GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

POLICY	
Department on Disability Services	Subject: Service Coordination Monitoring Policy
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2012-DDA-SC-POL-004
Date of Approval by the Director: January 10, 2013	Number of Pages: 4
Effective Date: January 10, 2013	Expiration Date, if any: N/A
Supersedes Policy Dated: Service Coordination Monitoring Policy dated July 1, 2011	
Cross References, Related Policies and Procedures, and Related Documents: Service Coordination Monitoring Procedures; Individual Support Plan Policy and Procedures; Protocol for Residential Transfers and Moves; Most Integrated Setting Policy; and MCIS Utilization Policy and Procedures.	

A. 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 implement the monitoring activities of service coordinators aimed at ensuring that provider staff are adequately trained, people are receiving the supports identified in their Individual Support Plans ("ISP"), and that people are free from harm.

B. APPLICABILITY

This policy applies to all employees of the DDS/DDA Service Planning and Coordination Division ("SPCD") and all employees of agencies that provide services and/or supports to people with intellectual and developmental disabilities through funding, contract, and/or provider agreement with the DDA and/or Department of Health Care Finance ("DHCF").

C. 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.);* and D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code§7-1301.01 *et seq.).*

D. POLICY

A. It is DDA's policy to monitor all of the people DDA supports, and all of the services and supports people receive through the DDA service delivery system, to ensure that people have the opportunity to achieve optimal health and reach their goals; that people are safe and free from harm; and that supports and services are delivered in the least restrictive, most integrated setting based upon the person's needs and preferences as identified in his or her ISP,

B. In order to ensure that DDA's operations are high quality and efficient, it is DDA's policy to require continuous and timely input and maintenance of accurate and relevant data gathered through service coordination monitoring.

E. RESPONSIBILITY

The responsibility for this policy is vested in the DDS Deputy Director for DDA and the implementation of this policy is the responsibility of the Director of the SPCD.

F. STANDARDS

The following are the standards by which DDS shall implement this policy:

A. The SPCD will conduct regular monitoring for each person who receives supports or services through the DDA service delivery system. This policy lists the minimal standard for service coordination monitoring. However, it is DDA's expectation that service coordinators will conduct additional visits, phone calls and monitoring as needed to ensure the person's health, safety and well-being.

B. Each service coordinator shall have a caseload determined by various factors, including the person's needs and preferences, program enrollment, and health. A service coordinator who supports people who are *Evans* class members will have a maximum of 30 people on his or her roster.

C. Each service coordinator will conduct a monitoring review within 30 days of the effective date of an annual, initial, or amended ISP to ensure services, supports, and/or goal implementation have been implemented as outlined in the ISP.

D. Upon moving into a new home or day program, each service coordinator shall visit that person's home or day program no later than three (3) business days from the time of the person's transition. The service coordinator must document the visit in MCIS with a comprehensive note of the findings within three (3) business days following this visit, <u>but a monitoring tool is not required</u>.

E. For each person admitted to a health care facility; including but not limited to a hospital, sub-acute facility, rehabilitation facility, or long term acute care facility, the service coordinator shall conduct bi-weekly, face-to-face visits. On the alternate weeks, the service coordinator

must make telephone or interactive e-mail contact with the hospital/facility social worker or attending nurse for the duration of the admission to obtain a progress check. The service coordinator must document the visit or contact in MCIS and the hospital log along with a comprehensive note of the findings within three (3) business days following this visit, but a monitoring tool is not required.

F. Other minimum standards for service coordination monitoring are as follows:

1. For all people who are *Evans* class members, the service coordinator shall complete at least eight (8) monitoring reviews annually; five (5) at home and three (3) where the person receives day supports. Monitoring visits must take place every six (6) weeks. Additionally, service coordinators must make at least monthly contact with all *Evans* class members, inclusive of the monitoring reviews.

2. For people who are not *Evans* class members who live within a 25 mile radius of the District of Columbia, and who receive supports and services through the Home and Community Based Services Waiver ("Waiver") program, the service coordinator shall complete at least quarterly monitoring reviews, with a minimum of two (2) at home and (2) where the person receives day supports. If the person receives no day support (*e.g.*, he or she is competitively employed) then all four (4) monitoring reviews shall occur at the person's home.

3. For people who are not *Evans* class members who live in an Intermediate Care Facility for Persons with Intellectual and Developmental Disabilities within a 25 mile radius of the District of Columbia, the service coordinator shall complete a minimum of two (2) monitoring reviews, occurring semi-annually. In addition, in the alternate quarters, the service coordinator shall complete a follow-up summary form via telephone with the person and his or her Qualified Developmental Disabilities Professional.

4. For people who are not *Evans* class members and who live in their own home or with their friends or families, and who are not enrolled in the Waiver, the service coordinator shall complete a minimum of two (2) monitoring reviews, occurring semi-annually. In addition, in the alternate quarters, the service coordinator shall call and speak with the person receiving services and, if appropriate, his or her designated representative.

5. For people who are not *Evans* class members and live outside of a 25 mile radius of the District of Columbia, the service coordinator shall complete a minimum of two (2) semi-annual monitoring reviews.

G. The service coordinator must document in DDA's information system, MCIS, all visits and monitoring activities. Monitoring tools are to be input within one (1) business day following the monitoring visit. Visits and other relevant activity must be documented with three (3) business days. All data entered must be accurate, current, complete, and include sufficient detail and specificity such that another authorized reader can understand the current status, and necessary or required next steps.

H. The service coordinator shall enter any issues identified during monitoring or other contacts into the Issues system within 24 hours or by 5 pm following identification of the issue.

I. DDA shall maintain a continuous quality assurance and improvement system that ensures the integrity of data entered into MCIS and the Issues systems, including but not limited to regular audits by Division supervisors to ensure compliance with this policy.

Laura L Nuss

Laura L. Nuss, Director

1/10/2013

Approval Date