



## Department on Disability Services DDS (JM)

### 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 intellectual and 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, service coordination, transportation planning, community living services, day habilitation and senior 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, Social Security Disability Insurance determinations, vocational rehabilitation, inclusive business enterprises and support for the DC Center for Independent Living.

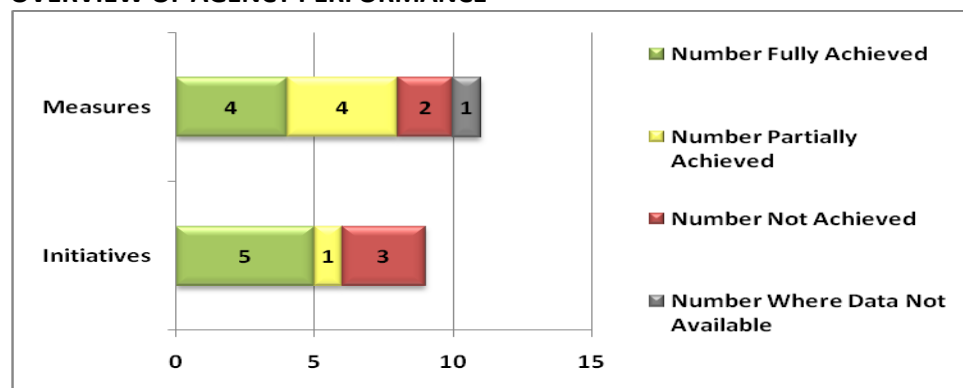
### AGENCY OBJECTIVES

1. Enable individuals with intellectual and developmental disabilities to maximize their independence and exercise meaningful choice and control over their own lives.
2. Promote health and wellness of people with intellectual and developmental disabilities.
3. Increase the employment and economic independence of individuals with disabilities.

### ACCOMPLISHMENTS

- ✓ Enrolled individuals served by DDS in the DDA Medicaid Home and Community Based Services Waiver Program, and concurrently reduced the number of persons receiving services through the Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IDD) model.
- ✓ Implemented the Health Care Initiative to improve access to healthcare services and improve optimal health and wellness experience for individuals served by DDA.
- ✓ Acquired a vocational rehabilitation case management system and created a new RSA policy & procedure manual.

### OVERVIEW OF AGENCY PERFORMANCE





## Performance Initiatives – Assessment Details

### Performance Assessment Key:

- Fully achieved      ● Partially achieved      ● Not achieved      ● Data not reported

### OBJECTIVE 1: 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.

- In FY09 there were 43 persons moved from institutionalized settings into more integrated settings through the Money Follows the Person program. DDA is continuing to move individuals into this program, but the initial estimates of 400 people in 3 years needs to be adjusted due to client demand. A revised estimate of 120 people transiting into the program over 3 years is more likely.

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

- The enhanced primary care coordination pilot was fully implemented for 158 individuals in FY 09. Report and recommendations were prepared by George Washington University to inform program enhancements and the DDA HCBS waiver amendment planned for FY 10. DHCF prepared MMIS for billing enhanced primary care coordination for individuals enrolled in the MFP program through the Medicaid program, which will commence in FY 10. DHCF with the support of the DDA MFP Project Coordinator prepared and awarded a contract to the DC Center for Independent Living to provide training and administrative support to the DD self-advocacy group, Project Action, to implement the Peer Counseling program in FY 10. Transition Coordination services have not been established in FY 09.

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

- Since January 2009, DDA has successfully recruited five (5) waiver providers with Human Care Agreements, increasing the total number of current waiver providers to 104. Sixty-four (64) percent of all residential services are currently delivered via the waiver program, and more than half of the Evans class is currently enrolled in the waiver. There were also 10 existing providers who added to their roster of available services.

### OBJECTIVE 2: PROMOTE HEALTH AND WELLNESS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES.

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

- In March 2009, the Centers for Medicare and Medicaid Services (CMS) determined that the District had “made major changes in the performance, structure, oversight mechanism, and systems sufficient enough to engage in continuous Quality Improvement (QI).” To qualify for such a finding, a state must demonstrate a robust system of “discovery, remediation and improvement” in all six assurances. Based on DDS/DDA’s “demonstrated effectiveness of the many newly implemented systems to meet the CMS quality requirements,” CMS discontinued its intensified monitoring. In addition, DDS/DDA has begun its’ provider performance review process as well as its’ provider certification program.



**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.**

- This initiative is still in progress. The average time and compliance rate for completing DDA processes has not improved, but a new process was implemented at the end of FY09 to document and track Guardianship packets through the system. Average times to complete packets should decrease throughout FY2010 in order to meet the target by 2011.

**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.**

The Health Care Initiative is in full implementation mode with a number of the initiatives already completed, including:

- 1. Recruitment of high-quality psychiatric health professional
- 2. Design and implementation of new competency-based pre-employment direct support professional training requirements, curriculum and tests for all provider employees.
- 3. Formation of an Advisory Board and Sub-Committee
- 4. Formation of a Dental Health Task Force and implement recommendations
- 5. Formation of an External Health Care Quality Enhancement Unit (“Unit”) to provide technical assistance to agencies.

**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.**

The foundation for this initiative was set in FY09 when RSA developed several strategies to address this initiative:

- 1. Expanded the number of vendors authorized to provide vocational training for persons with disabilities
- 2. Designated an RSA job developer and placement specialist to create a job bank that lists over 1200 competitive jobs for persons with disabilities with employers in the D.C. metropolitan area
- 3. Developed human care agreements with providers to work with RSA consumers in job development, job readiness and job placement to increase their placement in competitive employment and integrated settings
- 4. Required RSA counselors to identify potential employers throughout the city who will hire consumers with disabilities

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

- The RSA Youth and Transition Unit provides technical assistance to youth with disabilities in 111 public, private and charter schools. The technical assistance includes: outreach, informational sessions, career exploration, support in creating Individualized Plans for Employment (IEPs) and job supports. The number of youth with IEPs increased from 146 to 305, between FY08 and FY09. The number of youth referred to RSA increased from 897 to 1194 between FY08 and FY09. The number of youth whom were employed for



90 days declined from 42 to 28 between FY08 and FY09.

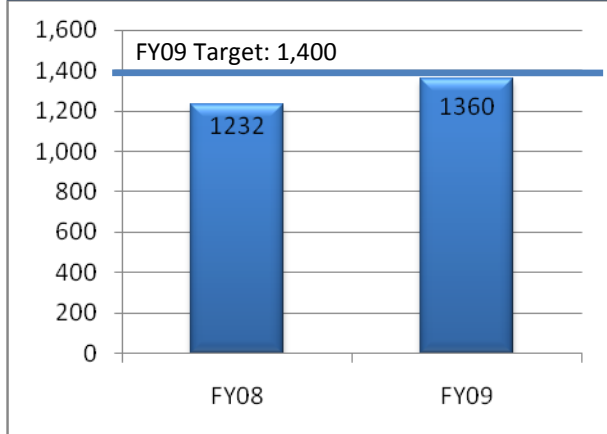
**INITIATIVE 3.3: Increase the number of persons with disabilities who receive supported employment services by expanding contract agreements with Community Rehabilitation Programs.**

Through the total number of those served through supported employment declined, the Supported Employment Unit increased the number of persons served, who have the most significant disabilities from 225 to 268. This increase in number of clients served has come from removing the cap of 36 on the number of supported employment referrals from Developmental Disability Administration (DDA). The number clients in this program, whom were employed for 90 days, rose from 26 to 38 between FY08 and FY09. The Supported Employment Unit consisted of four (4) providers. RSA reviewed more than 10 proposals to provide these supported employment services for FY10.



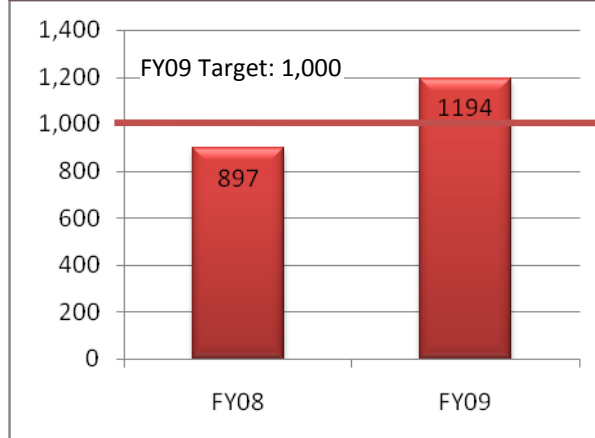
## Key Performance Indicators – Highlights

From Objective 1: # of persons eligible for DDA services who receive services in the Medicaid Home and Community Based Service Waiver Program (Residential / Non-Residential)



**PARTIALLY ACHIEVED**

From Objective 3: # of children referred from DCPS and charter schools to DCRSA to establish eligibility in RSA.



**FULLY ACHIEVED**

### More About These Indicators:

#### *How did the agency's actions affect this indicator?*

- DDS aggressively moved individuals into the Medicaid Waiver program. While the FY09 target was not met, enrollment increased 12% over FY08 and the ICF/IDD census dropped by 12%.
- Ten ICF/IDD homes were removed from the ICF/IDD program. Of those who chose to move from the ICF/IDD program, 42 used the Money Follows the Person (MFP) program.
- DDA recruited a new provider to the District to serve persons with complex behavioral support needs under the waiver program, and expanded smaller community settings to support persons with medical support needs.

#### *What external factors influenced this indicator?*

- Individuals served by DDA choose where they receive services. The target for FY09 reflected the total persons authorized to be served under the waiver program. Not all individuals chose to enroll.

#### *How did the agency's actions affect this indicator?*

- In FY09 DDS/RSA expanded services provided by Transition Specialists in DC area schools to ensure that youth received an Individualized Plan for Employment prior to graduation.
- Collaboration with Special Ed Transition Coordinators at local schools permitted accessibility to IEP's and referrals by the 1st quarter of the 2nd semester. Transition Specialists submitted referrals earlier to a VR counselor.
- Collaborated with the Institute for Educational Leadership to assemble a public-private school to work transition group, which is identifying existing needs and enhancing services.

#### *What external factors influenced this indicator?*



## Key Performance Indicators – Details

### Performance Assessment Key:

● Fully achieved    
 ● Partially achieved    
 ● Not achieved    
 ● Data not reported

	Measure Name	FY2008 YE Actual	FY2009 YE Target	FY2009 YE Actual	FY2009 YE Rating	Budget Program
●	1.1 Number of persons eligible for DDA services who receive services in the Medicaid Home and Community Based Program (Residential/Non-Residential)	1232	1450	1360	93.79%	DEVELPMNT DISAB
●	1.2 Percent of providers passing the new Service Quality Review certification (formerly BASA) on the first review	30	60	47.37%	78.95%	DEVELPMNT DISAB
●	1.3 Number of new and quality providers recruited to the District	11	10	17	170%	DEVELPMNT DISAB
●	1.4 Percent of eligible HCBS waiver individuals who receive in-home supports	29	26	26.2%	100.76%	DEVELPMNT DISAB
●	2.1 Percent of people who report that providers and service coordinators help them get what they need	79	85	N/A		DEVELPMNT DISAB
●	2.2 Percent of persons served who have annual medical exams	98	100	96.61%	96.61%	DEVELPMNT DISAB
●	2.3 Average number of days between date the service coordinator is	142	90	141	63.83%	DEVELPMNT DISAB



	notified of need for a guardian and the date request packages is submitted to the OAG					
3.1	Number of persons served by RSA in supported employment	225	425	268	63.06%	REHABILITATION SERVICES
3.2	Percent of qualified RSA individuals employed for 90 days (% of total)	40	42	41.79%	99.51%	REHABILITATION SERVICES
3.3	Number of children referred from DCPS and charter schools to DCRSA to establish eligibility	897	1000	1194	119.40%	REHABILITATION SERVICES
3.4	Number of vocational rehabilitation eligibility determinations	1453	1500	1998	133.20%	REHABILITATION SERVICES