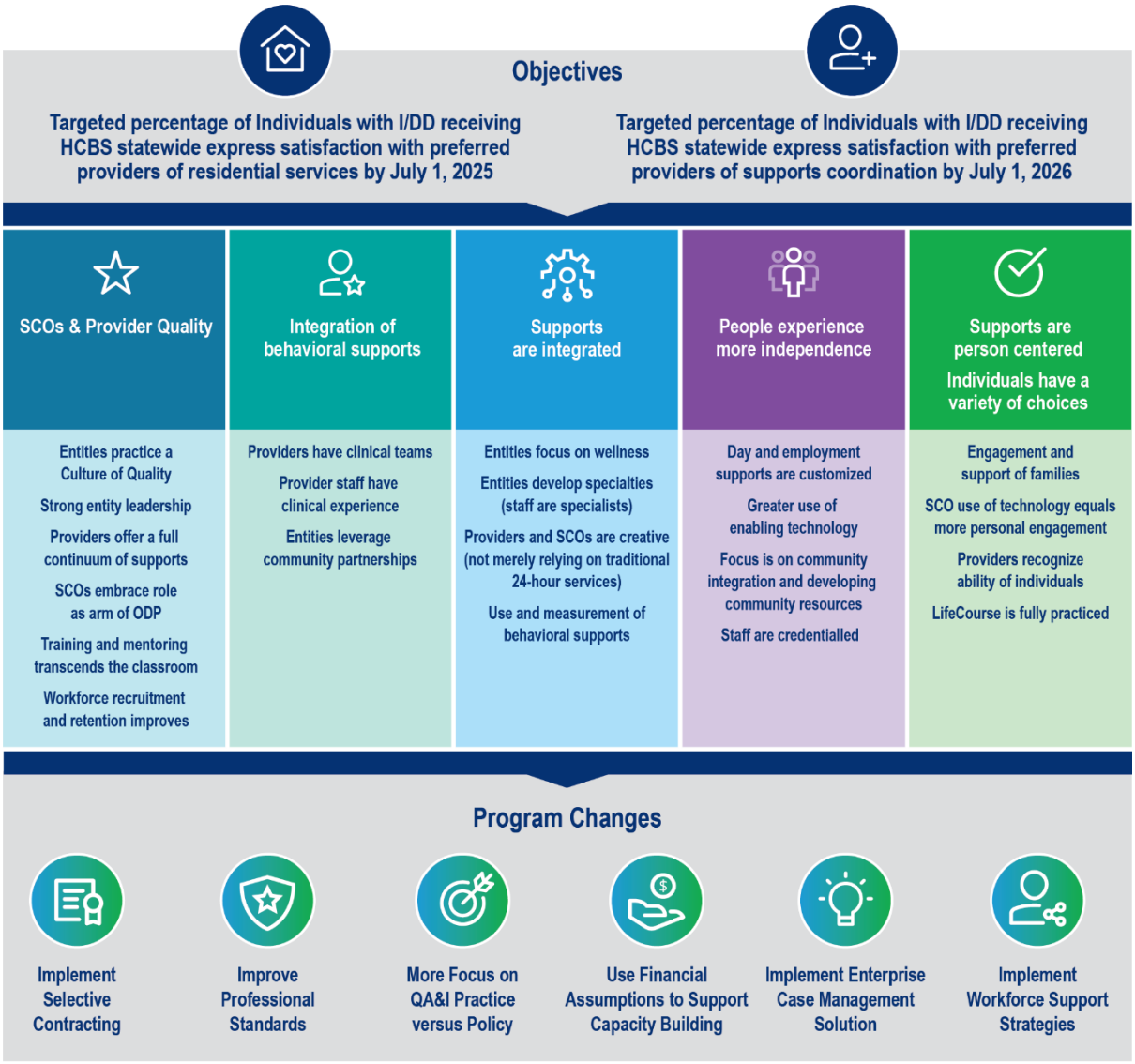
The changes ODP is making are also aimed at helping with staff shortages.

Self-directed services, using technology, Supported Living and Life sharing are all ways that help reduce pressure for more staff in the services system.

Direct Support Professionals and Supports Coordinators are more likely to stay longer in their jobs when they have the skills and knowledge to do their job well and have opportunities to advance.

[7] Credentialling shows positive effects for retention. http://www.workforcetransformation.org/wp-content/uploads/2017/03/Report-Implementing-DSP-Credentialling-in-NY.pdf

Figure 2. Selective Contracting Objectives and Driver Diagram



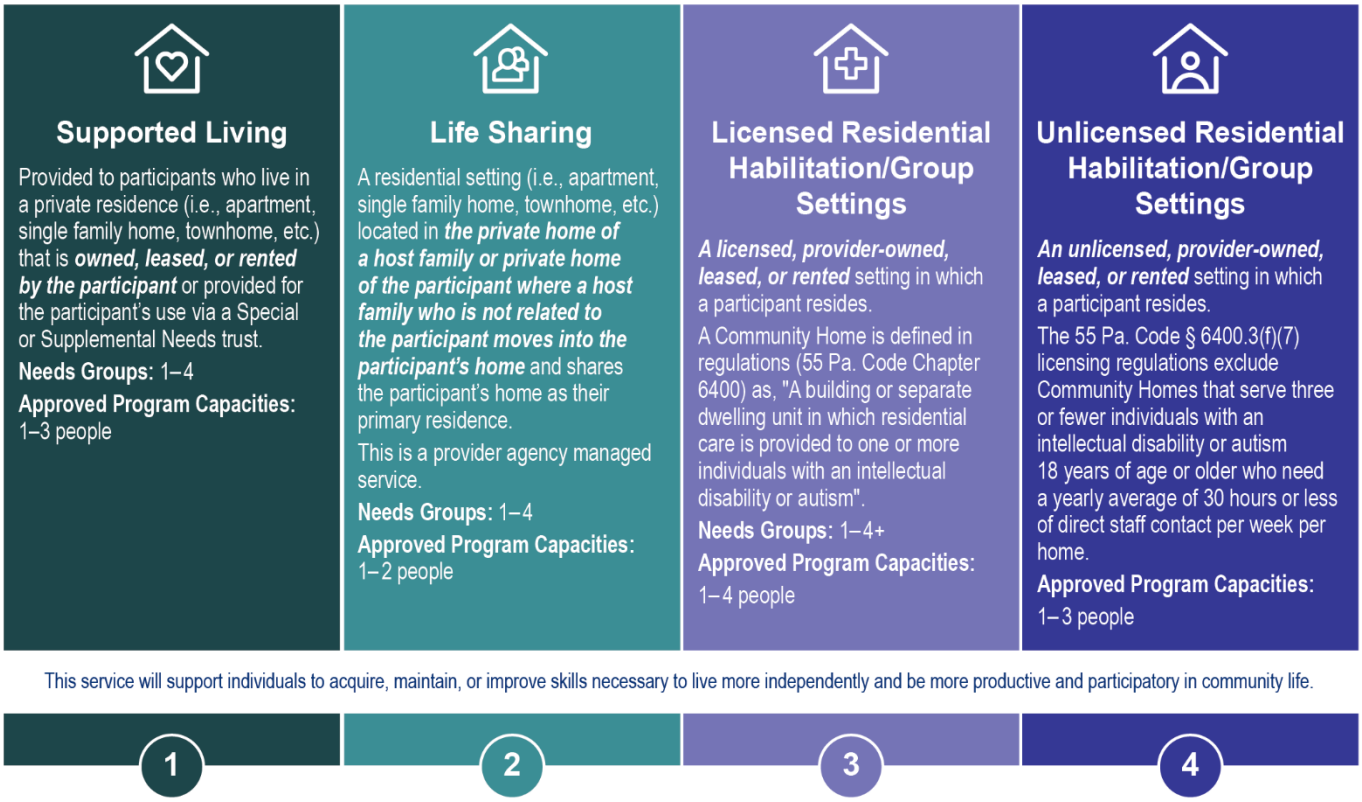
Program Design Overview

The selective contracting waiver authorities, with companion 1915(c) amendments, will apply to the approximately 400 residential providers and 64 SCOs that provide those services to over 57,000 participants served in the Consolidated, Community Living, and P/FDS waiver programs and Targeted Supports Management. To operate selective contracting, ODP will coordinate supervision of services through the county-based AEs in addition to procuring an External Administrative Vendor that will provide back-office support with data collection, analysis, and reporting functions.

A back-office company will help ODP collect and sort data. It will also create reports on provider performance.

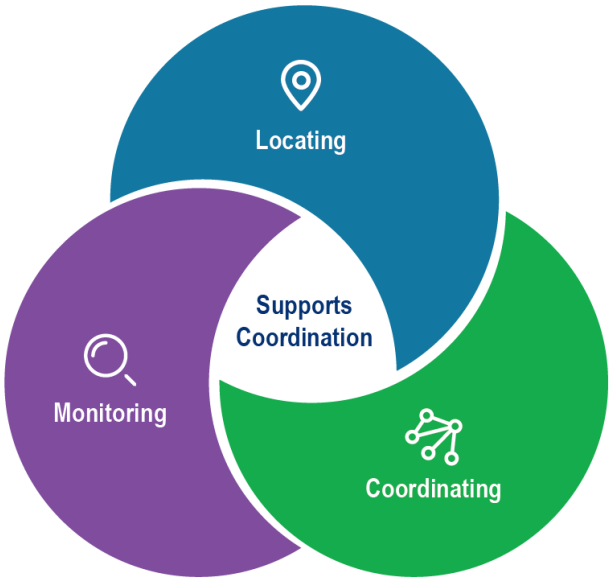
In Figures 3 and 4 below, we provide an overview of the Residential Services and Supports Coordination service that will convert to the selective contracting arrangement.

Figure 3. Residential Services in ODP's HCBS Waivers[8]



[8] Some Residential Habilitation/Group homes with 5-8 individuals have been grandfathered in.

Figure 4. Supports Coordination Services[9,10,11]



Preliminary Program Planning

For the transition to selective contracting, programmatic elements that require addressing include:

- Administration and Operation of the Waiver
- Oversight and Enforcement
- AE Requirements
- Provider Types/Tiers
- Provider Qualifications
- Provider Agreements and Enrollment Process
- Payment Arrangements
- Access Standards
- Quality Measures

[9] Office of Developmental Programs – Service Descriptions, published May 21, 2019. Available online: https://www.hcsis.state.pa.us/hcsis-ssd/custom/ODP_Service_Descriptions.pdf.

[10] The Home and Community Services Information System (HCSIS) Services and Supports Directory. Available online: https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx.

[11] Supports Coordination Organization Qualifications. Available online: https://www.dhs.pa.gov/providers/Providers/Pages/Supports-Coordination-Org-Qualifications.aspx.

- Quality Assessment & Improvement (QA&I)

These elements form much of the basis for the selective contracting model design. This information, along with other decisions about design, will be used in the writing of the 1915(b)(4) waiver itself.

ODP has determined the following for Residential Services and Supports Coordination:

- **Administration and Operation of Waiver:** ODP will continue to directly administer the 1915(c) waivers and the new 1915(b)(4) waivers. ODP will continue to execute this role in partnership with AEs, through delegation in the 1915(c) waivers and the AE Operating Agreements. Additionally, ODP will procure an External Administrative Vendor to provide back-office support with data collection, aggregation, analysis, and reporting.
- **Provider Agreements:** ODP will continue to utilize provider agreements operating under the selective contracting model. ODP will also contract with an External Administrative Vendor to support data collection, aggregation, and analysis of the quality metrics outlined in the provider agreements.
- **AE Requirements:** AEs will conduct the activities specific to their role outlined in the 1915(c) waiver and the Operating Agreement with ODP. These include participant waiver enrollment, level of care determination, review of service plans, provider risk screening, provider qualifications for non-residential providers, QA&I activities, and ongoing collaborative oversight of provider agreements.
- **Provider Qualifications:** ODP expects to have multiple tiers of Residential Service providers with specific defined criteria to evaluate eligibility. Multiple tiers are planned to ensure establishment of a preferred provider pool and continuity of care for individuals receiving residential services, allowing providers opportunities to improve service standards over time to meet the new requirements. ODP expects two tiers for Supports Coordination providers to ensure a preferred provider pool and continuity of care.
- **Provider Enrollment Process:** Providers will participate in an evaluation process, submitting requested information to be considered as a contracted provider for Residential Services or Supports Coordination. Each provider will be contracted by their qualified tier definition and will be recertified annually, with provider agreement renewal every three years.

Choice of Provider

In line with the *Everyday Lives* values, individuals and families should have a choice of providers and have access to information about the historical quality of service provision of each provider to inform that choice.

Selective contracting using 1915(b)(4) waivers allows ODP to move away from the current requirement under the approved 1915(c) waivers to allow choice of every "willing and qualified" provider. ODP will discontinue continual open enrollment of Residential and Supports Coordination Service providers.

ODP's application for 1915(b)(4) waivers will include a commitment to a choice of at least two providers within every geographic area for both Residential and Supports Coordination Services.

Individuals and families will continue to have a choice of Residential and Supports Coordination providers.

ODP will publish information about provider performance so individuals and families have information that can help them make choices about providers.

Based on performance related to established criteria and performance measures, providers will be designated into tiers. Individuals and families will be able to access information on provider tier designation. ODP will provide regular publication of the provider tier classifications. Published tier designation will support informed choice of providers. Tier assignment including that of a "preferred provider" will reflect the performance of each provider in relation to the performance standards and metrics (similar to Keystone Stars).

Continuity of Care

As ODP transitions to selective contracting, it is essential that disruptions in Residential services and Supports Coordination are avoided for individuals and families. To support this continuity of care, ODP intends to contract with the current enrolled providers at the time immediately preceding the 1915(b)(4) effective date. ODP expects that multiple tiers for Residential Providers and Supports Coordination will be necessary to best support this continuity of care and avoidance of system disruptions and service disruptions for individuals.

ODP wants to make sure these changes do not disrupt services.

ODP plans on contracting with the Residential and Supports Coordination Organizations currently providing services.

Individuals who like their current Residential provider or Supports Coordination Organization will be able to keep them.

Pay for Performance

States that elect to use 1915(b)(4) selective contracting waivers may also use alternative payment models. An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population[12]. APMs range from payments for reporting and payments or bonuses for achieving a quality outcome to payments that include shared savings to payments on a per member per month basis and population-based budgets within integrated care models.

Currently providers get paid the same amount regardless of the quality of the service they provide.

A benefit of selective contracting is that ODP can pay providers for high quality performance.

ODP's current agreement with Centers for Medicare and Medicaid Services (CMS) allows only for payment through Fee For Service (FFS) which is a method by which providers are paid for each service performed as long as the basic requirements for providing the service are met.

A benefit to program management through selective contracting is ODP can begin to align provider payment with outcomes.

ODP intends to launch selective contracting using APMs with some Pay for Performance measures. Selective contracting will be launched with quality measures and a Pay for Performance structure that supports the sustainability and long-term vision of the system.

[12] https://qpp.cms.gov/apms/overview

Quality Metrics

Provider tiers will be established by performance. Some of the specific areas of performance ODP intends to include are below. The below chart also indicates some areas that ODP may include in Pay for Performance.

Table 1: Performance Standards

Performance Area	Residential Performance Standards	Potential Pay for Performance Standard (Residential)	Supports Coordination Performance Standards	Potential Pay for Performance Standard (Supports Coordination)
Continuum of services	Provide continuum of residential services (Supported Living, Life Sharing, and Residential Habilitation)	No, required for preferred provider tier	Use of LifeCourse tools for planning with individuals and families	No
			Participants using Supported Living, Life Sharing, and Participant Directed Services	No
Workforce	Staff Credentialling (establish baseline and benchmark)	Yes, and required for preferred provider tier	Credentialling (establish baseline and benchmark) Specialized SC (i.e., Forensic)	Yes
Supporting Individuals with Complex Needs	Demonstrate clinical team to support medical and/or mental health and behavioral needs.	No, but required for top provider tiers. Upon 1915(b)(4) implementation new	Demonstrated ability to serve individuals with the full continuum of needs,	Yes

		referrals for Needs Group 3 and higher restricted to top provider tiers.	including complex behavioral health.	
Referral and Discharge Practices	Demonstrate acceptance of percentage of appropriate referrals with service initiation within 90 days. Demonstrate discharge practices that prioritize supporting people over a lifespan (avoiding inappropriate discharge for change of need or episodic escalations of need)	No, but required for preferred providers.	Demonstrate acceptance of percentage of referrals. Discharge only by individual and family choice.	No, but performance will determine provider tier
Integration of Behavioral Support	Demonstrate employed or contracted licensed clinicians, behavior supports professionals, and training and support routinely provided in homes to teams.	Yes, and required for top provider tiers.	Demonstrated ability to effectively monitor and coordinate individuals' behavioral health needs.	No
Risk Management	Incident Reporting Fidelity	No, but performance will determine provider tier	Incident Reporting Fidelity and follow-up	No, but performance will determine provider tier
	Health Risk Screening Fidelity	No, but performance will determine provider tier	Health Risk Screening Information Integration	No, but follow-up performance will determine provider tier

Employment	Rate of Competitive Integrated Employment (CIE) for working age participants adjusted for acuity	Yes	Rate of CIE for working age participants adjusted for acuity	Yes
Technology	Use of remote support technology	Yes	Individuals in non-residential settings using technology that improves safety and/or independence	Yes
Data Management	Collection, use of data in QM activities, timely reporting of data to ODP and AE/Admin Vendor	No, but preferred providers need to provide sample of operations and/or quality reports used for internal monitoring	Collection, use of data in QM activities, timely reporting of data to ODP and AE/Admin Vendor	No
	Use of Electronic Health Records (EHR)	No, but preferred providers need to provide detail on EHR demonstrated use	SCO provides description of data tools used for internal operational and quality monitoring	No
Regulatory Compliance	Revocation pending appeal and provisional licensure (Chapter 55 Pa Code 6400 and 6500); Program rule enforcement activity and sanctions (Chapter 55 Pa Code 6100)	No, but status will determine provider tier	Program rule enforcement activity and sanctions (Chapter 55 Pa Code 6100)	No, but status will determine provider tier

ODP's standing Residential and Supports Coordination Strategic Thinking Groups will be convened to establish the specific detailed performance metrics that will be adopted and the performance standards that will be used to determine provider tier. ODP will subsequently seek additional stakeholder feedback on the performance metrics prior to submission to CMS.

Though ODP will be implementing changes for the performance expectations for Residential and Supports Coordination services, much of ODP's programs for home and community-based services will remain the same. The table below provides an outline of what will stay the same and what will change.

Table 2: Changes Needed to Implement Selective Contracting

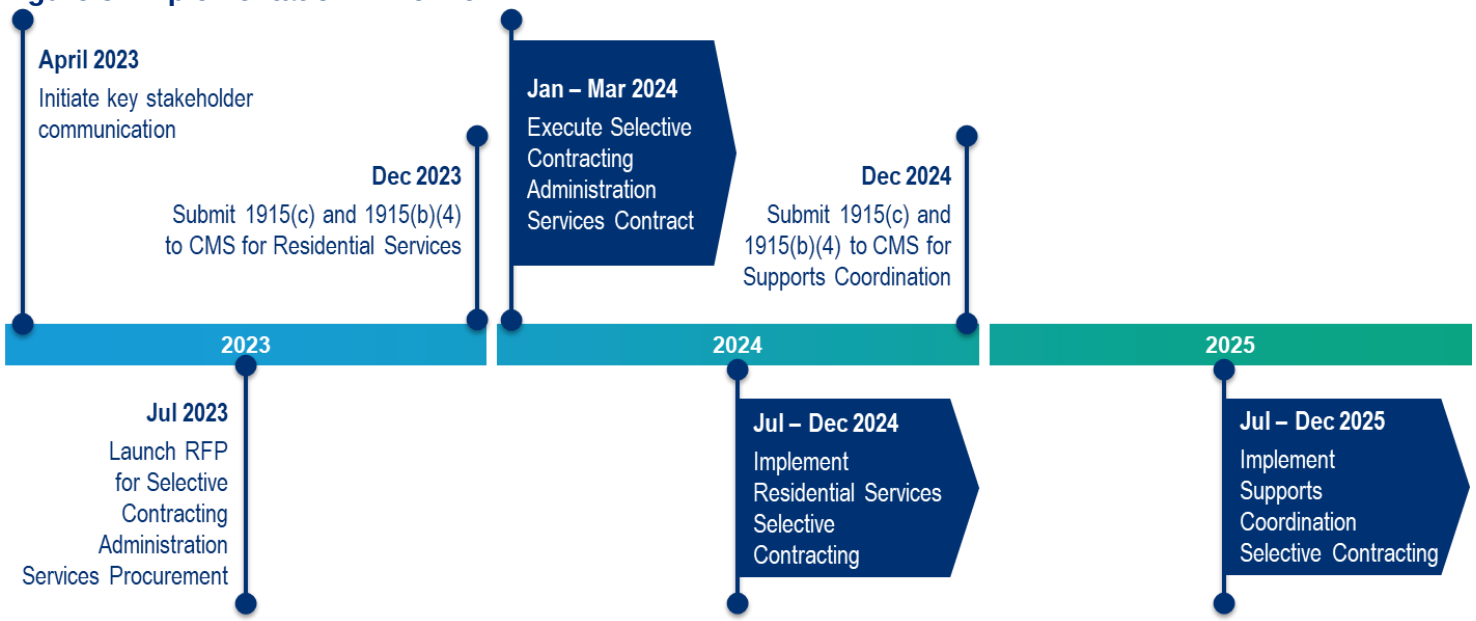
What Stays the Same?	What Changes?
ODP will continue to operate its existing 1915(c) home and community-based services waivers.	**Two new 1915(b)(4) waivers will be implemented allowing ODP to selectively contract for designated services. These waivers will be used to allow ODP to manage the 1915(c) waivers differently.**
County/Administrative Entities (AEs) will continue all current delegated functions.	**ODP will contract with a back-office External Administrative Vendor (EAV) who will assist in data collection, analysis, and reporting for administration of the selective contracting program.**
ODP will continue to administer the HCBS waiver programs in partnership with AE/counties.	**Individuals and families will have access to information on provider performance to assist them with provider selection.**
Individuals will continue to receive Supports Coordination and Residential Services by providers of their choosing.	**Providers of Supports Coordination and Residential Services will be required to meet specific quality metrics to maintain contracts.**
	Payment will be tied more to quality and outcomes.
	There will be opportunities for streamlined oversight for top performing providers.

Preliminary Selective Contracting Timeline

ODP has begun the process to contract with an External Administrative Vendor to assist with the back-office support for the selective contracting services, focusing on data collection, aggregation, and analysis. It is planned that a contract will be in place with the selected entity sometime between January – March 2024.

At present, ODP intends to execute the 1915(b)(4) waiver between July 1 and December 31, 2024, for Residential Services (Residential Habilitation, Supported Living, and Life Sharing), and another 1915(b)(4) waiver between July 1 and December 31, 2025, for Supports Coordination. Before the official implementation of the 1915(b)(4) waivers, ODP must complete many activities and achieve several milestones. We have outlined the key milestones and contracts/items that ODP must have in place in Figure 5 below.

Figure 5: Implementation Timeline



Future Work

The tasks that ODP will continue to focus on in the coming months include the following:

- **Establish Performance Metrics:** ODP will engage the Residential Strategic Thinking Group beginning in June 2023 to establish the specific performance metrics that will be used to distinguish provider tiers. Draft metrics will be available for public comment prior to implementation. Once metrics are established for Residential Services, ODP will engage the Supports Coordination Strategic Thinking Group to begin parallel work for Supports Coordination services under selective contracting.
- **Stakeholder Engagement:** In addition to public comment on this concept paper, ODP will also publish for public comment the application for the 1915(b)(4) and any accompanying changes to the 1915(c) HCBS applications.
- **Identification of Payment Options, Including Pay for Performance Structure:** Evaluating advantages and considerations of options for reimbursement, and reviewing select other state programs for Supports Coordination and Residential Services.
- **Conducting a Fiscal Impact Analysis:** Developing a fiscal impact estimate to project the expenditures associated with the implementation of the selective contracting model.
- **Evaluating and Developing Operational Implementation Activities:** Continuing to outline the operational needs to implement selective contracting for Supports Coordination and Residential Services, based on ODP's design decisions. This task includes the identification of detailed activities, next steps, and the associated timeline.
- **Developing a Transition Plan:** Identification of impacted areas related to the implementation of selective contracting and developing a transition plan for the program changes that ensures continuity of care for individuals and families.

There are many details that still need to be decided for these changes and ODP wants feedback from individuals, families, advocates, providers, Supports Coordinators and County/AEs.

Feedback will help with decision-making.

ODP will also publish the waiver documents for public comment.