## GOVERNMENT OF THE DISTRICT OF COLUMBIA



# DEPARTMENT ON DISABILITY SERVICES

POLICY	
Department on Disability Services	Subject: Provider Performance Review
Responsible Program or Office:  Quality Assurance and Performance  Management Administration	Policy Number: 2023-QAPMA-POL001
Date of Approval by the Director: Apr. 10, 2023	Number of Pages: 3
Effective Date: Apr. 10, 2023	Expiration Date, if Any: N/A

Supersedes Policy (Dated):

2015-DDS-QMD-POL001, Provider Performance Review Policy (Jan. 1, 2016).

Cross References and Related Policies, Procedures, and Documents: Federal, Intellectual and Developmental Disabilities Waiver and Individual and Family Support Waiver Home and Community-Based Settings Rules (79 Fed. Reg. 2948 (Jan. 16, 2014), 29 DCMR § 1938, and 29 DCMR § 9008, as amended); Provider Performance Review Procedure, 2023-QAPMA-PR001 (eff. Apr. 10, 2023); Imposition of Sanctions Policy, 2012-DDS-QMD-POL002 (eff. Jan. 16, 2013); Enhanced Monitoring Policy and Procedure (eff. August 1, 2011); Imposition of Adaptive Equipment Sanctions Procedure, 2012-DDS-QMD-PR006 (eff. Jan 1, 2013); DDS Performance and Quality Management Strategy, as amended; and Human Care Agreements, as amended.

### 1. PURPOSE

The purpose of this policy is to specify Department on Disability Services ("DDS") Developmental Disabilities Administration ("DDA") provider responsibilities and establish standards for the DDS Provider Performance Review ("PPR") process for DDA, carried out by the Quality Assurance and Performance Management Administration ("QAPMA"). 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 or developmental disabilities to lead safe, healthy, secure, satisfying, meaningful and productive lives. PPR also is the process by which providers demonstrate sustained compliance with Federal Intellectual and Developmental Disabilities Waiver, Individual and Family Support Waiver, and Home and Community-Based Settings Rules requirements, where applicable.

## 2. APPLICABILITY

This policy applies to QAPMA, DDA, and Operations staff, and to providers of services and supports to people with intellectual or developmental disabilities who receive services as



part of the DDA Service Delivery System, funded by DDA or the Department of Health Care Finance.

#### 3. AUTHORITY

The authority for this policy is established in DDS 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.*).

#### 4. POLICY

- A. DDS will regularly evaluate, trend, and report each DDA residential and day provider's performance in key areas using the PPR process, which occurs on at least an annual basis.
- B. DDS will require DDA providers, regardless of performance, to respond and to address their continuous improvement plan ("CIP") to demonstrate they are providing high quality services and developing best practices.

## 5. RESPONSIBILITY

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

## 6. STANDARD

DDS shall maintain a system for PPR that includes, at a minimum, the following elements:

- A. All provider performance data shall be synthesized from throughout DDS and presented in a coordinated and comprehensive manner on at least an annual basis. QAPMA shall be responsible for managing this process and coordinating performance measure data.
- B. QAPMA shall establish specific performance measures for tracking DDA provider performance in the following domains: Health and Wellness; Rights and Dignity; Service Planning and Delivery; Safety and Security; Relationships; Community Integration; Satisfaction; Choice and Decision Making; Fiscal and Organizational Accountability; and other areas determined by the Director of DDS. HCBS Rule requirements shall be incorporated throughout the various domains.
- C. QAPMA shall establish a methodology to measure provider quality and performance based on various benchmarks. Any provider that is assessed or determined to be



below the set benchmarks will be required to remedy any performance deficiencies according to their CIP.

- D. The PPR shall be an interactive process with the provider, led by the assigned Quality Resource Specialist ("QRS") or other agency designee.
- E. In addition to information already available through monitoring tools, the issues system, and incident data, the QRS is responsible for gathering performance information from other DDS units, including, but not limited to: the Service Planning and Coordination Division; Health and Wellness; Business Operations; and the Incident Management and Enforcement Unit.
- F. Performance data will be made available to the DDA provider within 14 days following the end of the review period. The provider is expected to review the data, raise any concerns it has, and provide evidence to support its position not more than 30 days following the end of the review period.
- G. The QRS shall enter the CIP into MCIS and work with the provider to finalize the CIP and implement it.
- H. The QRS shall review providers' progress on achieving goals in their CIP at least quarterly and may initiate further remedial actions based on these quarterly reviews.
- I. PPR results will be listed on the official DDS website, detailing each provider organization's results for public access.
- J. At its discretion, and in accordance with the Imposition of Sanctions Policy, DDS will sanction DDA providers that do not comply with the PPR process, whose performance falls below benchmarks, or who fail to make sufficient progress in adhering to the terms of their CIP.
- K. For providers with Human Care Agreements, DDS may take a pro rata share of the vacancy and administrative rate for the vacancies caused by, or unable to be filled due to, the provider's deficient performance.

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Andrew P. Reese, Director	Approval Date