



## **FY09 PERFORMANCE PLAN**

### **Department on Disability Services**

#### **MISSION**

The mission of the Department on Disability Services (DDS) is to provide innovative high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

#### **SUMMARY OF SERVICES**

The Department on Disability Services (DDS) is composed of two Administrations that oversee and coordinate services for residents with disabilities through a network of private and non-profit providers. The Developmental Disabilities Administration (DDA) ensures that residents with developmental disabilities receive the services and supports they need to lead self-determined and valued lives in the community. These services include needs assessment and evaluation, care coordination, transportation planning, community living services, quality assurance reviews, medical consultation and training, health monitoring and employment assistance. The Rehabilitation Services Administration (RSA) focuses on employment, ensuring that persons with disabilities achieve a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA achieves this through employment marketing and placement services, Social Security Disability Insurance determinations, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living.

**OBJECTIVE1: Enable individuals with developmental disabilities to maximize their independence and exercise meaningful choice and control over their own lives.**

**INITIATIVE 1.1: Move individuals from an institutionalized setting to self-directed community-based services through Money Follows the Person Grant Program.**

DDS will implement the Money Follows the Person grant program to support systems change efforts, and over 3 years move 400 persons from the institutionalized setting to DDA community-based settings of four persons or less. In FY09, 150 individuals will move to small waiver funded settings of their choosing, with a provider of their choosing.

**INITIATIVE 1.2: Ensure the successful transition of Home and Community Based Services (HCBS) waiver eligible persons with developmental disabilities, to community based settings, through peer counseling, enhanced primary care coordination and transition coordination services.**

DDS will design and demonstrate services that enhance the ability and successful transition of 150 individuals from ICF/MR and Nursing Homes to smaller waiver supported living arrangements. These services will include peer counseling, enhanced primary care coordination between the physician and provider health care team, and transition coordination to assist people in moving from ICF/MR into smaller home-like settings. These services will be submitted to the Centers for Medicare and Medicaid Services for permanent inclusion in the DDA waiver program.

**INITIATIVE 1.3: Recruit and retain providers that have a demonstrated history of providing excellent service in the field of developmental disabilities.**

DDA will continue its aggressive recruitment of new service providers in residential, vocational and innovative day services to ensure the availability of high quality providers, while simultaneously ending provider agreements with poorly performing providers when appropriate. Individuals will exercise choice of and control over their supports and services as



participants of the HCBS waiver program. To facilitate choice, DDA will hold provider forums in order to market services to persons with developmental disabilities, publish provider quality review ratings on the DDS website, and collaborate with DHCF to ensure barriers to retention of providers are addressed rapidly in the areas of billing, payment, rate setting and policy. To ensure the quality of new service providers, DDS will implement the Provider Readiness Protocol - a rigorous training and verification review process designed to ensure all new service providers are pre-qualified to meet the needs of District residents and all associated regulations.

**OBJECTIVE 2: Promote health and wellness of people with developmental disabilities.**

**INITIATIVE 2.1: Ensure DDA service providers and service coordination enables individuals to maintain maximum health and wellness through robust quality assurances.**

DDA will improve services and supports to consumers by strengthening quality assurance and improvement requirements and review methods. By November 2008, DDA will revise all quality assurance tools and processes that guide service coordinators in implementing a person's Individual Service Plan. It will provide on-going performance management of provider organizations to ensure consistent delivery of quality services through a minimum of bi-annual performance review meetings, annually recertify provider organizations and ensure the consistent delivery of quality and advocacy-based service coordination by DDA staff.

**INITIATIVE 2.2: Facilitate the timely delivery of health care to individuals, reducing to no more than 60 days by FY11, the time between identification of persons in need of a health care guardian and the court appointment of that guardian.**

DDS will continue to work with individuals, families, health care providers and the Probate Court to assure access to medically-necessary care. When a consumer requires the appointment of a guardian to make health decisions vital to their immediate care, DDS will file a petition with the Probate Court in accordance with the Health Care Decisions for Persons with Developmental Disabilities Amendment Act of 2008. In FY09, DDS will reduce to 90 days the time between identification of persons in need of a health care guardian and the court appointment of that guardian. The agency will also implement an on-going training program for case managers, residential providers, and health-care and other medical service providers to educate them on the current legal requirements for substitute health-care decision-making.

**INITIATIVE 2.3: Implement the Health Care Initiative to ensure individuals with intellectual and developmental disabilities experience optimal health and wellness based on their individualized needs and circumstances.**

Implement the Health Care Initiative, which contains 26 separate tasks specifically designed to improve the health and wellness of those with disabilities. These tasks include improving the quality of health care supports delivered by the provider network, increasing access to primary and specialty care and behavioral health services, amending DDA and District policy and practice as it pertains to delivery of health care and related support services/ oversight, and improving competency-based training to direct support professionals. All 26 initiatives will be initiated in FY09, five will be completed in FY09, and the remaining 21 initiatives will continue for a 24-month period ending in FY10.

**OBJECTIVE 3: Increase the employment and economic independence of individuals with disabilities.**

**INITIATIVE 3.1: Increase the number of persons with disabilities who receive the supports necessary to obtain and maintain living wage employment in integrated settings.**



DDS will increase the percentage of employed people with disabilities who earn at or above the minimum wage in an integrated employment setting for 20 hours per week for at least 90 days during FY09. It will do this in part by better matching up the skills and needs of its consumers with the needs of DC government, federal and private sector employers. In addition, DDS will increase referrals to RSA by 5percent. The referrals will be generated through targeted outreach efforts (e.g. employment fairs and mailings) to DCPS, churches and community groups.

**INITIATIVE 3.2: Expand the opportunities available for youth with disabilities by ensuring that they have employment plans in place upon graduation.**

Federal law requires that students with disabilities have Individualized Plans for Employment (IPE) in place before they graduate from high school. These plans identify the services each young person will need to continue their education, get a job, and live independently. In FY09, DDS will identify youth eligible for an IPE during their senior year of high school, and assign, at minimum 250 students, a vocational rehabilitation counselor to establish eligibility for rehabilitation services. Determining eligibility, early during the senior year of high school, will allow counselors to complete the Individual Plan of Employment upon graduation and provide students with a greater chance of viable employment.

**INITIATIVE 3.3: Increase the number of persons with disabilities who receive supported employment services by expanding contract agreements with Community Rehabilitation Programs.**

Federal law requires that states develop and implement collaborative initiatives to provide programs or supported employment services for individuals with the most severe disabilities who require these services to enter or retain competitive jobs. These services may include intensive on-the-job skills training and other services provided by qualified individuals, as necessary to achieve and maintain job stability. To provide needed services, DDS will increase the number of supported employment providers from 11 to 25 in FY09. Expanding the number of providers will increase DDS's capacity to serve 375 persons with disabilities. Additionally, DDS will promote this supported employment program to the public and potential employers via a new program overview video, program brochures and informational posters.



**PROPOSED KEY PERFORMANCE INDICATORS**

Measure	FY07 Actual	FY08 Target	FY08 YE Actual	FY09 Projection	FY10 Projection	FY11 Projection
<b>Objective 1</b>						
Number of persons eligible for DDA services who receive services in the Medicaid Home and Community Based Program (Residential / Non-Residential)	1044	1455	1232	1450	1600	1750
% of providers passing the new Service Quality Review certification (formerly BASA) on the first review.	30%	70%	25%	60%	80%	90%
# of new and quality providers recruited to the District.	9	10	11	10	10	10
# of eligible HCBS waiver individuals who receive in home supports (% of total)	NA	NA	363 (29%)	383 (26%)	403 (25%)	423 (25%)
<b>Objective 2</b>						
% of people who report that providers and service coordinators help them get what they need.	NA	75%	79%	85%	90%	95%
% of persons served who have annual medical exams.	96%	100%	98%	100%	100%	100%
Number of days between date the service coordinator is notified of need for a guardian and the date request package is submitted to the OAG.*	105	NA	142	90	75	60
<b>Objective 3</b>						
Number of persons served by RSA in supported employment	150	175	225	425	500	550
Number of qualified RSA individuals employed for 90 days (% of total)	575 (39%)	576 (41%)	576 (40%)	625 (42%)	675 (44%)	725 (45%)
Number of children referred from DCPS and charter schools to DCRSA to establish eligibility.	561	700	897	1000	1200	1400
Number of vocational rehabilitation eligibility	1493	1395	1453	1500	1550	1600



determinations						
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\* Permanent, emergency and urgent guardian requests are tracked