



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

POLICY	
Department on Disability Services	Subject: Service Coordination Monitoring and Contact Policy
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2018-DDA-POL004
Date of Approval by the Director: October 11, 2018	Number of Pages: 4
Effective Date: October 11, 2018	Expiration Date, if any: N/A
Supersedes: Service Coordination Monitoring Policy, 2012-DDA-SC-POL-004 (January 10, 2013).	
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; MCIS Utilization Policy and Procedures; and DDA Imposition of Sanctions Policy and Procedure.	

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 and contact activities of service coordinators aimed at ensuring that provider staff are adequately trained, people are receiving the supports identified in their Individual Support Plan (ISP), and 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 the 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

It is DDA’s policy to:

1. Monitor and make contact with 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 person-centered thinking and discovery documents and reflected in his or her ISP.
2. In order to ensure that DDA’s operations are high quality and efficient, require continuous and timely input and maintenance of accurate and relevant data gathered through service coordination monitoring and contacts.

E. RESPONSIBILITY

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

F. STANDARDS

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

1. The SPCD will conduct regular monitoring and contacts for each person who receives supports or services through the DDA service delivery system. Monitoring must be conducted according to scheduled timeframes. This policy identifies the minimal standards for service coordination monitoring and contacts. However, it is DDA’s expectation that service coordinators will conduct additional monitoring and contacts as needed to ensure the person’s health, safety and well-being.
2. For the purposes of this policy, a “monitoring” or “monitorings” shall be on site with the person receiving supports and shall be done in person with the completion and prompt commitment of a monitoring tool, except that one monitoring may be conducted on site without the person receiving supports being present within one ISP year. The service coordinator shall commit the monitoring tool into MCIS (or its successor) within three business days of the monitoring.





3. For the purposes of this policy, a “contact” or “contacts” shall be with the person receiving supports (or with his or her guardian, support person, family, substitute decision maker or provider depending on the purpose of the contact); shall be done in person, by phone or by any other technology device that supports the use of video-audio communication; and shall be monthly except for any month when a residential or day monitoring has occurred. The purpose of such contacts shall be to ensure ISP implementation of IPP goals, health treatment plans, or other plans of support. The service coordinator shall document each contact in MCIS (or its successor) with a comprehensive note of the findings within two business days of the contact.
4. The service coordinator shall conduct a monitoring within thirty (30) calendar days of the effective date of the annual or initial ISP to ensure services, supports, and/or IPP goals have been implemented as outlined in the ISP.
5. Upon the person moving into a new residential or day program, the service coordinator shall contact the person and/or his or her guardian, support person, family, substitute decision maker or provider within three business days from the time of the person’s transition to the new residential or day program. The purpose of this contact is to ensure a smooth transition and document the contact in MCIS (or its successor).
6. For people who receive supports through the Home and Community-Based Services (HCBS) Waiver for Persons with Intellectual and Developmental Disabilities (IDD) program, the service coordinator is responsible for monitoring the progress of goals to ensure implementation and that timely revisions are made as necessary. The service coordinator shall complete and commit quarterly monitoring, with two (2) monitorings in the residential setting and two monitorings in the day supports setting. These reviews are scheduled from the ISP effective date and are assigned by SPCD on a recommended date. If the person does not receive day supports (*e.g.*, he or she is competitively employed), then all four monitorings shall occur in the residential setting. The service coordinator shall make monthly contact, except on months when a residential or day monitoring has occurred. In any quarter where a monitoring takes place without the person, one of the monthly contacts must be in person. This standard applies to all persons in the HCBS IDD waiver program.
7. For people admitted to a health care facility, including but not limited to a hospital, sub-acute care facility, rehabilitation facility, or long-term acute care facility, the service coordinator shall conduct bi-weekly contacts with the person, social worker or treatment team for the duration of the admission to obtain progress checks. Although contact may be in person, by phone or by any other technology device that supports the use of video-audio communication, planning and discharge conferences are opportunities for in-person contacts and should be except in exceptional circumstances.





8. For people who live more than twenty-five (25) miles from the District of Columbia, and who are not enrolled in the HCBS IDD waiver program, the service coordinator shall complete and commit quarterly monitoring, with two monitorings in the residential setting and two monitorings in the day supports setting.
9. For people who live in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities, the service coordinator shall complete quarterly monitoring, with two monitorings in the residential setting and two monitorings in the day supports setting.
10. For people who live in a nursing home, the service coordinator shall complete two semi-annual in-person contacts at the facility. The service coordinator shall contact the person and/or his or her guardian, support person, family, substitute decision maker each of the ten months when no in person contact occurred.
11. For people who live in their own home or with their friends or families, and who are not enrolled in the HCBS IDD waiver program, the service coordinator shall complete two semi-annual monitorings and two semi-annual contacts, with the monitoring and contacts alternating quarterly (*i.e.* either a monitoring or contact every ninety (90) calendar days).
12. For people who are incarcerated, contacts will be performed by the service coordinator as assigned specifically by the Deputy Director for DDA or the supervisory service coordinator.
13. The service coordinator shall enter any issues identified during a monitoring or contact into the Issue Resolution System within three business days following the identification of the issue. Other relevant activity such as serious reportable incident follow up must be documented within two business days following acceptance of the incident. All data entered by the service coordinator 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.
14. Providers shall fully cooperate with all service coordination monitoring and contacts. Any provider that fails to cooperate may be subject to sanctions in accordance with DDA's Imposition of Sanctions Policy and Procedure.

A handwritten signature in blue ink that reads "Andrew P. Reese".

Andrew P. Reese, Director

A handwritten date in blue ink that reads "10/11/18".

Approval Date

