GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Effective Date: March 1, 2012	Number of Attachments: 1
Responsible Office: DDS Deputy Director of DDA	
Supersedes Policy: Provider Certification Review Policy dated December 01, 2010	
Title/Subject: **Provider Certification Review Policy**	
Cross-References: All DDA program policies and DDA Home and Community-Based Services Waiver rules.	

All underlined words/definitions can be found in the Definitions Appendix.

1. PURPOSE

The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services ("DDS"), Developmental Disabilities Administration ("DDA"), will ensure, via the Provider Certification Review (PCR) process, that enrolled providers remain qualified to deliver supports and services to individuals served through the Home Community Based Services Waiver (HCBS) Program in DDA.

2. APPLICABILITY

This policy applies to all enrolled HCBS waiver providers that deliver services and supports to those individuals with intellectual and developmental disabilities receiving services as part of the DDA Service Delivery System funded through the Department of Health Care Finance (DHCF) under the DDA HCBS waiver program.

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.);* D.C. Law 2-137, the "Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.);* and Mayor's Order 2009-120, the "Delegation of Authority Pursuant to D.C. Law 5-48, the 'Health-Care and Community Residence Licensure Act of1983.'"

4. POLICY

It is the policy of DDS to ensure all individuals receiving services from the DDA service system have access to and receive quality supports, services, and health care. All enrolled DDA providers delivering HCBS waiver services and supports will undergo the certification process annually using the PCR. Providers receiving an "Unsatisfactory" rating will be deemed ineligible to provide HCBS waiver services through DDS/DDA.

5. RESPONSIBILITY

The responsibility for implementation of this policy resides with the Deputy Director, Developmental Disabilities Administration.

6. STANDARDS

A. All organizations contracted through DDS and who hold a Medicaid Provider Agreement through the Department of Health Care Finance (DHCF) to provide day or residential waiver services will be subject to the PCR process. The following is a listing of services subject to PCR:

Residential

Residential Habilitation
Supported Living
Supported Living Periodic
Host Home
Respite Care-Daily
Respite Care-Hourly
In-Home Supports

Work/Day Supports

Supported Employment (Intake & Assessment)
Supported Employment (Job Placement)
Supported Employment (Job Training and Support)
Supported Employment (Long Term Follow Along)
Prevocational
Day Habilitation
Day Habilitation 1:1

B. The PCR process may include, but is not limited to, sampling, document review, observation, and interviews. If the provider does not pass the PCR on the initial review visit, one follow-up review visit will be conducted within 30 to 60 calendar days of receipt of the corrective action plan submitted by the provider.

C. Outcomes measured through the PCR will be used to determine a provider's performance in person-centered outcomes and organizational outcomes.

D. There are four (4) ratings that may be assigned at the conclusion of a review:

1. Excellent
2. Satisfactory
3. Needs Improvement
4. Unsatisfactory

E. Providers that receive an "unsatisfactory or needs improvement" rating for a specific service on the initial PCR review may be subject to one or all of the following:

1. A hold will be placed on referrals to that service.
2. Any transitions in progress to that service will be suspended.
3. The service may be placed on Enhanced Monitoring.

F. Providers that fail to attain a "satisfactory" rating at the conclusion of the PCR follow-up review for any service will no longer be deemed a qualified provider for that service by DDS.

G. Providers that receive an "unsatisfactory" rating for two consecutive reviews (i.e. annual and 6 month) at the initial review (not the subsequent follow-up review) for any service, will be subject to a second consecutive Provisional 6 month certification and subsequently will no longer be deemed a qualified provider for that service by DDS.

H. If a provider is deemed no longer qualified to deliver a service by DDS, the following actions will occur:

1. The service will remain on or be placed on Enhanced Monitoring.
2. Certification will not be renewed.
3. All transitions, referrals and admissions will be held or will remain on hold.
4. The final PCR report for that service will be shared with families/guardians.
5. A team meeting will be held to determine if the individual/family/guardian would like to choose a new provider, or if the individual will remain with the provider pending the results of any administrative appeal of the PCR results.
6. DDA will issue a recommendation to DHCF to revoke the Medicaid Provider Agreement for the applicable HCBS Waiver Service(s).
7. DDA will issue a request to the DDS Office of Contracting and Procurement to revoke the Provider's Human Care Agreement, if applicable.
8. All PCR reports will be shared with the Quality Trust for Individuals with Disabilities and the Evans Court Monitoring Office, if applicable, Department of Health/Health Regulation and Licensing Administration (Residential Habilitation services only), and the state of Maryland when a provider is also providing waiver services in the state of Maryland.

I. All PCR results will be published on the DDS/DDA website.

J. The Provider may appeal the final PCR results within five (5) business days of the receipt of the report by submitting documentation to the QMD, stating the reasons for disputing the results and all supporting documentation. The QMD will issue the final decision within twenty (20) business days of receipt of the Provider's appeal.

Laura L Nuss

Laura L. Nuss, Director

3/01/12

Approval Date