Department on Disability Services FY2017

FY2017 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

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. 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, and inclusive business enterprises. The Department on Disability Services also serves as the state agency for Social Security Disability Insurance Determinations under the direction of the Social Security Administration.

FY17 Top Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Successful conclusion of Evans v. Bowser o On January 10, 2017, the U.S. District Court for the District of Columbia entered an Order, which (1) vacated and dismissed the various permanent injunctions, and (2) dismissed and closed Evans v. Bowser, a 40-year class action lawsuit.	With the first opportunity for the agency to operate without federal court oversight, DDS staff morale should be greatly improved. The agency can demonstrate how the performance and quality management strategy it built while Evans existed, is sustainable for all people receiving DDA supports.	Residents should feel confident that the District has established and sustained a durable system of high quality service provision and oversight to support people with IDD.
Submission of the District's Application to Renew the Medicaid Home and Community-Based Services Intellectual/Developmental Disabilities Waiver (HCBS IDD Waiver) o On August 15, 2017, the District of Columbia timely submitted its application to the Centers for Medicare and Medicaid Services for consideration to renew the District's HCBS IDD Waiver. The currently approved waiver, which provides 26 services and has the capacity to support	Allows the agency to offer more than 25 wrap around home and community based services to the program's enrollees. Currently, DDS has the capacity to support 1,752 in the waiver program. Under the new waiver, DDS will be able to support an increasing number of people over the next five years, i.e., 1,752 to 1,962.	The waiver offers varied options for residential, day and clinical services outside of institutional settings that assist people with IDD lead more independent lives in the least restrictive setting.

1,752 people, ends on November 19, 2017.		
Submission and approval of the Home and Community-Based Services ("HCBS") Statewide Transition Plan ("STP") for the Centers for Medicare and Medicaid Services' ("CMS") review and initial and final Approval of the District of Columbia's Medicaid waiver program for individuals with intellectual and developmental disabilities. o On September 29, 2017, the District of Columbia updated and sent its HCBS Settings STP and accompanying attachments for CMS's initial and final approval. The STP is in response to CMS's final rule effective March 17, 2014, that contains a new, outcome-oriented definition	DC has become just the fifth "state" in the country to secure final approval Statewide Transition Plan Approval from the Centers for Medicare and Medicaid Services ("CMS"). The plan, which the District has worked on since the 2014, establishes a robust series of quantified performance measurements that will be utilized for continued planning strategies to ensure maximize quality of supports.	The plan, consistent with the requirements of the 2014 CMS Settings Rule, is geared to improve personal outcomes for people enrolled in the waiver program. Through the establishment of new policies, practices and oversight, people with IDD are appropriately at the center of the delivery system.

2017 Strategic Objectives

Objective Number	Strategic Objective
1	Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District.
2	Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction.
3	Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction.
4	Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks.
5	Create and maintain a highly efficient, transparent and responsive District government.**

2017 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY 2017	KPI Status	Explanation
1 - Provide hi Measures)	igh quality	direct s	ervices ar	nd suppor	ts leading	to the ful	I inclusior	of people	e with disabilities in the District. (6
Number of people placed by RSA that remained employed for 90 calendar days or more	Quarterly	675	45	114	152	289	600	Unmet	Although the overall unemployment rate in the District has been decreasing, and this decrease has been seen most significantly in wards 7 and 8, which represent 50% of people receiving services from RSA, we have seen a decrease in the number of people placed

									in employment. RSA is working with Workforce Investment Council Employment Services Committee in order to fully evaluate employment outcomes in the District for all people with more significant barriers to employment in order to ensure that we understand what supports are needed to help people with the most significant barriers to employment obtain successful employment outcomes. At this time, we still do not fully understand all of the barriers to improving this outcome. However, we are also concerned about the performance of many of our job placement providers. We are currently working with DOES to obtain more complete employment outcome data (i.e., employment status post case closure) in order to have better outcome data regarding our providers, and provide necessary supports and technical assistance to improve outcomes.
Average entry level wages for people whose cases are closed successfully	Quarterly	13.5	14.58	14.13	14.79	15.17	14.6	Met	
Percentage of students with disabilities who receive at least one preemployment transition service each school year	Quarterly	75%	41.8%	44%	46.6%	63.7%	49%	Unmet	During FY17, RSA continued to face challenges providing PreETS to charter school students, DCPS students in general-ed classes, and students in nonpublic schools. Significant efforts and resources are being spent on creating systems and procedures that will enable the agency to reach those populations more efficiently and reduce barriers. We are in the process of collaborating with Charter Schools to create and implement MOAs serving 16-22 year olds (21 MOAs have been initiated, 10 are complete or being finalized). Working more closely with DCPS staff to reach our target population in general education classes, and allocate outreach resources to specifically address the network of non-public schools and the DC students that attend them is also being addressed. The additional workforce coordinators and charter

									school MOAs will focus on our most significant challenge: tailoring our services to meet the varying needs of each charter school. We have partnered with local education agencies and service providers to create processes and tools that will streamline pre-employment service delivery and enable us to collect/manage data more efficiently. These include simplified pre-employment transition service and internship applications, broader data sharing agreements amongst LEAs and district agencies, and adjusting the agency case management system so that it more accurately outputs federal, district, and agency WIOA reporting data. In addition, transition services at RSA currently employs a project manager and an employment specialist to better serve the two populations (inschool and out-of-school youth) within transition. These two positions represent a division of labor that meets the pre-employment needs of our inschool youth (project manager) and the employment needs of our out-of-school and/or ready-to-work youth (employment specialist). With these efforts and resources in place for FY18 we expect to surpass of our goal of reaching 75% of eligible students with pre-employment transition services.
Percentage increase in the number of people supported by DDA receiving integrated day/vocational services over prior year	Annually	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-6.3%	Unmet	Though there was an annual decrease in the number of people accessing traditional integrated day and vocational services from DDA, the majority of these people opted for employment opportunities, other integrated day activities outside of DDA services or they were discharged from the waiver program entirely. There were a number of other people whose complex health needs or lack of continued interest in DDA services also led to voluntary discharges from day and vocational programs. DDA views the securing of competitive employment, and accessing of community day activities that are also accessed by District residents without disabilities, as a success that fiscal year 17's "-6%" for this performance

									measure does not capture.
Monitor the appropriate utilization of HCBS services to ensure budget forecast is met within appropriate variance	Annually	20%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10.2%	Neutral Measure	
Percentage increase in the number of people in supported or competitive employment supported by DDA over prior year.	Annually	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9.5%	Met	
2 - Improve to outcomes and						ess of serv	ice coord	ination ar	nd advocacy to improve personal
Median Number of Days to Complete the Initial ISP	Quarterly	60	54	60	66	69	62	Nearly Met	A review of all late initial ISPs from this fiscal year has allowed DDS to identify the barriers to on-time completion. Moving forward, we are working on how to deal with those causes and prevent future late ISPs.
Percent of People with a Level of Need (LON) assessment completed before the ISP meeting date	Quarterly	90%	86.3%	84.4%	96.8%	95.3%	89.8%	Nearly Met	Over the course of the year, DDS saw improvement in this area, with the performance over the final two quarters eclipsing the target. DDS has initiated an internal assessment into this metric, and will continue reviewing in FY18.
Percentage of ISPs that are completed before the ISP effective date	Quarterly	95%	95.6%	96.8%	95.9%	96.7%	96.4%	Met	
Average Per Person Service Dollars expended during the service year (Local Dollars)	Annually	25295	Annual Measure	Annual Measure	Annual Measure	Annual Measure	22150.3	Met	

Percentage of NCI measures for which DDS is at or above the national average	Annually	55%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	44.7%	Unmet	A review of previous NCI data collection year showed that the sample was not representative of the total population served by DDA. The responses could vary greatly and potentially impact the overall average for D.C. For the upcoming NCI year, strategic sampling methods will be utilized to ensure that all service delivery settings are represented appropriately.
Percentage of cases that demonstrate compliance with vocational rehabilitation (VR) regulations and policies (based on monthly case reviews)	Quarterly	85	15	14	27	34	23	Unmet	Although not a true barrier, one issue that must be considered in interpreting this outcome is how the measure is calculated. The measure calculates the percentage of case reviews for which each counselor scores 100% each month. Although the performance when measured in this manner is fairly low, the overall performance for the administration when measuring the total number of positive responses divided by the total number of questions measured is 83%. What this means is that we have some problems across the administration on a small number of items. The administration is doing a total review of all cases to correct these items that are consistently missed by the majority of counselors in order to improve each counselor's overall performance.
3 - Improve t personal outo					communit	y operatio	ons aligne	ed with be	st practice to lead to improved
Percentage of DDA staff who have completed required competency based trainings	Quarterly	95%	98.9%	98.9%	100%	100%	99.6%	Met	
Percentage of job placement and supported employment providers who have completed training on person centered planning and customized	Annually	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	68%	Unmet	Joint DDA/RSA providers have been trained in discovery, and DDS has run customized employment train-the-trainer courses. DDS has identified providers who have not been trained and will target them for training in FY18.

employment									
Percent of Healthcare Management Plans that meet published standards.	Annually	86%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	91.6%	Met	
Percent of DDA provider agencies that achieve quality improvement goals.	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	91.1%	Met	
Percent of DDA provider agencies with at least 20% of the workforce trained in Person- centered Thinking.	Annually	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	74.5%	Unmet	Training and staffing records will be reviewed to identify and address causes for the lack of training attendance (e.g., staffing changes at the provider agency, availability of trainings, etc.).
									e the provider network is in s risks. (5 Measures)
Percentage of applicable waiver providers currently receiving an annual certification	Quarterly	85%	90%	100%	95.7%	100%	96.7%	Met	
Percentage of reported issues that are resolved ontime	Quarterly	86%	71%	87%	87.5%	88.3%	84.3%	Nearly Met	Suboptimal performance in Q1 prevented DDS from achieving this goal. The agency surpassed the target in the final three quarters, however, and DDS will continue to review ways to sustain performance in this area.
Percentage of Investigations that are completed within required timelines	Quarterly	95%	89.1%	94%	80.9%	94%	89.3%	Nearly Met	There were unanticipated staffing issues that attributed to the lower than projected compliance percentage. Targeted data analyses allowed managers to identify staff with compliance percentages below agency standards for consecutive months. Once identified, Performance Improvement Plans were developed as necessary. For FY18, DDS will also ensure coverage for

									staffing reduction due to position vacancies, and extended leave, such as Family Medical Leave.
Percentage of people with restrictive interventions who have an approved Behavior Support Plan (BSP)	Quarterly	86%	89.1%	89.8%	95.8%	94.2%	91.6%	Met	
Percentage of Community Rehabilitation Programs (CRP) that meet HCA standards	Quarterly	70%	100%	100%	100%	100%	100%	Met	

We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2017 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2017
1 - Consumer Resources (1 Measure)						
DDA Prior Authorizations processed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10039
1 - VR, SE, and IL Services (3 Measures)						
RSA Clients Served	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7276
RSA Transition Referrals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	796
RSA Referrals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3124
2 - DDA Service Planning and Coordination (2 Measures)					
DDA Clients Served	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2367
DDA Applications for Services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	163
2 - Disability Determination Services (1 Meas	sure)					
DDD Determinations	Annually	Annual	Annual	Annual	Annual	625

		Measure	Measure	Measure	Measure						
4 - Quality Assurance (DDA) (2 Measures)											
DDA Serious Reportable Incidents (SRIs) Requiring Investigation	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1237					
DDA Provider Certification Reviews (PCR) Conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	92					

2017 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation		
DDA SERVICE PLANNING & COORDINATION (1 Strategic Initiative)						
Case Management Software Launch	The District of Columbia's Department of Health Care Finance (DHCF), Office on Aging (DCOA), and DDS intend to procure a new Clinical Case Management System (CCMS) to manage and coordinate the District's long-term services and supports (LTSS). The District must replace several legacy case management systems that, collectively, no longer enable the District to effectively manage LTSS for Medicaid beneficiaries, and in addition the District must create the technology infrastructure to support person-centered care management across agencies in alignment with No Wrong Door. DDS will work with DCOA, DHCF, and the chosen vendor to provide our business rules for implementation in the system. DDS will work with the vendor to migrate DDS data to new system. We are expecting new system launch by June 2017.	50-74%	Procurement of the joint case management system has been completed, and the three agencies are currently working with the vendor on the Phase I release. We anticipate Phase I will be released in June of 2017, with additional phases following as needed.	Delays resulting from negotiations with CMS as well as difficulties in the procurement process pushed back the implementation of the first phase of the case management system, however procurement has been completed and development is currently underway.		
Employmen	t First (1 Strategic Initiative)					
Employment First Initiative	Coordinate inter-agency activities with DDS, DOES, DCOA, DBH, DCPS, and OSSE to stimulate Employment First for youth, adults and elders, including applying for at least one federal grant/ technical assistance opportunity, coordinating a cross-agency leadership workgroup to finalize and implement an Employment First Mayoral Order and/or other cross-agency policy alignment to increase opportunities for employment for people with disabilities, support the implementation of the Workforce Innovation and Opportunity Act (WIOA) for youth and adults with disabilities, and continue to support provider and state staff capacity and competency through training and technical assistance.	Complete	Employment First Leadership Team met on September 13th. (members from DBH, OSSE, WIC, DCPS, DDA, and RSA). Data sharing was a major discussion between stakeholders. Also discussion regarding the EFFLT Grant application and opportunities to build the provider community. The grant would allow for certification and train the trainer			

UCDS Trans	sition Plan (1 Strategic Initiative)		models on employer engagement. Finally, there has been deal of collaboration with the secondary transition Community of Practice in DC to further Employment First approach in secondary education.
DDS Transition Plan	DDS will implement for FY 2017 an updated Statewide Transition Plan for the Medicaid HCBS IDD waiver to achieve further compliance with the new federal HCBS Settings Rule. This is required by CMS to maintain funding for the waiver program and furthers DDS's vision of leading a personcentered system that supports opportunities for employment and community inclusion for all people with intellectual and developmental disabilities.	Complete	DDS worked with DHCF and community stakeholders to draft the updated Statewide Transition Plan, hold public forums, respond to public comments, and timely submit the updated Plan to CMS.
HCBS Waive	er Renewal (1 Strategic Initiative)		
DDS Waiver Renewal	From October 1, 2016 through September 30, 2017, DDS will work with DHCF to establish a work plan with benchmarks to ensure the timely renewal of the current HCBS IDD waiver, which ends in November 2017. Steps included in the work plan will include providing public notice and receiving public comments. DDS will then provide a response to any public comments prior to submitting the application to CMS.	Complete	DDS worked with DHCF and community stakeholders to draft the waiver renewal document, hold public forums and respond to public comments, timely submit on to CMS and respond to the CMS Informal Request for Additional Information, as well as draft implementing regulations, which are currently under review by EOM.
No Wrong E	Door (1 Strategic Initiative)		
Lead No Wrong Door	Continue to lead District efforts to implement a No Wrong Door system to provide coordinated access to long term services and supports. For FY2017, this includes developing and implementing a cross-agency resource portal that will refer people to public and private supports; designing a NWD pilot person-centered intake tool to be tested at the ADRC; and continuing to offer person-centered planning training.	Complete	The resource portal was launched for government partners on 09/25/17 at The Front Door Summit. Over the next fiscal year, we will share it with community partners, continue to collect resources to include in the portal; and gather feedback from stakeholders to make it more user friendly and person-centered. ADRC utilizes universal intake tool and is collaborating with NWD team to evaluate outcomes. Person-Centered Counseling Training is offered twice monthly until further notice. This quarter 283 learners were trained including 170 of RSA.

RSA PCT Training	By 9/30/2016, RSA will identify an appropriate training provider who understands person centered training (PCT) and has experience in using this in the vocational rehabilitation (VR) process. The provider will offer training to VR staff to	25-49%	RSA has completed training for the two day PCT series for all staff members. RSA has held 5 different training dates, two of	xx
	increase capability of to provide PCT on an on-going basis. By June 30, 2017, all VR staff will have successfully completed at least one third of the courses offered by the training provider. By June 30, 2018, and ongoing through June 30, 2020, all VR staff will use person-centered training tools to develop employment goals that better reflect the		which were in August, that facilitated getting all staff trained. The two day series is the Introductory session and an overview of the tools. RSA will continue to train staff, but will	
	strengths, interests, abilities, capabilities and resources of people served by RSA.		do so through the HR department as RSA no longer has a dedicated trainer. Future sessions will be a hybrid of online sessions and in-person sessions.	