JOINT COMMENTS TO THE OFFICE OF DEVELOPMENTAL PROGRAMS

On Challenges With SCO Readiness and the SCO/AE Relationship in Performance-Based Contracting

The Alliance of Community Service Providers | The Provider Alliance (TPA) | MAX | Rehabilitation and Community Providers Association (RCPA) | The Arc of Pennsylvania | PAR

September 10, 2026

PA Office of Developmental Programs
c/o Deputy Secretary Kristin Ahrens
Health & Welfare Building, 5th Floor
Harrisburg PA 17105

Dear Deputy Secretary Ahrens,

On behalf of the Pennsylvania ID/A Provider Associations, we are writing you to express our appreciation for your ongoing dialogue and collaboration as we continue to work through challenges related to Support Coordination Organization (SCO) Performance-Based Contracting (PBC) and related concerns surrounding the forward-looking role of the SCO and Administrative Entity (AE) in the new system structure. As we have expressed throughout several public forums and meetings, there continues to be a number of issues that are critical to resolve prior to the full implementation of PBC in 2027. The following letter details several of the most pressing concerns. Through feedback from our members, we have identified four critical areas affecting PBC readiness and contributing to operational inefficiency, inconsistency, and risk across the system. In addition, our SCO members have identified several broader issues that continue to cause friction and impede their ability to provide timely, effective services to individuals and families.

Top Priorities

1. Monthly Case Rates, Financial Sustainability, and PBC Implementation Readiness

Concerns: The transition to monthly case rates has generated significant concern among SCOs regarding both financial sustainability and operational readiness. Many SCO members report projected revenue reductions of 10% or more under the monthly case-rate methodology. Others have indicated that they are not yet able to determine the potential financial impact.

SCO members also identified several implementation-readiness concerns, including:

- The need for ODP to provide sufficient staff training before the January 1, 2027, implementation date, including clarification of billing and operational requirements.
- The need for HCSIS reporting capabilities that provide SCOs with the information necessary to manage and reconcile the new monthly case-rate methodology.
- The need for timely identification of individuals who will be designated as "intensive" so SCOs can appropriately plan staffing, services, and financial operations before implementation.

Proposed Solutions: ODP should conduct a focused implementation-readiness process with SCO stakeholders to ensure that the transition to monthly case rates is financially viable, operationally workable, and supported by the necessary systems and guidance.

This should:

- Provide SCOs with sufficient advance notice of final methodology, billing requirements, and implementation guidance.
- Conduct and publish an analysis of the anticipated financial impact of monthly case rates on SCOs of varying sizes and service populations.
- Provide clear criteria and timely identification of individuals classified as "intensive."
- Ensure HCSIS contains the reports and data necessary for SCOs to manage, monitor, and reconcile monthly case-rate billing.
- Provide comprehensive training for SCO staff prior to implementation.
- Establish a mechanism for SCOs to identify and resolve implementation problems rapidly during the transition period.
- Monitor the financial and operational impact of the new methodology during its initial implementation and adjust when data demonstrate unintended consequences.

The objective should not simply be a technically successful transition to monthly case rates. It should be a transition that preserves the financial sustainability of SCOs, protects continuity and quality of service coordination, and provides the systems, information, training, and guidance necessary for successful implementation.

2. ISP Review, Revision, and Approval Processes

Concerns: Extreme operational inconsistency across AEs delays plan approvals and creates compliance risks for SCOs. Rather than conducting comprehensive reviews, AEs frequently halt

reviews at the first identified error to revise and return plans multiple times, causing plans to bounce back and forth up to four or five times. Additionally, AEs bypass auto-approval guidelines, move pending plans directly to "draft" status without explanation (effectively hiding them from pending reports), reject standard terms (e.g., employment, independence) as "jargon," and demand un-vetted narrative requirements or non-standard entries that conflict with the Annotated ISP and the ISP Manual.

Proposed Solutions: ODP should establish and enforce clear, standardized, statewide ISP review requirements. These should:

- Require AEs to perform single-pass comprehensive reviews.
- Prohibit the unauthorized shifting of pending plans into "draft" status.
- Require adherence to established auto-approval rules.
- Prohibit non-standard narrative demands or subjective jargon rejections that deviate from official ODP guidance.

3. Critical Revision & Variance Process Inconsistencies

Concerns: AEs routinely expand the scope of Critical Revision (CR) reviews and return plans for issues completely unrelated to the requested modification. This delays urgently needed services and places unnecessary strain on individuals and families. SCO members also report that AEs utilize conflicting timelines regarding whether to delay CRs pending variance approvals, as well as apply highly subjective rules regarding service end dates, reductions, and post-variance documentation.

Proposed Solutions: ODP should establish mandatory statewide protocols that:

- Restrict CR reviews to the scope of the requested change,
- Establish clear timelines aligning variance and CR workflows without violating ISP timeliness mandates.
- Standardize post-variance documentation and authorization rules across all AEs.

4. Communication, Forms, and Documentation

Concerns: AEs impose redundant, obsolete, and localized administrative hurdles that vary significantly by region. Examples include requiring outdated forms, restricting Agency With Choice (AWC) tracking strictly to rigid units ("hours/day"), demanding localized "fatal-five" packets and meetings, and creating varying documentation rules for the Multi-Year Program Growth entries and service delays. Members also report communication barriers in larger counties with restricted access to designated staff, which impedes timely resolution of urgent issues.

Proposed Solutions:

- Establish and maintain a single, authoritative, statewide forms and documentation library.
- Use input from AEs and SCs to develop standard documentation and forms that meet the needs of both parties. Prohibit AEs from requiring obsolete or localized documentation packets that are not authorized by ODP.
- Standardize service tracking requirements and methodologies.
- Enforce clear communication service-level agreements across all AEs to ensure SCOs have responsive, direct access to staff.

Additional Areas of Concern

5. Case Closure & Member Disengagement Discrepancies

Concerns: The process for closing cases for individuals who cannot be reached or who are disengaged varies significantly across counties. AE delays in processing closure paperwork leave SCOs appearing non-compliant during monitoring and service note reviews, even when the SCO has completed all of their required actions in a timely manner.

Proposed Solutions: Use stakeholder input to establish a standardized statewide case closure protocol and timeline and ensure that SCO compliance tracking measures are benchmarked to the completion date of the SCO action rather than the date an AE processes the closure.

6. FYR, ARUD, and Plan Management

Concerns: Inconsistent implementation and conflicting guidance regarding Fiscal Year Renewals (FYR), Annual Review Update Dates (ARUD), outcome tracking (plan year vs. fiscal year), and AE-to-AE transfer criteria create operational confusion and impede individual transfers between regions.

Proposed Solutions: Issue definitive, binding, statewide ODP guidance establishing uniform FYR/ARUD protocols, outcome tracking standards, and standardized criteria for AE-to-AE transfers.

7. Intake, Enrollment, and Capacity Management

Concerns: Inconsistent management of Waiver Capacity, PUNS processes, and intake paperwork create concerns regarding equitable access to services. Members report inconsistent use of the new PUNS supplemental forms and instances in which AEs require mandatory non-ISP administrative intake meetings under penalty of reduced referrals.

Proposed Solutions: Use stakeholder input to standardize PUNS, waiver enrollment, and intake workflows statewide and eliminate unauthorized AE intake demands that divert critical SCO resources from direct service coordination.

8. Financial Eligibility and Clinical Reviews

Concerns: Significant discrepancies exist across AEs regarding required financial documentation (e.g., MA-103 forms, lookback periods) and clinical documentation evaluations (e.g., medical appointments, HRST, behavioral supports) due to a lack of standardized review criteria.

Proposed Solutions: Use stakeholder input to establish standardized, statewide financial eligibility checklists and uniform clinical review evaluation matrices across all regions.

9. Provider Oversight, NEA Requirements, and Meeting Overload

Concerns: Provider monitoring standards, Needs Exception Allowance (NEA) timing, and service authorization timelines vary widely across AEs. Members also report that AEs are shifting provider training responsibilities onto SCOs while simultaneously demanding that SCOs participate in excessive, non-mandatory AE meetings.

Proposed Solutions: Re-establish consistent statewide provider oversight standards, harmonize NEA timeline rules, limit mandatory non-essential AE meetings, and ensure AEs fulfill their duty to hold direct provider training and oversight meetings.

The ID/A Associations stand ready to work collaboratively with ODP on solutions that provide meaningful improvement to the daily experience of individuals receiving Supports Coordination services. We look forward to continuing constructive conversations that will produce a system where quality improvement and efficient use of resources are the paramount focus.

Jointly Submitted with Appreciation,

The Alliance of Community Service Providers	**The Provider Alliance (TPA)**
Moving Agencies Towards Excellence (MAX)	**Rehabilitation and Community Providers Association (RCPA)**
The Arc of Pennsylvania	**PAR**