

District of Columbia On-site Summary Report

I. Executive Summary

The Health and Welfare Special Reviews Team (H&W SRT) conducted a 5-day on-site review of the District of Columbia's home and community-based services (HCBS) Medicaid waiver programs from September 16 through September 20, 2019. The on-site review included multiple meetings with state directors and staff responsible for the administration and operation of the district's 1915(c) waivers including staff from the District of Columbia's Department of Health Care Finance (DHCF) and the Developmental Disabilities Administration (DDS). The H&W SRT also held meetings with representatives from Maryland's licensing entity, protective services entities, HCBS ombudsman, supports planners, case managers, providers, participants and other stakeholders. The focus of these meetings was to get a sense of how the process for reporting, investigating and resolving critical incidents operates in practice and how health and welfare is assured for HCBS participants in the district through the lens of these stakeholders. This on-site review was conducted as part of a national initiative to provide individualized technical assistance to states on maximizing the health and welfare of Medicaid beneficiaries, and to identify both promising practices and challenges to address.

The Department of Health Care Finance (DHCF) is the Medicaid agency responsible for the oversight of the two section 1915(c) waiver programs. DHCF's Division of Long-Term Care is responsible for the operation of the Elderly & Persons with Physical Disabilities (EPD) Waiver. The Department on Disability Services, Developmental Disabilities Administration (DDS) is responsible for the operation of the People with Intellectual and Developmental Disabilities (IDD) Waiver. The H&W SRT split into two groups: Team A focused on the IDD Waiver, and Team B focused on the EPD Waiver.

During the on-site review, the H&W SRT identified strengths and promising practices along with a few challenges listed here and summarized more fully later in this report.

Strengths and Promising Practices

- Strong DDS mortality review process
- Comprehensive incident management training
- Electronic incident management system (MCIS)
- Frequent communication between providers and DHCF
- Newly developed and implemented critical incidents dashboard for the EPD Waiver
- DHCF and DDS share promising practices across waivers

Challenges

- Communication with Adult Protective Services (APS)
- Inconsistent timeliness requirements between DDS service coordinators and investigators
- No system to track direct care worker issues

Recommendations

- Improved communication between DHCF and DDS regarding promising practices.

- The district should consider creating an abuse registry.

Overall, the district demonstrated that it has a comprehensive system for addressing, tracking, trending, and analyzing critical incidents. Individuals interviewed during the on-site review knew whom to contact if an incident happened, and stakeholders are aware of how to respond to critical incidents.

II. Background

Before the on-site review, the H&W SRT reviewed the EPD and IDD waiver program documents and other information in the public domain about HCBS programs and the health and welfare of participants. Table 1 lists the two waiver programs that the H&W SRT reviewed along with the waiver’s expiration date, operating agency, and target population.

Table 1. Waiver Programs Reviewed

Waiver Name and Number	Expiration Date	Operating Agency	Target Population
People with Intellectual and Developmental Disabilities (IDD) Waiver (0307)	November 2022	Department on Disability Services, Developmental Disabilities Administration (DDS/DDA)	Participants age 18 years and older with an intellectual or developmental disability
Elderly & Persons with Physical Disabilities (EPD) Waiver (0334)	June 2023	Department of Health Care Finance (DHCF), Division of Long-Term Care	Participants age 18 years and older with physical disabilities

Through review of preliminary information, the H&W SRT determined it was best to focus on both the EPD and IDD waiver programs since they serve different populations.

Descriptions of these two waivers follow:

IDD Waiver. The IDD Waiver serves approximately 1,835 participants and is operated by DDS. Each provider agency is required to have a Quality Management Coordinator and an Incident Management Coordinator. When an incident occurs, each provider has its own internal mechanisms for ensuring the report is made to the Incident Management Coordinator. The Incident Management Coordinator is required to enter the incident into the district’s online incident management system, called MCIS. The Incident Review Committee reviews all incidents that are received daily at 9 am, at which time they are assigned to an investigator. For reportable incidents such as hospitalizations or emergency room visits that are not associated with abuse, neglect, or exploitation (ANE), some provider agencies are qualified to conduct their own investigations. The DDS-assigned investigator from the Incident Management and Enforcement Unit (IMEU) follows the case documentation and the provider’s investigation steps in MCIS before making any recommendations for retraining or other follow-up activities and closing the case. Providers can become qualified to conduct

internal investigations by completing training and then reaching a minimum score on investigation reports, as reviewed by the investigative team. Notifications are completed through the system, including to the service coordinator, guardians of record, and any other family members identified. For serious reportable incidents, which include ANE, and serious physical injury, a provider cannot complete its own investigation. In these cases, an investigator from IMEU is assigned and must follow up with a face-to-face interview with the affected participant within 72 hours. MCIS sends automatic notifications to the service coordinator, guardians, and other family members. The service coordinator is tasked with immediate follow-up and ensures the health and safety of the member, with a face-to-face meeting required within 48 hours. The service coordinator may also assist in scheduling the investigator to complete the required visit with the participant. A completed investigation includes the required interviews and a record review of the participant's and provider's incident history in the past year, the participant's service plan and behavior support plan, and any hospital records as needed. Once complete (within 40 days), the investigation report is sent for review by the supervisory investigator to provide any feedback or other requirements. Recommendations for the provider for items such as retraining, removing the DSP from the participant's care, or review of the service plan are entered into MCIS, and notification of a completed investigation is sent to all parties within 45 days. The DDS compliance officer is then responsible for monitoring follow-up activities to ensure that all recommended actions are completed within the required timeframes.

Providers are required to issue track and trend reports quarterly to DDS. In addition, each provider agency is assigned a partnership with one of the 10 IMEU investigators, who provide initial and annual critical incident management training. Each provider also attends a quarterly quality committee meeting where additional training or discussion about critical incidents and other quality topics occurs.

EPD Waiver. The EPD Waiver serves approximately 3,000 individuals and is operated by the Department of Long-Term Care (DLTC) within DHCF. Individuals receive personal care, assisted living, and other services.

The district uses Casenet as its case management system to receive and track incidents. When an incident occurs, providers are expected to conduct their own investigation where appropriate, including filling out the requisite information in Casenet and reporting the incident to APS or the District of Columbia police if indicated. Casenet has built-in triggers for the tracking of timeliness and responses to ensure reports are not missing information. The reporting entity is required to enter information in the system as the investigation progresses, and the recipient's case manager may also play a role in adding information regarding recipient status. Providers generally report the first-line information, and case managers might complete the follow-on information. DLTC staff follows up with the reporting entity if they have any questions. There are two categories of incidents reported in Casenet, serious reportable incidents and reportable incidents. Serious reportable incidents are reported within 24 hours to DHCF, APS, and the Police Department if indicated for that investigation. Reportable incidents are reported to the DHCF and investigated by the

provider. Reportable incidents include but are not limited to medication error, missing person, hospitalization, suicide threat, vehicle accident, fire, emergency room visit, emergency relocation, property destruction, and other events or situations that involve harm or risk of harm to a participant. Both incident types have their own required reporting timelines to ensure that the response time is appropriate for the incident's severity level.

III. The District of Columbia On-site Review

The on-site review activities were conducted to better understand the critical incident process and to ensure participants know whom to contact if there is an incident affecting their health and welfare. They included meetings with the district staff, providers, participants, and representatives from the district's licensing entity, protective services entity, protection and advocacy entities, and HCBS ombudsman.

Strengths and Promising Practices

The following is an overview of the state's strengths and promising practices identified by the H&W SRT regarding the design or practice of assuring the health and welfare of HCBS participants in the District.

- A. Strong DDS mortality review process.** DDS has developed a robust mortality review process. Each death is treated as a reportable incident and is required to be reported. Each death reported is assigned a level of 1, 2, or 3, which determines how much information is required to be collected in the beginning of the investigation. A committee meets monthly to review the deaths that have been reported. The committee reviews documentation and completes an investigation into the death within 45 days of receiving the documentation to answer whether the death was preventable and provide the rationale to justify the response. Further, the Fatality Review Committee, developed by the Mayor's Office, reviews data and helps forge recommendations for systemic changes to support the health and safety of participants.
- B. Comprehensive incident management training.** DDS ensures a comprehensive incident management training at every level of the process. Investigators spoke about comprehensive training and certification through Labor Relations Associates. The investigators are also paired with a provider agency to provide additional trainings throughout the year. Monthly provider meetings are held, with each investigator responsible for providing an additional training topic each month; a recent topic was whistleblower protections. Providers spoke about the general Phase 1 training, which included when and how to report incidents, and a Phase 2 training, which included specific person-centered training on each participant's service plan and behavior support plans. Providers were also knowledgeable about the role of the Incident Management Coordinator and the Quality Management Coordinator at their specific provider site. Participants were also aware of the process, having received information from their service coordinator.
- C. Electronic incident management system (MCIS).** MCIS is the electronic system used by DDS that houses incident reports, notifications of incident reports, investigation reports, and notes regarding the status of follow-up activities per investigator recommendations. The system allows for data to be tracked and trended including

filtering by participant, staff, or provider agency. Although MCIS is an effective system overall, investigators reported ways for the system to be improved.

D. Frequent communication between providers and DHCF. Providers from both waivers reported that there is ongoing communication with DHCF and DDS. Providers for the IDD Waiver indicate that they have quarterly meetings with DDS, and all noted the quarterly track and trend reports that they submit to DDS for review. Providers also noted their awareness of the compliance reviews, which occur every other year for high-performing providers and annually for the remaining providers. Providers on the IDD Waiver were knowledgeable about the criteria they would need to meet in order to be approved to investigate their own incidents and for an extended period between compliance reviews. As noted above, EPD Waiver providers are regularly receiving dashboard reports from DHCF now that the critical incident dashboard has been implemented.

E. DHCF and DDS share promising practices across waivers:

When comparing the incident management systems for the two waivers, the critical incident management process for participants on the IDD Waiver is more advanced than the process for participants on the EPD Waiver. The District staff noted that this was due to additional resources being applied to the IDD Waiver's processes following a court settlement agreement, which included enhanced monitoring and adoption of some of the recommendations released by the Mayor's Office. The new resources include a mortality review process, ongoing training for providers through partnership with incident investigators, and ongoing data tracking and trending.

DHCF noted it is considering to replicate the processes in place already for DDS regarding the EPD Waiver; examples are moving APS within the Department of Aging and Community Living to improve communication and developing and implementing a robust mortality review process. Also, DHCF recently created a critical incident dashboard to (1) help track and monitor serious and reportable incidents related to people enrolled in the EPD Waiver and (2) improve DHCF's efforts for tracking and trending incident data across participants and providers. Data indicating patterns of incidents will also inform DHCF's training efforts going forward.

IV. District Challenges

The following is an overview of the challenges identified by the H&W SRT regarding the design or practice of ensuring the health and welfare of HCBS participants in the district.

A. Communication with APS. During multiple interview sessions, attendees reported that it is unclear which types of referrals APS will accept. During a meeting with the HCBS ombudsman and an advocacy entity, attendees expressed hesitation to contact APS. The concern expressed by the meeting attendees was that the outcome of some of the APS referrals was participant placement in a nursing facility instead of providing the needed supports and services for the person to remain in the community. Attendees also said that there is a lack of communication once an investigation is started by APS, noting that there is little notification of investigation results or recommendations.

B. Mismatched timeliness requirements between DDS service coordinators and investigators. Investigators in IMEU noted a lack of partnership with the service coordinators, which is exacerbated by the policies required for follow-up by each entity when an incident is reported. Service coordinators are required to follow up within 48 hours after an incident is reported; investigators are required to follow up within 72 hours after an incident is reported. Investigators noted that by the time they can speak with a participant, the service coordinator may have already followed up with them and potentially influenced the investigator's interview.

C. No system to track direct care worker issues. There is no license or certification required for direct service professional (DSP), nor is there a registry listing the DSPs who have been identified as the perpetrator in a substantiated incident of ANE.

V. H&W SRT Recommendations and Next Steps

CMS appreciates the District's participation in the H&W SRT and would like to provide recommendations that would enhance the state's ability to safeguard health and welfare.

A. The district may benefit from developing standards for investigations:

1. Some states have found it beneficial to have well-defined policies on the scope of investigations that will be conducted by the varied entities including APS. Established policies for APS can then lead to establishment of protocols for District of Columbia and provider agencies to cover other areas that may jeopardize participant health and welfare.
2. The policy on investigations should include a mechanism to coordinate the case manager and investigator work. Since the individual's preservation of health and welfare is primary, perhaps the investigator could coordinate the first visit with the case manager to obtain preliminary information for the investigation.

B. The district should consider creating an abuse registry:

Investigators within IMEU noted that they have the most success in preventing providers from moving among agencies without consequence when they can include a complaint to a licensing agency, for example, to the Board of Nursing when a nurse is found to be accountable in a substantiated critical incident of abuse, neglect, or exploitation (ANE). However, for a DSP, there is no license or certification required, nor is there a registry listing the DSPs who have been identified as the perpetrator in a substantiated incident of ANE. As a result, the investigators found that DSPs involved in substantiated incidents often moved from one agency to another and that they had little recourse to prevent this from happening.