



## Department on Disability Services DDS (JMO)

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### 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 not-for-profit providers. The Developmental Disabilities Administration (DDA) ensures that residents with intellectual disabilities receive the services and supports they need to lead self-determined and valued lives in the community. DDS/DDA achieves this through the delivery of outreach and service coordination services; the development and management of a provider network delivering community residential, day, vocational, employment and individual and family support services; and the operation of a comprehensive quality management program. The Rehabilitation Services Administration (RSA) delivers vocational rehabilitation services focusing on employment and training activities that allow persons with disabilities to experience a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA provides employment marketing and placement services, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living. The Agency also services as the state agency for Social Security Disability Insurance determinations.

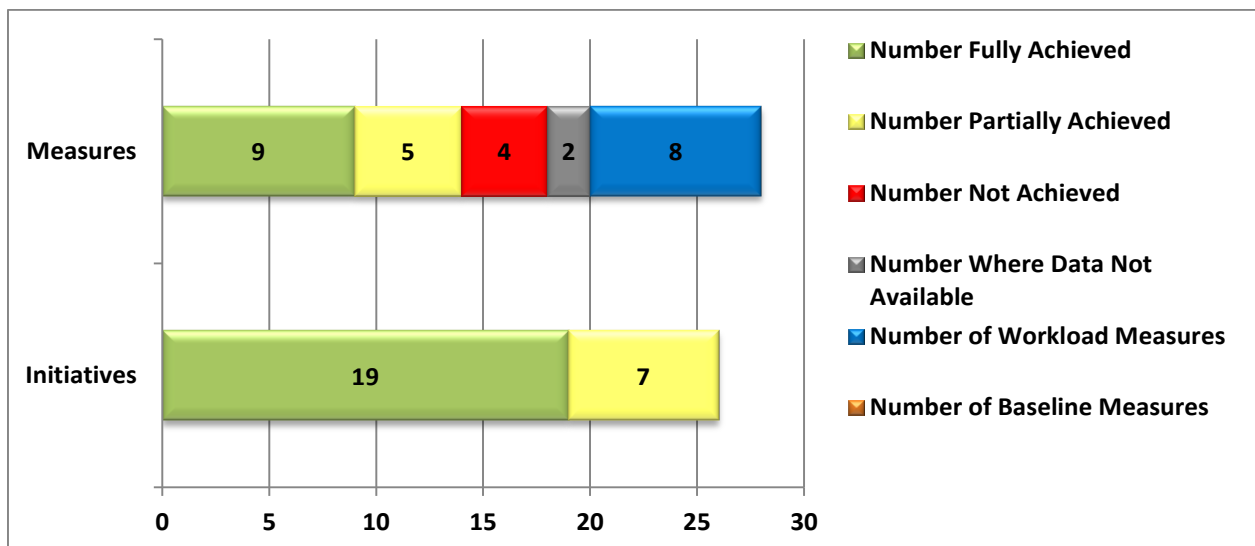
### ACCOMPLISHMENTS

- ✓ Asserted compliance with 70 outcome criteria in the 2010 Exit Plan by court deadline.
- ✓ Transition referrals increased to 1236 in 2014.
- ✓ Expanded Person-Centered Thinking efforts to transform care for people with intellectual/developmental disabilities.

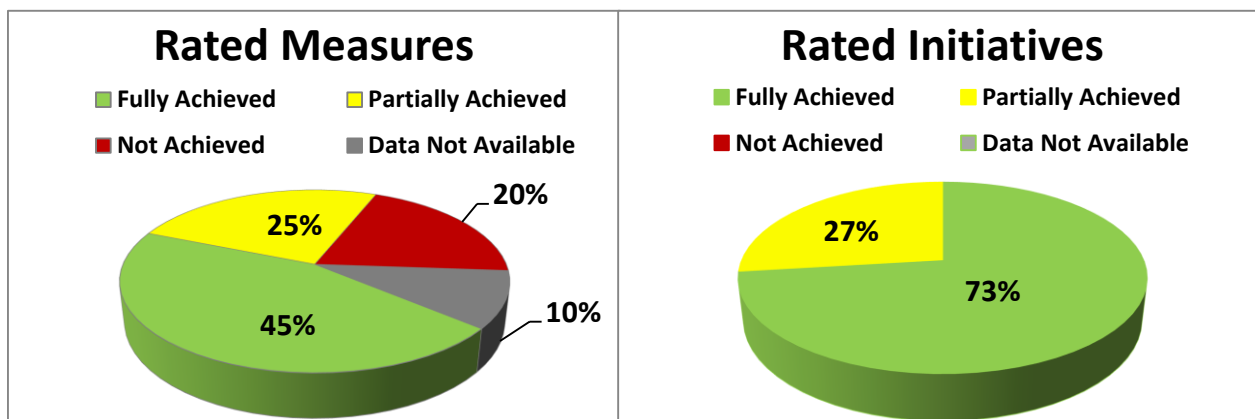


## OVERALL AGENCY PERFORMANCE

### TOTAL MEASURES AND INITIATIVES



### RATED MEASURES AND INITIATIVES



**Note:** Workload and Baseline Measurements are not included

Default KPI Rating:	
$\geq 100\%$	Fully Achieved
75 - 99.99%	Partially Achieved
$< 75\%$	Not Achieved



## Performance Initiatives – Assessment Details

### Performance Assessment Key:

 Fully achieved     Partially achieved     Not achieved     Data not reported

### Office of the Director

#### **OBJECTIVE 1: Implement technologies to improve agency operations and communication to the public.**

##### **INITIATIVE 1.1: Increase the availability and usefulness of mobile technologies to improve effectiveness of field staff**

- **Fully achieved.** In FY2014 DDS expanded the use of mobile technologies and provided 90 lightweight Surface PRO tablets to all service coordinators to use in the field by March 2014. Additionally, DDS provided cell phone hot spots to allow for connecting to DDS Applications in the field. DDS also implemented three additional Provider Resource Management Unit monitoring tools to use on mobile devices in March 2014.

##### **INITIATIVE 1.2: Utilize social media tools such as Facebook and Twitter to inform constituents of the events, actions, and performance of DDS.**

- **Partially achieved.** DDS significantly expanded the agency's social media presence in 2014, including a 53% increase in Facebook followings and 24% increase in Twitter followers. The quality of the content on the Facebook page and the frequency of twitter activity also increased significantly. DDS is also conducting discussion sessions with DDS staff and stakeholders to improve communication with in the Agency and with outside parties. The agency did not make progress on instituting a DDS blog by the end of FY2014.

#### **OBJECTIVE 2: Broaden the network of employment-related service agencies that can provide services through the Ticket to Work (Tickets) program by creating an Administrative Employment Network (EN).**

##### **INITIATIVE 2.1: DDS will work with the Social Security Administration (SSA) to accept SSA Tickets to Work from people who receive Social Security benefits**

- **Partially achieved.** In FY2014, DDS enrolled its first group of ticket holders into the Ticket to Work program through its Administrative Employment Network ("AEN"). In recognition that this was a new program, DDS focused its work on extensive capacity building with the existing providers in the network, so that they would understand the requirements of the program and how to best support people through it, rather than recruitment of new agencies. With this approach, the providers currently in the network are now better prepared to provide the service and can serve as a mentor as we enroll new providers. When DDS recognized that it was not on-track to enroll 100 ticket holders, DDS conducted an analysis to determine the number of people RSA supports who are ticket holders and eligible for referral to the DDS EN. Based upon that analysis, DDS adjusted the performance indicators in this area for FY 2015, and ongoing.

#### **OBJECTIVE 3: Exit existing agency litigation and meet oversight requirements.**

##### **INITIATIVE 3.1: Exit Evans v. Gray**

- **Partially achieved.** The District and DDS in particular engaged in extensive certification efforts in Evans beginning in July 2012, from January to March 2013, and during this fiscal year from January to September 2014. In accordance with agreed-upon certification procedures, the District timely asserted compliance with each of the 70 outcome criteria in the 2010 Exit Plan by the June 30th



court deadline. As of September 30, 2014, Special Master Clarence Sundram had issued reports and recommendations to U.S. District Judge Ellen Huvelle finding the District compliant with 55 of the 70 outcome criteria, and found that the District was non-compliant with two outcome criteria. As of September 30, 2014, the Court had approved the Special Master's findings of compliance for 47 of these outcome criteria, found the District non-compliant with the two outcome criteria similarly found non-compliant by the Special Master, and eight outcome criterion are pending a decision by the Court in Goal A.4. (Restricted Control Procedures). As of September 30, 2014, the Special Master had 14 outcome criteria before him for review for the remaining outcome criteria in the certifications for Goal A.1. (IHP/ISP), Goal A.2. (Provision of Residential, Vocational and Day Services), and Goal D.1.b.ii-iii (Case Management). Of these remaining 14 outcome criteria pending review, the plaintiffs have agreed to the District's compliance with respect to seven. Accordingly, including the Court's determination of non-compliance with outcome criterion xii in Goal B (Protection from Harm) and the seven still pending review by the Special Master, there are only eight outcome criteria currently in dispute by the parties as of September 30, 2014.

**OBJECTIVE 4: Improve the overall perception and delivery of services by DDS through the establishment of systems for customer feedback, analysis and improved communications with agency consumers and stakeholders**

**INITIATIVE 4.1: Utilize systems of customer input to improve staff performance and positive consumer outcomes and/or experiences and improve employee customer service performances.**

**Fully achieved.** DDS did train 100% of the employees in advanced customer service protocols and has presented customer service data from a variety of sources to the DDS management team twice during the fiscal year. DDS has had limited success in collecting assessments of customer service due to low responses to survey tools. DDS tested different strategies for surveys during the year with no clearly effective method. Due to the limited responses, the agency has been unable to amass enough data to develop specific recommendations for work standards. In FY2015, efforts will continue to identify effective survey and measurement tools.

**Developmental Disabilities Administration**

**OBJECTIVE 1: Ensure service and support is provided in a timely manner.**

**INITIATIVE 1.1: Ensure the timely processing of new eligibility applications:**

**Fully achieved.** In FY2014, DDA continued its implementation of the monitoring system, as well as tracked and trended performance on the timely processing of applications for eligibility. Applications must be processed within 90 days of receipt of a completed application packet. This metric has shown steady uptick in performance averaging above 98 percent for FY 2014. Timely processing is important to ensure the health, safety and well-being of applicants. Tracking and trending allows us to determine what delays (if any) are experienced and address reoccurring problems systemically.

**OBJECTIVE 2: Utilize Person-Centered Planning and Delivery approaches to ensure services and supports are planned and effectively implemented.**

**INITIATIVE 2.1: Complete the implementation of the DC Employment First policy and initiative**

**Fully achieved.** DDS has worked collaboratively with the Employment First Leadership Team to draft a Mayoral Order that would guide the implementation of Employment First in the District of Columbia and would designate the District government as a model employer of youth and adults with disabilities. DDS has also published an Employment First policy.



**INITIATIVE 2.2: Continue the development and implementation of a comprehensive plan to promote the least restricted, most integrated day, vocational and employment services.**

**Fully achieved.** DDS is successfully engaged in a variety of initiatives to promote the least restricted, most integrated day, vocational and employment services. These initiatives include Vocational Assessments and Customized Employment, Greater Community Integration through Changes to the Medicaid HCBS IDD Waiver, Person-Centered Thinking and Continued Capacity Building. Also, DDS has been recognized by the Department of Labor's Office of Disability Employment Policy ("ODEP:), the Administration on Intellectual and Developmental Disabilities ("AIDD") at Health and Human Services and the Centers for Medicare & Medicaid Services ("CMS") for its systems change work in promoting employment and achieving outcomes.

**OBJECTIVE 3: Recruit and retain qualified providers to meet specialty clinical and support needs, remove poorly performing providers.**

**INITIATIVE 3.1: Develop and implement a strategy to recruit new providers to meet specific needs in the areas of clinical services.**

**Fully achieved.** For FY14 DDA conducted monthly orientation sessions for prospective providers inclusive of specialty clinicians from April 2014-September 2014. Milestone was approved to provide OT, PT and SLP services during FY 14. TNT, a provider of nutritional services, is pending approval upon submission of additional information to DDS. DDS will increase their recruitment efforts for FY 15 and has devised a robust plan to increase and retain the number of clinicians.

**OBJECTIVE 4: Improve the performance of DDA and the provider community to meet all health, safety and welfare requirements**

**INITIATIVE 4.1: Continue the implementation of educational and preventative activities on abuse and neglect.**

**Fully achieved.** The initiative was completed and DDS/DDA continued to implement educational and preventive activities on abuse and neglect in FY 14. The Incident Management Committee participates in a specialized training that has consisted of: Interviewing Techniques, Incident Reporting, Recommendation Compliance, and training from all DDA units (including Health and Wellness Standards) related to incidents. These specialized trainings occur once monthly at the Incident Management Coordinators meeting. There have also been a number of things accomplished during FY 14, related to educational and preventive activities on abuse and neglect. This includes (but isn't limited to) the development of a uniform compliance specialist power point presentation to train provider staff on IMEU Policy and Procedures related to the implementation of recommendations, and an IMEU presentation made at a LRA training class for new incident management coordinators which focused on the new IMC being able to train their staff on preventing incidents from happening and reoccurring.

**INITIATIVE 4.2: Implement the DDS/DDA Quality and Performance Management Strategy.**

**Fully achieved.** DDS/DDA implemented the Performance Quality and Management Strategy (the Strategy) (written February 7, 2013) in FY14 to ensure the service and delivery system was efficient and continuous. DDS/DDA continues to assess, monitor, and measure the operations performance outcomes of service deliveries. Some key elements of that strategy included that the Quality Improvement Committee (QIC) responsible for approving quality initiatives comprised of the DDS/DDA management team and external stakeholders met ten (10) times, the Waiver Unit conducted audits to verify residential providers were in compliance with the Personal Funds Policy and Procedures, Corrective actions were addressed within 45 days, the Department of Health Care



Finance (DHCF) submitted 20 DDS Discovery and Remediation reports (sample audits) to DDS for follow-up and corrective action (it should be noted that 100% of all corrective actions have been implemented) and Service Coordinator Supervisors continued to review a sampling of Individual Service Plans (ISP) on a monthly basis to evaluate compliance with DDS/DDA policy and HCBS waiver requirements.

**OBJECTIVE 5: Protect individual rights and decision-making authority, as well as due process and grievance procedures.**

**INITIATIVE 5.1: Improve the effectiveness of Restrictive Controls Review Committee (RCRC) policy and procedures to improve timely approval of restrictive Behavior Support Plans.**

**Fully achieved.** DDS has significantly improved the percentage of Behavior Support Plans (BSPs) reviewed and approved by the Restrictive Controls Review Committee (RCRC). Between October 2013 and December 2013, the percentage of BSPs reviewed and approved by RCRC jumped from 28% to 40% and continued to improve throughout FY14. The overall approval rate of BSPs for FY14 was 55%, with the last quarter of the year showing the highest cumulative approval rate of 77%. There have been a number of performance improvement initiatives throughout the year including: Training for Providers, BSP Developers and DDS Service Coordinators; Increased Staff Capacity and the Implementation of a Pre-Review Process.

**INITIATIVE 5.2: Improve the effectiveness of Provider Human Rights Committees to protect the rights of people supported by community agencies.**

**Fully achieved.** In FY14, the ORA has increased communication and assistance with HRCs in an effort to improve their overall effectiveness. Provider HRCs submitted meeting minutes to the Rights and Advocacy Specialists, who reviewed the minutes to ensure policies and procedures were being implemented. There was a low percentage of HRC meeting minutes submitted, so the ORA began pulling together contact information for the Chairpersons of all provider HRCs (and other information) to streamline communication with HRCs. The ORA reviewed approximately 80% of all HRC meeting minutes that were submitted and conducted any necessary follow up to ensure compliance with policies and provided additional support for particularly challenging ethical situations. ORA has met with individual providers to review specific issues including the use of psychotropic meds., the RCRC assessment of quality standards, the exemption requirements and process, and BSP supporting documentation requirements. The ORA did not collect data in FY14 on whether people being reviewed at their provider's HRC meeting were invited to attend, but will begin collecting this in FY15. Through the review of HRC meeting minutes and the work of the RCRC, the ORA has determined that providers do review the frequency and reasons for the use of restrictive controls and ensure consent is obtained for each restriction. Additionally, the ORA worked collaboratively with the SODA and Support Development Associates to develop a training curriculum on human rights that be provided to the Human Rights Advisory Committee (HRAC) and provider HRCs. This training curriculum is nearly complete; and, the ORA and SODA will prioritize the roll out of it in FY15.

**OBJECTIVE 6: Increase the number of individuals who achieve positive quality of life outcomes in the areas of health, work, relationships and community inclusion**

**INITIATIVE 6.1: Participate in National Core Indicators (NCI) Project in order to collect data on the satisfaction of individuals receiving DDA services and compare DDA results to national data.**

**Fully achieved.** DDS worked with the vender to complete 312 face-to-face NCI Adult Consumer Surveys, and 269 NCI Family Surveys. For both surveys DDS met or exceeded statistical standards to allow NCI to utilize data for national level comparisons. DDS has not yet received the results and NCI reports from HSRI, but plans to share them with stakeholders and the general community, as soon as they are available.



**OBJECTIVE 7: Limit increases in the average annual residential costs per consumer to 110% of Consumer Price Index.**

**INITIATIVE 7.1: Exercise greater scrutiny on housing requests and observe HUD fair market rent guidelines for all providers' housing rental costs unless essential for documented medical or accessibility necessity.**

- **Fully achieved.** This initiative was accomplished. Contracts and PRMU worked closely together to manage increases in residential costs. Occupancy (housing) costs for FY14 averaged 3.2% higher than in FY13. Overall residential costs for FY14 averaged slightly less than 2% higher (1.975%) than in FY13.

**Disability Determination Division**

**OBJECTIVE 1: DDD will meet and/or exceed SSA standard case processing time**

**INITIATIVE 1.1: Utilize all available resources for achieving timely determination decisions.**

**Fully achieved.** In FY 2014 the Disability Determination Division achieved the second best case processing time in the Social Security Philadelphia Region. The staff continues to identify and expedite Quick Disability Determinations, which involve the most severely impaired claimants, in a rapid and compassionate manner. DDD has also implemented a refresher-training program for all adjudicative staff. Training sessions are bi-weekly with topics identified by both management and quality review staff. Early in FY 2014, a contract with Total Healthcare Solutions, LLC (THS) was approved for the procurement of supporting medical documentation from medical sources throughout the District. This program has experienced mixed results with several course corrections throughout the year. However, THS has been successful expediting documentation for payment of these medical records. To further streamline the obtaining supporting medical documentation, DDD entered into a contract with Industrial Medical Associates (IMA). Because of the relationship DDD has with IMA, DDD has been able to centralize the Consultative Examination (CE) process, which has tremendously helped with scheduling, cost, and efficiency utilizing a single source provider.

**Rehabilitation Services Administrations**

**OBJECTIVE 1: Increase the number of DC residents with disabilities who achieve employment and the quality of employment outcomes.**

**INITIATIVE 1.1: Continue outreach efforts within the community by expanding services to other sites that serve people with disabilities with a focus on serving underserved populations identified in the 2013 Comprehensive State Needs Assessment.**

- **Fully achieved.** In FY2014, RSA expanded outreach efforts, increasing the number of relationships with public/private non-profit community agencies totaling 31 agencies, with VR counselors available to conduct intake and see clients in these offices on a weekly or monthly basis, depending on the needs of the individual agency. In FY2014, RSA coordinated with private and public agencies to ensure that it has a regular presence in at least two private or public agencies serving the Latino population, and two serving Asian and two serving Ethiopian populations. RSA also secured another site working with Vets. The IOU staff is out in the field at least three times a month working to establish relationships with those communities in an effort to increase service capacity to populations underserved.



**INITIATIVE 1.2: Increase the average entry level wages of individuals placed in employment through expanded outreach. Partially achieved.**

**Partially achieved:** Implementation of this initiative was somewhat delayed. The agency hired a project manager for transition services. This person began reaching out to the Student Disability Support Offices at local colleges and Universities in July, 2014. We expect that we will have relationships established with the Disability Offices in all local colleges and universities by March 2015.

**INITIATIVE 1.3: Increase the effectiveness of current and new Supported Employment service providers and Community Rehabilitation Programs (CRPs).**

**Fully achieved:** FY 2014 saw an intentional focus on the effectiveness of the services provided by RSA's Supported Employment and Community Rehabilitation Providers. As in previous years, staff from the Business Services Unit and the Office of Quality Assurance and Compliance conducted the monitoring activities. However in FY 2014, managers from the Vocational Rehabilitation Services Division became actively involved in the process, adding a third level of review. Utilizing a revised version of the robust monitoring tool developed in FY2013, the Office of Quality Assurance and Compliance program monitors conducted quarterly on-site monitoring visits to each Supported Employment and Community Rehabilitation Provider to review each provider's service delivery practices, program and facility accessibility, and compliance with the Human Care Agreement. In FY2014, RSA developed a policy as well as procedures to guide counselors in determining appropriate referrals for Supported Employment services and to assist them in monitoring the provision of the services. Also, RSA continued to hold to the quarterly group meetings with the Supported Employment and Community Rehabilitation Providers. Established to enhance communication between RSA and the provider community, the meetings were also used to disseminate information on policy/procedure changes, personnel changes, and fiscal matters.

**INITIATIVE 1.4: Increase outreach to employers through the RSA Business Relations Unit**

**Fully achieved.** The RSA Business Relations Unit hosted internal and external Disability Education Awareness training with employer partners. Staff provided training to employers such as Edelman, Population Services International, Washington Metropolitan Area Transit Authority, Hager Sharp, DC Advocacy Partners, Diamond Solutions, and World Learning. The internal event garnered attendance from 15 employer representatives from 12 companies/agencies. The business relations unit obtained commitment from employers who hosted Industry Spotlights to educate counselors and job seekers about a particular industry and employment opportunities. Employers also conducted mock interviews with job seekers to help them improve their interviewing skills and to give the employers an opportunity to learn more about the job seekers skills. The talent preview program offered paid internship opportunities to over 35 job seekers. However, based on the low percentage of people who were retained by the employers upon the conclusion of the internship, and the low rate of pay for those who were employed, we are re-evaluating this program in the coming year. It will be provided in a more focused way, only to those employment sites that produce positive outcomes for participants. RSA retained memberships and presences with employer-based organizations such as the DC Chamber of Commerce, DC Metropolitan Board of Trades, DC Metropolitan Hispanic Chamber of Commerce, DC Jobs Council, and DC Metro Chapter of Business Leadership Network.





**OBJECTIVE 2: Improve RSA service delivery through more efficient operations and a more effective and skilled workforce.**

**INITIATIVE 2.1: RSA will use the automated case management system and regular supervisory case reviews. to ensure that the agency complies with federal timeline requirements regarding determination of eligibility and development of IPEs and quality services are provided in compliance with District and federal regulations**

**Partially achieved.** In FY2014, RSA trained and developed clear protocols for counselors and supervisors, identifying specific expectations regarding contact with clients, moving cases through the rehabilitation process, and the frequency, all to improve the quality of services provided to clients. Although an automated case review system is still in the development stage; all supervisors were trained in December 2013, on how to run caseload queries, in order to monitor the progress of all cases in their unit. These queries are used as part of weekly supervision with counselors. Implementing these practices in regular supervisory meetings has helped the administration to maintain compliance with federal timelines regarding eligibility determination and development of IPEs. RSA maintained compliance with federal standards related to timeliness of completing eligibility determinations and developing Individualized Plans for Employment (IPEs), in that 93% of eligibility determinations (without waivers, obtained with the consent of the client) were completed within 60 days of application for VR services and 93% of IPEs were developed within 90 days of eligibility determination. In FY 15, VR supervisors will conduct random case reviews of all counselors' cases each month to ensure quality practice, consistent with federal and District regulations.

**INITIATIVE 2.2: Increase the number of Certified Rehabilitation Counselors (CRC) employed by RSA.**

**Partially achieved.** In July 2014, Congress passed the Workforce Innovation and Opportunity Act. One of the provisions of this Act was to change the personnel requirements for VR counselors, significantly expanding the definition of what constitutes a "qualified VR specialist," eliminating any requirement for a CRC, eliminating the requirement for a Master's Degree and expanding the definition to include individuals with experience in job development and hiring of staff. Although the requirement for all VR counselors to have a CRC remains in the FY 2015 State Plan, to be accomplished by September 30, 2105, given the recent change in legislation, we expect to amend the State Plan for 2016 regarding personnel requirements for VR counselors. At this time, the agency continues to support staff in obtaining a CRC by funding staff to take the CRC exam (one time) and by paying for any course work needed to be eligible to sit for the exam.

**INITIATIVE 2.3: RSA will implement recommendations from its Performance Improvement Team regarding improving the intake process.**

**Partially achieved.** In FY14, RSA developed and adopted their intake procedures (SOPs) that have reduced barriers to clients entering services. The SOP has streamlined services ensuring that clients being referred to the agency for services are scheduled to meet with an intake specialist and/or counselor who can assist with assessment, development of an appropriate plan and provision of services in a timely manner and within established timeframes. The SOP requires all referrals to be immediately entered into the agency's electronic case management system within 24 hours. Applicants immediately receive an email acknowledging receipt of the intake and advising them that they will be contacted within five days to schedule an intake appointment. The agency has not consistently tracked compliance with this measure because the system was tracking the scheduled appointment, rather than contact with the client to schedule an appointment. The SOP is currently being modified to include specific instructions regarding entering the client information into the electronic case management system in a way that will allow us to track this measure in FY2015.



**OBJECTIVE 3: Expand and Improve the Quality of Transition Services and Improve Coordination with the state education agency and all local education agencies**

**INITIATIVE 3.1: Improve coordination with all schools working with DC youth, including public, public charter and non-public schools to ensure that RSA is fully integrated into the Transition planning for youth**

**Fully achieved.** RSA has worked with DCPS to develop an outreach plan for when RSA Transition Specialists will meet with school staff involved in the transition process to provide them with information about RSA services and the application process. These meetings are occurring during those schools' morning collaborative meetings organized through the DCPS Office of Specialized Instruction with follow up meetings where necessary to provide technical assistance to school staff. These meetings have occurred in September and October 2013 and will occur again in September and October 2014. RSA Transition Specialists have also scheduled meetings with charter schools to provide support to their school staff regarding RSA services and application process. In April 2014, RSA collaborated with the Office of the State Superintendent for Education to provide training to charter school staff. RSA Staff has also participated in the 5th annual youth forum in October 2013 and will again participate in October 24 and October 25th, RSA staff will participate in the 6th annual youth forum to be held at the Martin Luther King, Jr. library. This forum is geared towards youth, who will be transition from secondary school, and their families. Through the collaborative efforts with DCPS, OSSE, and the charter schools, RSA surpassed its key performance indicator of 1200 youth in transition applications for FY14. Although RSA surpassed its overall goal, the number of 16 and 17 year old youth referred was lower than anticipated. There have been challenges in generating referrals of younger youth, as the schools must obtain parental consent before referring the youth. In FY2015, RSA will work with OSSE, DCPS and the Public Charter Schools to provide outreach and education to parents in order to ensure that VR counselors are able to reach out early enough to the youth to actively participate in the development of the transition plan with the youth, their family and school staff.

**INITIATIVE 3.2: RSA will develop a Transition Tool Kit to provide information about transition services to youth, their families and school personnel.**

**Fully achieved.** RSA has developed the Youth in Transition tool kit, which includes an accordion brochure detailing the 5 step VR process, fact sheets that explain RSA's mission and delve into each of the 5 steps, a roles and responsibilities sheet, and a frequently asked questions sheet. RSA hired SchoolTalk, Inc., a non-profit organization in DC to facilitate the development of the tool kit in collaboration with DC Department Developmental Disabilities Administration, Office of the State Superintendent for Education, DC Public Schools, Department of Behavioral Health, the Public Charter School Board, and the Arc of DC. The toolkit is also available online through DDS's website, and was translated into Spanish at the end of FY14.

**OBJECTIVE 4: Develop a Self-Employment/Entrepreneurship Program.**

**INITIATIVE 4.1: Develop policies and procedures required to establish a Self-Employment/Entrepreneurship Program.**

**Fully achieved.** The agency worked with the State Rehabilitation Council to develop self-employment policies and procedures. The draft self-employment policy was completed in March, 2014. The procedures have taken longer than anticipated as the agency worked with the SRC to ensure that the procedures would not include any provisions that would exclude any individuals based on their disability (e.g., requirements that individuals demonstrate ability to engage in self-employment by having a certain reading or math competency were removed, and substituted with a requirement that the person have the support necessary to accomplish any necessary tasks



related to math or reading). The final policy and procedure will be reviewed by the SRC policy committee on October 3, 2014. Following this, the agency is required, by federal regulations to publish the draft policy and have a public hearing to get feedback. Following this hearing, the final policy will be forwarded to the Director for approval. As soon as the final policy is approved, all VR staff will be trained and the program fully implemented by January 31, 2015.



## Key Performance Indicators – Assessment Details

### Performance Assessment Key:

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

	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program	
<b>Development Disabilities Administration</b>									
	●	1.1	Percentage of intake applications received that have been responded to within required timelines	81.82%	80%		95.35%	83.90%	Developmental Dis. Admin.
	●	1.2	Percentage of ISPs that are completed on-time (annually)	94.76%	95%		93.62%	98.55%	Developmental Dis. Admin.
	●	1.3	Percentage of reported issues that are resolved on-time	44.96%	80%		65.87%	82.34%	Developmental Dis. Admin.
	●	1.4	Percent of people with a Level of Need (LON) assessment completed on schedule	87.79%	95%		58.49%	61.57%	Developmental Dis. Admin.
	●	1.5	DDA Clients Served	2,156	Target Not Required		2,280	Workload Measure Not Rated	Developmental Dis. Admin.
	●	1.6	DDA Applications for services	211	Target Not Required		170	Workload Measure Not Rated	Developmental Dis. Admin.
	●	1.7	DDA Prior Authorizations processed	7,982	Target Not Required		8,926	Workload Measure Not Rated	Developmental Dis. Admin.
	●	1.8	DDA Serious Reportable Incidents (SRIs) Requiring Investigation	1,079	Target Not Required		1,099	Workload Measure Not Rated	Developmental Dis. Admin.
	●	1.9	DDA Provider Certification Reviews (PCR) Conducted	89	Target Not Required		105	Workload Measure Not Rated	Developmental Dis. Admin.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	3.1	Percentage of waiver providers currently receiving a twelve (12) month full certification	N/A	80%		83.51%	104.38%	Developmental Dis. Admin.
●	4.1	Percentage of investigations completed within required timelines	88.62%	95%		94.38%	99.35%	Developmental Dis. Admin.
●	4.2	Percentage of DDA Service Coordinators, staff and supervisors who completed required competency-based training	92.5%	95%		83.29%	87.68%	Developmental Dis. Admin.
●	5.1	Percentage of people with restrictive interventions who have an approved Behavior Support Plan	N/A	90%		54.60%	60.67%	Developmental Dis. Admin.
●	6.1	Number of people in supported or competitive employment	235	350		922	263.43%	Developmental Dis. Admin.
<b>Rehabilitation Services Administration</b>								
●	1.1	RSA Clients Served	6,929	Target Not Required		6,179	Workload Measure Not Rated	Rehab Services Admin.
●	1.2	RSA Referrals	2,918	Target Not Required		4,016	Workload Measure Not Rated	Rehab Services Admin.
●	1.3	RSA Transition Referrals	962	Target Not Required		1,230	Workload Measure Not Rated	Rehab Services Admin.
●	2.1	Number of people placed by RSA that remained employed for 90 calendar days or more.	533	601		643	106.99%	Rehab Services Admin.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	2.2	Number of transition youth who have applied for VR services	962	1200		1231	102.58%	Rehab Services Admin.
●	3.1	Percent of people with a plan developed within 90 calendar days of eligibility determination.	67.83%	90%		92.29%	102.54%	Rehab Services Admin.
●	3.2	Percent of people for whom eligibility is determined within 60 calendar days	90.92%	90%		92.76%	103.07%	Rehab Services Admin.
<b>Disability Determination Division</b>								
●	1.1	Average SSA Case Processing Time (In Days)	76	115		83.16	138.28%	Agency Mgmt. Program
●	1.2	Accuracy of Eligibility Decisions	93.52	91		97.09%	106.69%	Agency Mgmt. Program
●	1.3	DDD Determinations	14,168	13,750		15,359	111.70%	Agency Mgmt. Program
●	1.4	Percent of people for whom eligibility is determined within 60 calendar days	93.88	90%		31.26%	34.73%	Agency Mgmt. Program
<b>Office of the Director</b>								
●	2.1	Number of agencies enrolled to participate in the Ticket to Work program as measured by new agencies added	3	10		3	30.00%	Agency Mgmt. Program
●	4.1	Improve overall customer service as measured by percentage of positive responses to survey questions.	84%	80%		Data not reported <sup>1</sup>	Not Rated	Agency Mgmt. Program

<sup>1</sup> DDS did not have sufficient survey data to report on this metric in FY2014



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	4.2	Improve the overall perception of customer service provided by the agency as measured by phone testing. Percent of employees tested per quarter meeting full compliance.	90.26%	95%		Data not reported <sup>2</sup>	Not Rated	Agency Mgmt. Program

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<sup>2</sup> Phone testing data was not available for FY2014