

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Department on Disability Services	Subject: Provider Performance Review
Responsible Program or Office: Developmental Disability Administration	Policy Number: 2015-DDS-QMD-PR001
Date of Approval by the Director: December 23, 2015	Number of Pages: 5
Effective Date: January 1, 2016	Expiration Date, if Any: N/A
Supersedes Policy Dated: January 3, 2013	
Cross References and Related Policies, Procedures and Documents: Provider Performance Review Policy, Imposition of Sanctions Policy, Enhanced Monitoring Procedure, Watch List Procedure, Imposition of Adaptive Equipment Sanctions Procedure, Sample Continuous Improvement Plan, and Human Care Agreement.	

1. PURPOSE

The purpose of this procedure is to delineate Department on Disability Services (“DDS”) and provider responsibilities, guidelines and standards for the DDS Provider Performance Review (“PPR”) process. The PPR fosters a high quality, sustainable service delivery system that engages in continuous quality improvement while providing person-centered supports that enable District residents with intellectual and developmental disabilities to lead safe, healthy, secure, satisfied, meaningful and productive lives. PPR is also the process by which providers create a Transition Plan and report regularly on their progress in coming into compliance with the Home and Community-Based Services (“HCBS”) Settings requirements, where applicable.

2. APPLICABILITY

This procedure applies to DDS’s Developmental Disabilities Administration (“DDA”), and its Provider Resource Management Unit (“PRMU”), Quality Management Division (“QMD”), Service Planning and Coordination Division (“SPCD”), and Medicaid Waiver Unit; the Office of Contracting and Procurement; and providers/vendors that provide services and supports to people with intellectual and developmental disabilities who receive services as part of the DDA Service Delivery System, funded by DDA and/or the Department of Health Care Finance (“DHCF”).

3. SUMMARY OF THE PPR PROCESS

The PPR ensures that all provider performance data is synthesized from throughout DDS/DDA and presented in a coordinated and comprehensive manner on at least an annual basis. The PPR is managed by PRMU with a published annual schedule of review for each residential and day/vocational provider. At the time of the review, PRMU coordinates the receipt of key performance measures data and reviews the findings with the provider and representatives from the SPCD and QMD. A provider continuous improvement plan (“CIP”) will address performance measures falling below established benchmarks. The provider will also be supported to pursue quality improvement strategies in support of advancing best practice and to achieve and maintain compliance with the HCBS Settings requirements published at 79 *Fed. Reg.* 29488-3039 (Jan. 16, 2014) (“HCBS Settings Rule”).

In an effort to continually address and improve organizational performance and maintain high quality of care/services, the PRMU representative evaluates the provider organization’s performance in key policy areas, and tracks the effectiveness of new, redesigned or improved processes employed by the provider agency on a quarterly basis. This is achieved through receipt and review of performance measures from the QMD and a review of the provider’s update on progress with the CIP. The PRMU manager would initiate further remedial actions based on these quarterly reviews as needed.

In summary, responsibilities of the PMRU in managing the PPR process include but are not limited to:

- Coordinating the receipt of performance data and manage the review schedule for DDA;
- Developing and implementing quality improvement activities with the provider based on results of the performance indicator analysis;
- Monitoring the provider CIP and HCBS Settings Rule Transition Plan progress on a quarterly basis; and
- Conducting evaluations on individual provider performance for the Office of Contracting and Procurement on an annual basis.

4. PROCEDURES

- A. QMD shall establish and share with the provider community and other stakeholders annual key performance indicators and related benchmarks. Provider performance requirements in each key area shall be adjusted annually so as to continually raise the bar to account for the expectation of continuous quality improvement.
- B. QMD shall derive and synthesize data on provider performance from various monitoring activities, including but not limited to monitoring by SCPD, the Quality Trust for Individuals with Disabilities, the *Evans* Court Monitor, and the Department of Health/ Health Regulation and Licensing Administration (“DOH/HRLA”), as well as data from issues identified and incidents reported.

- C. PRMU shall develop an annual PPR schedule for all of its assigned day and/or residential providers, including providers of the following services and supports that operate within a 25-mile radius of the District of Columbia: Supported Living; Residential Habilitation; Host Home; Intermediate Care Facilities; In-Home Supports; Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (“ICFs/IDD”); Supported Employment; Employment Readiness; Day Habilitation; Small Group Day Habilitation; and Individualized Day Services. That schedule shall be shared within DDA to SPCD, QMD, Health and Wellness (H&W), and to the Office of Contracting and Procurement (“OCP”), as well as with the provider community.
- D. PRMU shall make available for review the PPR report at least annually for each provider, and hold individual conferences/PPR meetings with providers as needed.
1. In advance of each of these conferences:
 - a. A PPR announcement letter will be generated via MCIS to all participants of the upcoming provider review process and any requests for information at least fifteen (15) business days prior to the meeting.
 - b. Provider will be complete a Provider Profile Update form in MCIS at least fifteen (15) business days in advance of the review. The Provider Profile Update form must be committed no later than ten (10) business days prior to the scheduled meeting for their agency. PRMU will review the form upon receipt and follow-up with the provider, as needed for additional information.
 - c. Various DDA units (i.e. QMD, SPCD and H&W) and OCP will submit via MCIS, when applicable, evidence-based information on the provider’s performance related to the key performance indicators identified for that year, to include annual progress related to the HCBS Settings Rule.
 - i. As part of the preparation for the conference, PRMU shall hold a pre-conference meeting with the SPCD, QMD, H&W and OCP at least five (5) business days prior to the provider meeting.
 - ii. SPCD, QMD, H&W, and OCP shall provide the requested provider performance reports to PRMU in advance of the pre-meeting.
 - iii. PRMU will ensure that a complete PPR performance report is available for review in advance of the pre-meeting.
 2. At the provider conference:
 - a. PRMU will facilitate the conference.
 - b. The provider will have an opportunity to present on that agency’s strengths, goals, and challenges, including information from the provider’s own quality assurance and improvement system.
 - c. PRMU, SPCD, QMD, H&W and OCP, when applicable, will present on findings from their provider performance reports, including the provider’s strengths and areas that require improvement.

- d. PRMU shall review areas of strengths and opportunities for improvements with the provider and DDS representatives. At the conclusion of the meeting, any required improvement areas will have been identified for inclusion in the CIP.
3. After the provider conference, the provider shall develop its Continuous Improvement Plan as follows:
 - a. The provider will have ten (10) business days following the meeting to complete the drafting of the CIP. PRMU shall support the provider in development of the CIP, as needed, and is jointly responsible with the provider for ensuring that the CIP is measurable, achievable and reflects the desired outcomes summarized at the PPR meeting.
 - b. All active residential and day/vocational waiver providers who have programs that use a building (setting) must include in their CIP a Transition Plan to achieve compliance with the HCBS Settings Rule by March 1, 2018. (Please note that provider Transition Plans are only required for services with settings. Transition Plans are not required for Individualized Day Supports; Supported Employment; In-Home Supports; or any other Day or Vocational Program that operates totally in the community.) Transition Plans must be detailed and specific to include all issues identified in the provider's self-assessment and any other issues that have been identified by DDS. The Transition Plan must include specific tasks and projected timelines for completion. For each issue identified, the plan must include the following: (1) which service type this affects (*e.g.*, residential habilitation) and how many sites the provider has for that service type; (2) identify the issue; (3) the plan of correction; (4) a projected timeline for completion; and (5) a plan for self-monitoring to ensure ongoing compliance.
 - c. All Transition Plans shall include continuous quality improvement efforts to advance rights and choice; support people to build and maintain relationships with and without people with disabilities; fully engage in self-determination and supported decision-making; work in competitive, integrated employment or engage in community-based, integrated retirement activities; and participate in a variety of community activities based upon their interests.
 - d. PRMU shall ensure that the final approved CIP is uploaded into MCIS.

E. Monitoring the Outcomes of the Continuous Improvement Plan

1. Each provider will enter their quarterly written progress report into MCIS. The assigned PRMU Resource Specialist will review the written progress report and confirm provider's progress in part via quarterly monitoring of the implementation and effectiveness and progress of the CIP.
2. The assigned PRMU Resource Specialist will document the provider's progress towards achievement of the CIP in MCIS quarterly and at the provider's next annual PPR.
3. Based upon the information learned through this quarterly monitoring, PRMU may work with the provider to modify the plan as needed.

- F. Providers may be sanctioned for not complying with the PPR process, failing to achieve benchmarks in the PPR, as well as for not making sufficient progress towards achievement of the CIP (including the Transition Plan).
- G. QMD shall notify the DDS Director and DDS Deputy Director for DDA immediately when information becomes available through PPR that indicates that a provider is not likely to achieve full compliance with the HCBS Settings Rule by March 1, 2018.

ATTACHMENT:

Sample Continuous Improvement Plan

