



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

PROCEDURE	
Department on Disability Services	Subject: Provider Performance Review
Responsible Program or Office: Quality Assurance and Performance Management Administration	Policy Number: 2023-QAPMA-PR001
Date of Approval by the Director: Apr.10, 2023	Number of Pages: 5
Effective Date: Apr. 10, 2023	Expiration Date: N/A
Supersedes Procedure (dated): 2015-DDS-QMD-PROC001, Provider Performance Review Procedure (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 procedure is to implement the Department on Disability Services' ("DDS") Provider Performance Review ("PPR") Policy. 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, satisfied, meaningful and productive lives.

2. APPLICABILITY

This procedure applies to DDS's Quality Assurance and Performance Management Administration ("QAPMA"), Developmental Disabilities Administration ("DDA"), and DDS Operations staff, and to providers of services and supports to people with intellectual or developmental disabilities within the DDA Service Delivery System.



3. SUMMARY OF THE PROVIDER PERFORMANCE REVIEW PROCESS

- A. The PPR synthesizes provider performance data from various sources within DDS and shares it with providers at least annually through MCIS.
- B. The QAPMA Quality Resource Unit (“QRU”) identifies the key performance measures for PPR and evaluates, on a quarterly basis, benchmarks for ongoing compliance with rules, policies and procedures, health and wellness standards, and quality outcomes for people supported.
- C. The PPR results in a provider continuous improvement plan (“CIP”) to address performance measures that fall below established benchmarks and that includes recommendations on quality improvement strategies in support of advancing best practices. CIPs for Home and Community Based Services (“HCBS”) Waiver providers also provide critical compliance assessment and feedback in alignment with the requirements of the Federal Intellectual and Developmental Disabilities Waiver, Individual and Family Support Waiver, and Home and Community-Based Settings Rules requirements, where applicable.

4. PROCEDURES

The following procedures apply:

- A. The QRU, in coordination with DDA’s Health and Wellness Unit and Service Planning and Coordination Division (“SPCD”), shall establish and share with the provider community key performance indicators and related benchmarks, inclusive of the various HCBS Rules requirements. Provider performance requirements in each key area shall be reviewed annually.
- B. QRU shall derive and synthesize data on provider performance from various monitoring activities for the reporting period including, but not limited to, monitoring by SPCD, QAPMA, Health and Wellness, and DDS’s Contract Administrators. In addition, monitoring tools from external sources, such as the Quality Trust for Individuals with Disabilities, DC Health’s Health Regulation and Licensing, court reports, and data from issues identified and incidents reported to DDS, will be included as necessary.
- C. QRU shall develop an annual PPR schedule for all of its assigned day 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; In-Home Supports; Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (“ICFs/IID”); Supported Employment; Employment Readiness; Day Habilitation; Small Group Day Habilitation; and Individualized Day Services.



1. The Quality Resource Specialist (“QRS”) is responsible for creating and following an annual schedule of review for each residential and day provider. After the PPR and subsequent CIP have been completed, the QRS tracks the effectiveness of their assigned providers’ CIP on a quarterly basis. The QRS will review the performance measures and the provider’s progress updates on an ongoing basis.
 2. The responsibilities of the QRS in managing the PPR process include, but are not limited to, the following:
 - a. Managing the review schedule for DDA providers;
 - b. Liaising with various units through DDS to collect quality information about provider performance;
 - c. Aggregating and trending data by provider and making recommendations for provider-level systems change, performed by individual QRSs;
 - d. Developing and implementing quality improvement activities with the provider based on results of the performance indicator analysis;
 - e. Monitoring the provider CIP progress and monitoring data on a quarterly basis;
 - f. Coordinating with the provider’s Contract Administrator regarding individual provider performance for the Office of Contracting and Procurement; and
 - g. Determining whether the provider has any concerns about underlying policies and goals at the provider or DDS level; collaborating with the provider to make any changes needed to their policies and goals through the CIP; and raising concerns to the Deputy Director for QAPMA to the extent DDS policies and procedures are creating a barrier to achieving quality outcomes.
- D. QRU shall share the synthesized quality data and hold an annual PPR meeting with each provider.
1. In advance of each of these conferences:
 - a. A PPR announcement letter, including any requests for information, will be sent by e-mail to all participants of the upcoming provider review process not later than ten (10) calendar days following the end of the review period.
 - b. PPR data shall be available in MCIS for provider review not later than fourteen (14) calendar days after the end of the review period. The provider is responsible for identifying and raising to the QRS any discrepancies or



concerns with the synthesized DDS data and reports not later than thirty (30) calendar days following the end of the review period.

- c. Health & Wellness and DDS Contract Administrators will enter into MCIS qualitative, evidence-based information on provider performance, if applicable, within twenty (20) calendar days of the end of the review period.
- d. The provider is responsible for submitting the Provider Profile Update (“PPU”) and other information as requested by DDS within twenty (20) calendar days of the end of the review period including, but not limited to, the following:
 - Good Standing Letter (for all states where services are provided);
 - Business License to Conduct Business in the District of Columbia;
 - Maryland Provider Agreement or Approval Letter/ Memorandum Of Understanding (“MOU”) for Maryland (if the provider has Maryland locations);
 - Current List of the Members of the Board of Directors, Human Rights Committee and Psychiatric Review Committee;
 - Updated Emergency/Disaster Plan;
 - Organization Structure/Chart;
 - List of Clinical Support Service Provisions (list all currently employed and/or contracted with the agency);
 - Agency-Wide Staff Development and Training Status;
 - New Employee Data;
 - Program Structure;
 - List of Services Provided and Current Program Census for Each
 - Program Admissions for Review Period;
 - Overview of the Number of People Accessing Community Resources: Supplemental Nutrition Assistance Program (“SNAP”), Ticket2Work, Temporary Aid to Needy Families, Special SNAP Program for Women, Infants and Children, etc.;
 - Overview of Program Site Resource Usage: Energy Assistance Program, etc.;
 - Status of CIP/Improvement Areas from the Review Period;
 - Incident Management Data for the Review Period;
 - Program Accomplishments; and
 - Program Challenges.
- e. The QRS will review the PPU form upon receipt and follow up with the provider as needed for additional information.
- f. The QRS synthesizes the data from the review period and compiles a PPR summary report, which is shared with the provider prior to the PPR meeting.



- g. The PPR summary report is discussed and finalized with the provider at the in-person PPR meeting held at DDS or at the provider's headquarters.
 - h. Following the PPR meeting, the QRS enters the provider's areas of improvement in the CIP section in MCIS within three business days after the PPR meeting. The QRU supervisor reviews and approves the CIP within three (3) business days. Once approved by the QRU supervisor, the CIP is available to the provider.
 - i. Following availability of the CIP in MCIS, the provider must then complete the required provider sections of the CIP within five (5) business days.
 - j. The QRU supervisor reviews the providers' CIP sections for final approval within five (5) business days.
- E. Monitoring the Outcomes of the CIP
- 1. The QRS will conduct quarterly CIP visits to the provider.
 - a. In advance of these visits, the QRS will synthesize data on provider performance during the quarter from various monitoring activities including, but not limited to: monitoring by SCPD, the Quality Trust for Individuals with Disabilities, and DC Health; and data from issues identified and incidents reported.
 - b. In advance of these visits, the provider will review their progress on their CIP and their performance data from the quarter. The provider will enter a quarterly written CIP progress report into MCIS by no later than the twentieth (20th) day of the month following the month in which the reporting period concludes.
 - c. The QRS will review the written progress report and confirm the provider's progress, in part via quarterly monitoring of the implementation and effectiveness and progress of the CIP. The QRS will discuss data-driven performance trends with the provider and seek evidence of sustainability of remediation efforts.
 - 2. No later than the seventh (7th) day of the month following the month in which the provider entered the provider's quarterly written CIP progress report into MCIS, the QRU will document the provider's progress toward the achievement of the CIP and any other relevant information entered into MCIS. If the provider shows no evidence of progress or fails to make the entries as requested, then a provider issue will be entered.
- F. Providers may be sanctioned for not complying with the PPR process, for failing to achieve benchmarks in the PPR, and for not making sufficient progress toward achievement of the CIP, in accordance with the Imposition of Sanctions Policy.