



GOVERNMENT OF THE DISTRICT OF COLUMBIA

**DEPARTMENT ON DISABILITY SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION**

**PERFORMANCE AND QUALITY
MANAGEMENT STRATEGY**

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PERFORMANCE AND QUALITY MANAGEMENT STRATEGY

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DDS Mission Statement: *To provide high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.*

PERFORMANCE AND QUALITY MANAGEMENT STRATEGY

The Department on Disability Services' Developmental Disabilities Administration (DDS/DDA) will maintain an active Performance Management Program (PMP) and Quality Management System (QMS) for the purposes of oversight and assessment of the District's Developmental Disabilities service system. The two combine to form the strategy that will ensure the mission of the agency is achieved and compliance is maintained with all local and federal rules and regulations and federal court orders. DDS/DDA establishes performance measures and benchmarks for its work units and desired outcomes for the service system, and publishes an annual Department Performance Plan to report to the public on Key Performance Indicators (KPIs).

The QMS describes the functions and activities directed at evaluating the effectiveness of the DDA service delivery system via the provider network. The PMP describes the functions and activities directed at evaluating the effectiveness of District government employees of DDS/DDA in carrying out their roles and responsibilities.

The strategy focuses on the performance of agency-wide functions that significantly affect outcomes for the people supported by the agency. Structural systems are in place to enable appropriate individuals and inter-agency teams to work collaboratively to plan and implement initiatives, including targeted interventions to improve performance and quality. This is accomplished by continuously assessing, monitoring, measuring and lastly evaluating operational and person-centered performance outcomes of service delivery processes.

DDS/DDA shall cooperate with the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), the Department of Health Care Finance (DHCF) and the Office of the Inspector General (OIG) in its continuous quality improvement (CQI) efforts. This shall

include implementation of the quality assurance plan found in the approved DDA Home and Community-Based Services (HCBS) waiver by DHCF and DDS, licensing and certification of homes serving four (4) or more persons by DOH/HRLA, incident investigations by the OIG and DOH/HRLA, and participation in CQI, Mortality Review and Fatality Review committee activities.

Personal Outcomes

- A. People we support live, work and engage in community life in the most integrated and inclusive community settings.
- B. People we support are treated with dignity and respect, and services DDS/DDA coordinates optimize their initiative, autonomy and independence.
- C. People we support have valued roles in their community such as employees, friends, volunteers and neighbors.
- D. People we serve are supported to seek employment and work in integrated competitive jobs.
- E. People we support receive quality health care and supports appropriate for their age, gender and preferences.
- F. People we support are free from harm, exploitation, coercion and restraint.
- G. People we support exercise their rights and have the supports to do so in the most independent manner.
- H. People we support are respected as adults who share responsibility for contributing to his or her personal and financial development and independence.
- I. People we support are at the center of the decision-making process and live self-determined lives.
- J. People we serve are supported by trained staff in culturally and linguistically competent organizations.
- K. People we support receive cost effective services and supports.

This strategy will serve to guide the organizational structure and operation of quality assurance and improvement activities; to promote access to and quality of care and service in a timely, appropriate, and cost effective manner; and to improve individual personal outcomes.

DDS/DDA's strategy must meet the Centers for Medicare and Medicaid Services (CMS) assurances for the operation of the DDA HCBS waiver program, and District rules and regulations.

CMS HCBS Waiver and Settings Standards

The following expectations are aligned with the CMS quality assurances.

- Access: Ensure informed choice and timely delivery of services and supports that reflect personal preferences and needs in the most integrated settings possible.
- Service Planning and Delivery: Ensure information is communicated in easily understandable language and accounts for cultural considerations. Ensure that the person is at the center of planning and decision-making and that his or her strengths, preferences and opportunities for personal growth are at the forefront. Ensure that risks are assessed, identified and addressed through the person-centered planning process, balancing health, safety and well-being with the dignity of risk-taking. Identify potential and actual health and service delivery problems and facilitate corrective action.
- Qualified Providers: Maintain a robust, continuous quality assurance system that constantly monitors provider performance in adherence to rules, regulations, policies and procedures as well as achievement of personal outcomes for the people served. Require and support the provision of trained staff at all levels of the service system to ensure individualized and effective supports and services. Maintain a network of qualified providers sufficient to offer people choice, address their clinical needs, and enable them to achieve personal goals.
- Protection of Rights: Maintain an effective program of oversight to ensure individual rights are protected via Restrictive Controls and Human Rights Review Committees, and the Internal Problem Resolution system. Provide information, education and advocacy for capacity building, supported decision-making, and other less restrictive alternatives to minimize the use of guardianship.
- Protection from Harm: Maintain a system of reporting, monitoring, investigation, and corrective action in critical areas of abuse, neglect, and exploitation, with tracking and trending of data to identify and intervene where people may be at increased risk.

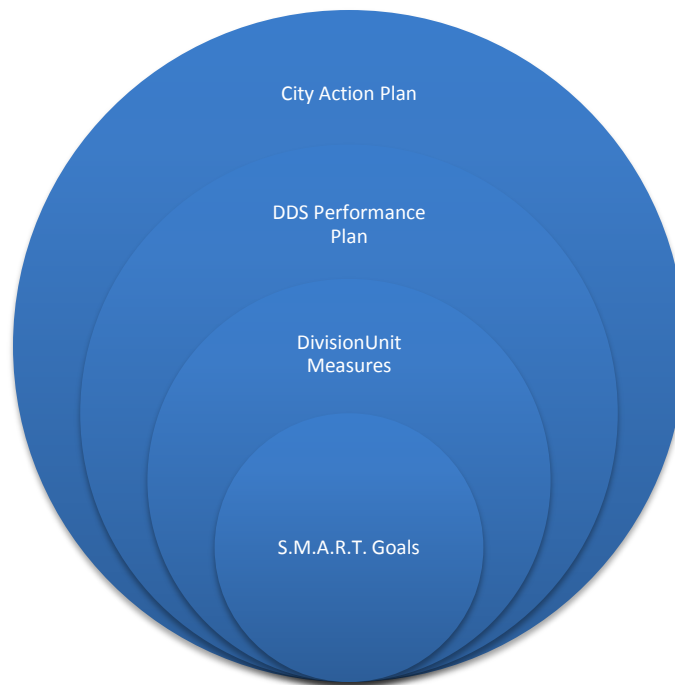
- Satisfaction: Evaluate the satisfaction of people and families receiving services to ensure the agency continues to provide quality services.
- Quality and Performance Improvement: Maintain an effective quality and performance management program and applicable policies and procedures through monitoring, measurement and program evaluation on a regular and routine basis. Advance best practice through on-going education, information, training, and research in all of the above areas.
- Financial Accountability: Maintain a system of utilization management and audit to ensure proper service levels are authorized. Through increased independence and employment, reduce reliance on paid supports.

DDS Performance Management Program

The Performance Management Program ensures that the mission and objectives of DDS/DDA are embedded in the overall operations and communications of the agency. Each year, DDS/DDA shall develop a Performance Plan that is used by the Executive Office of the Mayor, D.C. City Council and the public at large to monitor performance and progress on stated objectives. The Performance Plan will consistently set annual objectives under the same framework described above to ensure that a focus is maintained on core expectations and that progress builds from one year to the next in a logical manner.

In addition to the published DDS Performance Plan objectives, each DDS and DDA work unit will establish additional performance objectives and measures each year to guide the management work plan and performance evaluation of the work unit. Additional objectives and measures will address the breadth of the unit's responsibilities and focus on known areas needing improvement and/or on advancing best practice.

The work unit objectives shall be reflected in the employee's District of Columbia Annual Personnel Performance Plan S.M.A.R.T. goals for the upcoming year. This ensures that the agency is capturing data, monitoring performance and making adjustments as needed through the workforce performance systems in alignment with program objectives.



Authority and Accountability

The DDS Director holds final authority, accountability and responsibility for the allocation of resources and decisions concerning the annual agency Performance Plan. The Executive Office of the Mayor approves the Performance Plan. The DDS Performance Management Unit is responsible for coordinating updates on progress and outcomes on a quarterly basis.

The DDS Director delegates appropriate responsibility, authority, and accountability for the activities and outcomes of the DDA component of the annual Performance Plan to the DDS Deputy Director for DDA.

The DOH Senior Deputy Director is responsible for the implementation of D.C. licensure and, federal Intermediate Care Facility for People with Intellectual and Developmental Disabilities (ICF/IDD) certification of Chapter 35 group homes and investigations of incidents for persons who live in those homes. The DHCF Deputy Director for Medicaid holds authority and accountability for the implementation of the oversight and quality assurance activities conducted by DHCF over the DDA HCBS waiver program as prescribed in the approved waiver

application. Quality assurance activities for the DDA HCBS waiver program in its entirety are shared between DHCF and DDS.

Performance Management Meetings

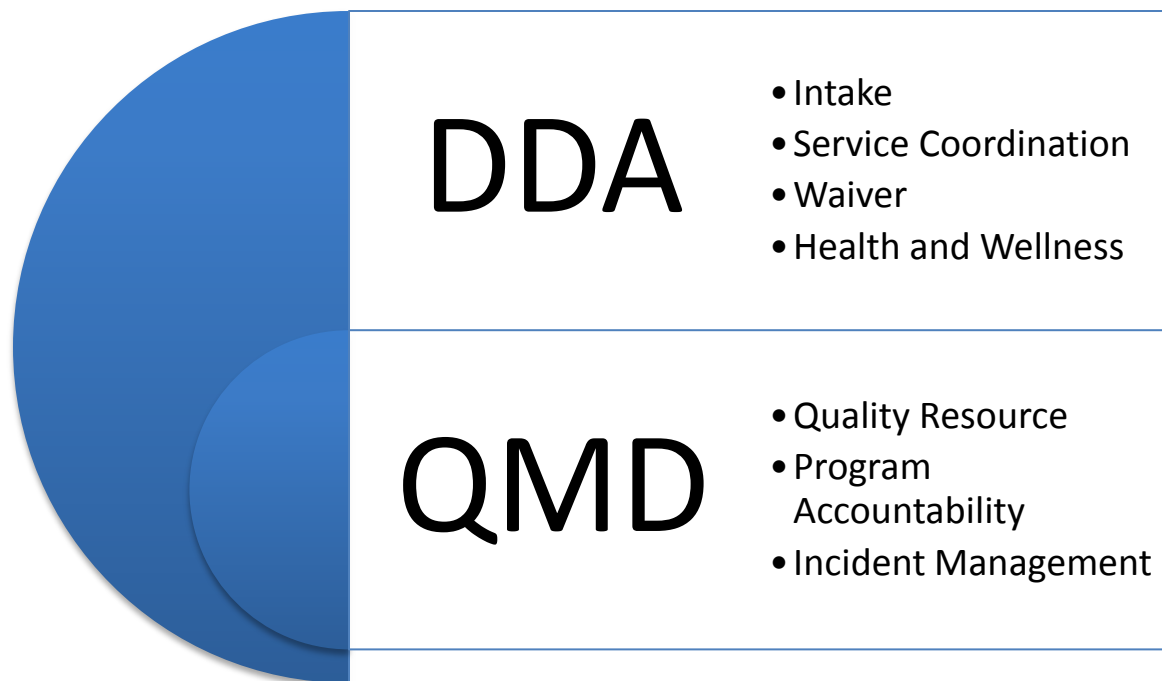
DDS shall combine all agency and work unit performance objectives and measures for centralized tracking in Performance Reporting On-line (PRO). Each work unit measure shall identify an owner who is responsible for monthly and/or quarterly reporting of performance for the preceding time period by the 15th of each month.

The DDS Deputy Director for DDA and the DDS Quality Management Division Director shall hold performance meetings with their respective work units between the fifteenth of the month and the third Wednesday of each month. Those meetings shall include and document in PRO:

- A review of performance against target goals
- An analysis of barriers to or deficits in performance
- Recommendations to address identified barriers or deficits

The DDS Performance Management Unit shall also review the performance findings for the preceding month on behalf of the DDS Director, create additional queries and reports as deemed necessary and prepare a summary of recommendations, if any, for performance improvement.

The DDS Director will convene a meeting with each Administration and Division to review all performance metrics and initiatives with each Administration and Division. The DDS Deputy Director for DDA and the DDS Quality Management Division Director will lead their respective meetings to provide an overview of key performance gains or concerns and corrective actions, as well as document relevant action steps for follow-up at the subsequent meeting. The DDS Performance Management Unit shall present any independent findings and analysis for consideration by the team.



The DDS Deputy Director for Administration shall coordinate the submission of updates to the DDS Performance Plan to the Office of the Deputy Mayor for Health and Human Services and Office of the City Administrator, as requested.

External Quality Assurance and Improvement of DDS/DDA Performance

Department of Health Care Finance

DHCF, in its role as the Single State Medicaid Agency is also responsible for conducting reviews of quality assurance and improvement functions over DDA's operation of the HCBS waiver program. These functions are described in the approved DDA HCBS waiver and as outlined in the Memorandum of Agreement between the two agencies. DHCF retains administrative authority at all times for the operation of the DDA HCBS waiver program.

DHCF shall ensure the submission of monthly and quarterly reports by DDS of its internal performance management results. DHCF will conduct sample audits of DDS performance and provider audits and submit to DDS Discovery and Remediation reports for DDS's follow-up and corrective action.

Annual DDS Service Coordination Performance Audit

DDS shall contract with an external Quality Improvement Organization to conduct an annual audit of the DDA Service Coordination service delivery performance. Results will inform the DDS Director and the DDS Deputy Director for DDA about trends in performance and areas for quality improvement initiatives.

DDS/DDA Service Delivery Quality Management System

The DDS/DDA Quality Management System (QMS) shall be focused on three main areas of performance outcomes:

1. The person is receiving all of the services and supports in the scope, frequency and duration required (Service Planning and Delivery).
2. The Service Provider is and remains “Qualified” and compliant with rules, policy and procedures (Qualified Provider).
3. DDS/DDA effectively employs a system for the protection of rights, freedom from harm and continuous quality assessment and improvement to support positive personal outcomes (QA/I System).

Authority and Accountability

Service Planning and Delivery

The Intake Unit shall ensure all people who are eligible for DDA services receive timely eligibility determinations and initial evaluations and assessments, and information regarding the availability of services and supports through the Medicaid State Plan and the DDA HCBS waiver program.

The Service Planning and Coordination Division has overall responsibility for the development of comprehensive, person-centered service plans, submission of timely service authorization requests, and the on-going monitoring and follow-up of all services and supports. The individual service coordinator shall monitor the delivery of services and supports as per the Individual Support Plan (ISP) through on-site monitoring at the location(s) of service delivery per the

schedule of review required by the program type. Variances in authorized services and supports will be recorded in the Issue Resolution System for tracking and trending purposes. Each supervisor and manager shall evaluate through the supervisory meeting process compliance with those monitoring standards with the assistance of the DDS/DDA Performance Dashboard. The Performance Dashboard shall also identify Outstanding Issues assigned to individual DDS/DDA personnel for follow-up. Service Coordinators are responsible for completing Residential and Day Monitoring tools that include questions to ensure setting where services are provided comply with the CMS HCBS Settings Standards.

The Service Coordinator Supervisor shall be responsible for performing monthly record reviews (ISP Quality Review) of a random sample of persons drawn by the DDS IT Unit. The sample is calculated each year to be statistically significant and each Supervisor shall review people outside of his or her direct oversight. The ISP Quality Review evaluates compliance with DDS/DDA ISP policy and HCBS waiver requirements/assurances.

The Waiver Unit shall ensure that all service authorizations for HCBS waiver services are supported by the service plan, meet utilization management requirements, and are processed in a timely manner to ensure access to and continuity of services and supports. The Waiver Unit shall also support the Service Planning and Coordination Division by providing information and technical assistance regarding public benefits. The Waiver Unit receives monthly reports from OCFO regarding the balance of the DC Trust Checking Account.

The Health and Wellness Unit is composed of a clinical team of licensed health care professionals that synthesize, analyze and evaluate the health care delivery systems of the providers to ensure quality health care is being implemented to support the best health outcomes in accordance with evidence-based practices. Monitoring of these services may involve a variety of strategies and techniques to review quality assurance systems; evaluate compliance in accordance to policies and procedures; ensure standard practices and regulations are followed; and provide recommendations to advocate on behalf of people with intellectual developmental disabilities (IDD).

The Program Accountability Unit (PAU) shall prepare quarterly reports of performance findings and recommendations for improvement, if any, of these monitoring and review functions for the submission of findings to the DDS Deputy Director for DDA. Any significant findings in these reports are also submitted to and discussed by the DDS Quality Improvement Committee.

Qualified Providers

The DDA service delivery system is comprised of residential, in-home, day, vocational, employment, clinical and adjunct service providers who shall be determined qualified prior to delivering any service. DDS/DDA shall ensure the on-going monitoring and evaluation of each provider's compliance with rules, policies and procedures through effective use of data analysis and annual certification and/or licensure activities by both DDS and DOH/HRLA.

The Quality Resource Unit (QRU) shall maintain a roster of all approved residential and day providers of service, including HCBS waiver providers and ICF/IDD providers. The QRU has overall responsibility for serving as the program administrative liaison between DDS/DDA and the provider community. The QRU shall maintain the roster of approved qualified.

The QRU shall ensure a qualified provider network through the completion of the following responsibilities:

- Annual on-site inspection of each residential and day/vocational service location in the District of Columbia and Maryland suburbs.
- Management of the Annual Provider Performance Review (PPR), including HCBS waiver providers' transition plans to reach full compliance with the federal HCBS Settings Rule.
- Management of the provider leadership meetings that will meet at least ten times a year and maintains a written record of its activities where DDS/DDA communications, policy changes, training, and information exchange will occur.
- Participation in provider performance audits in areas including but not limited to staff training, personal funds and possessions, adaptive equipment, etc.
- Follow-up and technical assistance for assigned Issues in the Issue Resolution System.

The QRU also serves as the source of on-going data gathering, monitoring, analysis and reporting, and coordinates enhanced monitoring activities of poorly performing providers. The DDS Information and Technology Unit as well as the Performance Management Unit shall support data gathering, reporting and analysis as appropriate. All data will be maintained in such a manner as to ensure analysis and reporting by participation in the DDA HCBS waiver status. Data will be evaluated at the Provider level by quarter to contribute to provider performance monitoring. For providers on sanctions, the QRU shall ensure the corrective action steps in the provider's Plan of Correction are reviewed and implemented.

The Waiver Unit shall conduct audits at each residential provider each year to test compliance with the Personal Funds Policy and Procedure.

The Health and Wellness Unit (HWU) focuses on ensuring that all health and mental/behavioral health service delivery and related policy and decisions follow medical, ethical and quality standards, principles and practices. HWU collaborates with the DDS Quality Management Director, service coordination and other appropriate staff. The HWU is responsible for ensuring that providers implement the DDS/DDA Health and Wellness Standards and have mechanisms for monitoring and evaluating the quality and safety of services. The HWU shall conduct random sample record reviews on a semi-annual basis at each provider to test the provider's compliance with the Health and Wellness Standards and evaluate the provider's internal quality assurance system to monitor the delivery of quality health care services.

The Incident Management and Enforcement Unit (IMEU) conducts investigations into allegations of abuse, neglect, or exploitation, serious physical injuries and other incidents classified as Serious Reportable Incidents. The IMEU investigator ensures the immediate health and safety of the person and/or other persons served in the same location are protected, and collaborates with the Service Coordinator for immediate follow-up services. IMEU will make recommendations to the provider, support team and DDA as needed in each circumstance to mitigate the risk of reoccurrence, and ensure follow-up through tracking in the MCIS Incident Recommendation module. IMEU works in liaison with the Metropolitan Police Department (MPD) and other law enforcement agencies and prosecutors in the region on incidents involving

criminal offenses by making appropriate referrals to MPD and other local law enforcement agencies to ensure an accused provider staff member is considered for criminal prosecution, in cases that warrant such actions. IMEU also investigates and ensures that the provider has thoroughly investigated all other Serious Reportable Incidents per DDS policy.

The QRU via the Immediate Response Committee (IRC) shall produce monthly reports of key performance indicators drawn from the Incident Management System and external monitoring sources to identify potential risks by person, location, provider or for the system at large. The QRU shall make recommendations to the DDS Deputy Director for DDA for intervention and corrective action when indicated, including, but not limited to, initiation of Enhanced Monitoring, specialized audit, recommendation for termination of the Human Care Agreement and/or Medicaid Provider Agreement, and placement on the Do Not Refer List.

The QRU shall identify on an annual basis key performance measures of the provider community and evaluate, on a quarterly basis, benchmarks for on-going compliance with rules, policies and procedures to ensure health and welfare. The measures shall include, but not be limited to, assessments of the following areas to promote the achievement of personal outcomes:

- Health and Wellness
- Rights and Dignity
- Service Planning and Delivery
- Safety and Security
- Relationships
- Community
- Choice and Decision-making
- Fiscal and Organizational Accountability

The QRU in conjunction with the DDS Information and Performance Management Unit will submit provider specific reports (all residential and day/vocational providers) on performance measures to the QRU on an annual basis for use in the *Provider Performance Review* process.

The Provider Certification Review Team (PCR Team) shall conduct the annual certification review of residential and day/vocational DDA HCBS waiver providers, including monitoring providers on their compliance with the CMS HCBS Settings Standards. DDS/DDA shall continue the on-going independent review by a qualified external quality improvement organization (QIO) to ensure arm's length objectivity is maintained. The results of the PCR are submitted to the DDS Deputy Director for DDA and posted on the DDS website. Results of PCRs can lead to 24, 12 or six-month certification, enhanced monitoring, recommendation for termination from the DDA Service Delivery system, and any other applicable DDS/DDA sanction. At the conclusion of the PCR, the PCR team enters outstanding deficiencies into the Issue Resolution System for assignment to the Quality Resource Specialist or Service Coordinator for follow-up and resolution.

The Department of Health, Health Regulation and Licensure Administration (DOH/HRLA) conducts licensing and certification reviews for Chapter 35 group homes and ICF/IDD homes. DOH/HRLA also conducts investigations into all deaths and of selected unusual incidents for persons who live in those homes. DOH/HRLA shares all reports and findings with the DDS QRU to ensure communication and coordination is maintained with the DDS/DDA systems.

The Provider Performance Review (PPR) Process shall ensure all provider performance data is synthesized from throughout DDS/DDA and presented in a coordinated and comprehensive manner on at least an annual basis. The PPR shall be managed by the QRU with a published annual schedule of review for each residential and day/vocational provider. At the time of the review, QRU will coordinate the receipt of key performance measures from the QRU and review the findings with the provider and representatives from the Service Planning and Coordination and Quality Management Divisions. A provider quality improvement plan shall address performance measures falling below established benchmarks. The provider shall also be supported to pursue quality improvement strategies in support of advancing best practice in the absence of performance deficits. Quality improvement plans for HCBS waiver providers shall include a transition plan to achieve full compliance with the requirements of the federal HCBS Settings Rule, where applicable.

In an effort to continually address and improve organizational performance and maintain high quality of care/services, the QRU representative will evaluate the provider organization's performance in key policy areas, and track the effectiveness of new, redesigned or improved processes employed by the provider agency on a quarterly basis. This will be achieved through receipt and review of performance measures from the QRU and a review of the provider's update on progress with the QI plan. The QRU manager shall initiate further remedial actions based on these quarterly reviews as needed. In summary, responsibilities of the PPR include, but are not limited to:

- Analyze and monitor provider performance indicators "Report Card" and Quality Improvement work plan for trends/variances and communicate recommendations to the DDS Deputy Director for DDA as needed to improve provider performance and personal outcomes.
- Develop and implement quality improvement activities with the provider based on results of the performance indicator analysis, including action steps to ensure full compliance with the CMS HCBS Settings Standards by March, 2019.
- Monitor the provider QI plan progress on a quarterly basis.

The Quality Assurance/Improvement System

The QA/I System shall be coordinated by the QM Division. The QA/I System shall be comprised of designated committees charged with specific policy and operational responsibilities on behalf of the DDS Director and/or DDS Deputy Director for DDA.

The DDS Director has overall responsibility for the Quality and Performance Management System program implementation and outcomes. Responsibilities include, but are not limited to:

- Approve policies and procedures.
- Provide resources and support systems for the quality and performance improvement program.
- Require the evaluation of the Quality and Performance Management System at least annually.

The DDS Quality Management Director is administratively and operationally responsible and accountable for the leadership and management of the Quality Management System and compliance with external quality review organizations or entities. This shall be achieved with the concurrent support of the DDS Deputy Director for DDA by achieving performance improvement strategies successfully. The DDS management team believes that indicators are central to the performance improvement process and have assigned the coordination of monitoring of the organization-wide performance indicator data to the Quality Management Division.

The Quality Resource Unit shall ensure the daily operation of the IRC and communication of any immediate health and safety concerns to the DDS Quality Management Division Director for action. The IRC is responsible for serving as the central point of daily review each business day for all reported incidents and issues submitted to DDA and completing the following actions:

- Determining if the person is safe based on the reported actions taken.
- Evaluating if the initial actions taken by the provider can be reasonably expected to promote the person's safety, health and welfare through the next 48 hours.
- For Serious Reportable Incidents, identifying who within DDA is responsible for investigation and follow-up.
- For Issues, determining if the reported Issue meets the standard of an Unmet Need, and determining the urgency with which the Issue needs to be resolved.
- Assessing whether the incident was reported accurately and timely.
- Using data to inform and foster improvements for individuals, providers and other systems.

The QRU shall receive all external licensing, certification and monitoring reports from DOH, DHCF, Disability Rights DC at University Legal Services, and the Quality Trust; enter significant findings in the Issue Resolution system; and coordinate response and follow-up with DDS/DDA as appropriate.

The PAU will produce quarterly reports on specific performance areas and submit significant findings to the DDS/DDA Quality Improvement Committee for its review and action. The PAU

shall also be responsible for ongoing reporting and communications regarding compliance related to the HCBS Waiver activities with DHCF. PAU maintains the Provider Sanction List and disseminates it on a weekly basis. This list tracks those providers on the Do Not Refer List, under Enhanced Monitoring and recommended for its Medicaid Provider Agreement to be terminated. Lastly, the PAU shall be responsible for organizing relevant information pertaining to providers' compliance with the CMS HCBS Settings Standards. This information originates from the PCR and Service Coordination Monitoring Tools and is submitted to QRU, the QMD Director and the DDA Deputy Director.

The Quality Improvement Committee (QIC) is responsible for recommending quality initiatives consistent with organizational priorities, and is comprised of the DDS/DDA management team and stakeholder representatives. The team oversees the implementation and application of the Quality Management System throughout the DDA service system. The committee is chaired by the DDS Quality Management Director, or designee, and will meet at least ten times a year and maintains a written record of its activities.

The DDS Director authorizes the QIC to:

- Identify areas needing remedial action as appropriate.
- Recommend and approve performance improvement initiatives.
- Forward timely reports about quality concerns and initiatives to the DDS Director and DDS Deputy Director for DDA.
- Review the Quality Management System and conduct a program evaluation annually.
- Forward the annual evaluation of the Quality Management System and updated Quality Management System Program for approval to DDS Director.
- Coordinate interdepartmental activities and facilitate exchange of information to provide feedback to DDS/DDA staff and the provider network.
- Develop and approve the annual performance indicator "Report Card" for the provider network including performance goals, targets and historical benchmarks, ensuring validity via oversight of the design and methodology of clinical and non-clinical initiatives or indicators and focused studies.
- Receive and evaluate reports from internal review committees and external performance

reviews.

- Conduct regular analysis of performance data from the Quality Management system and provide a quarterly report to the DDS Director regarding needs for improvement and corrective action.
- Charter performance improvement teams comprised of relevant stakeholders to improve quality of care and services provided.
- Receive and make recommendations regarding all areas of services provided by the organization.
- Receive reports on status of implementation of plans for correction and improvement from Fatality Review Committee, Mortality Review Committee and IMEU.
- Ensure receipt of timely reports about quality concerns and initiatives and forward to the DDS Director and DDS Deputy Director for DDA as appropriate.

The Restrictive Control Review Committee (RCRC) is responsible for approving use of restrictive interventions proposed by a qualified psychologist as presented in the person's Behavioral Support Plan (BSP). This is a required element in the process for the Waiver Unit to appropriately approve the provision of Behavioral Support Services. The Committee is coordinated by a Rights and Advocacy Specialist, who is responsible for maintaining oversight and reporting on the following performance indicators:

- Timely submission of BSPs with restrictive controls for review and approval.
- Timely review of BSPs by the committee.
- Review and approval rate of BSPs.
- BSP policy and procedure compliance

The RCRC, through the Rights and Advocacy Specialist, will collaborate with any DDA unit as needed to achieve provider compliance with RCRC requirements and recommendations. The Rights and Advocacy Specialist, or designee, will record all minutes in MCIS for review and action as needed.

The Human Rights Advisory Committee (HRAC) shall meet no less than ten times per year and is charged with the review of any potential human rights violations brought by people served by

DDA, DDA staff, provider staff and administrators, parents or advocates. HRAC shall also review all proposed placements of people into nursing facilities or other institutional care settings. The HRAC shall provide its findings to the DDS Director, and the DDS Deputy Director for DDA. The HRAC shall make recommendations for system improvement to the Quality Improvement Committee via the DDS Quality Management Director.

The Mortality Review Committee (MRC) is charged with the review and follow-up of all death investigations within forty-five business days of receipt of the final investigation report. The MRC, chaired by the DDS Quality Management Director, or designee, shall review each investigation for quality of the report and may seek to review the report with the provider if indicated. The MRC shall formally designate accepted recommendations from the death investigation and/or make additional recommendations as part of risk management. MRC recommendations shall be considered systemic recommendations to the provider, DDS/DDA and/or other systems for the purpose of mitigating future risk. DDS shall ensure all MRC recommendations are completed via specific follow-up by the appropriate staff, documented in the MCIS system, and reported as part of the provider performance metrics.

The Developmental Disabilities Fatality Review Committee (FRC) is charged by Mayor's Order 2009-225 to examine events and circumstances surrounding the deaths of all people served by DDA over the age of 18. The FRC is co-chaired by the Chief Medical Examiner and the DDS Deputy Director for DDA, or designee. The FRC duties include:

- Expeditiously review deaths of persons over the age of 18 served by DDA.
- Identify causes and circumstances contributing to the death.
- Review and evaluate services provided by public and private systems that are responsible for protecting or providing services and assess whether said entities have properly carried out their respective duties and responsibilities.
- In the individual and aggregate, identify strengths and weaknesses in the governmental and private agencies and/or programs and make recommendations to the Mayor and the agencies and programs directly to implement systemic changes to improve services or to rectify deficiencies.

Documentation and Recordkeeping

All committee meeting minutes will be kept, consistent with the District's or agency's document retention policy, and will reflect the date, duration of the meeting, the persons present and absent/excused, the person recording the minutes and the names and titles of guests. The minutes will include a summary of discussions, decisions and actions and are signed and dated.