



GOVERNMENT OF THE DISTRICT OF COLUMBIA

**DEPARTMENT ON DISABILITY SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION**

**PERFORMANCE AND QUALITY
MANAGEMENT STRATEGY**

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Director**

September 4, 2019

Quality is defined at the point of interaction between the staff member and the individual with a disability.”

– John F. Kennedy

“It is important to help people have positive, healthy experiences, adequate support, and ample opportunities to learn and make mistakes so that they can have better outcomes later in life.”

- Sheli Reynolds, PhD

“Managing any risk begins with learning what is "important to" the person as well as what is "important for", and helping to find a good balance between them. Often risk is significantly diminished when our understanding of what the person wants deepens and we find reasonably safe ways for the person to get it. In other instances understanding how important something is leads to better ways to support the person.”

– Michael Smull

“Do the best you can until you know better. Then when you know better, do better.”

— Maya Angelou

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The mission of the Department on Disability Services is to provide innovative 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' (DDS) Developmental Disabilities Administration (DDA) maintains an active Performance Management Program (PMP) and Quality Management System (QMS) for the purposes of oversight and assessment of the District's Developmental Disabilities system. The QMS describes the functions and activities directed at evaluating the effectiveness of the 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 in carrying out their roles and responsibilities. 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.

DDS aims to build and support a culture of quality services that is person-centered, outcome oriented, built on strengths, and that balances risk to support community integration and employment. The Performance and Quality Management Strategy focuses on the performance of agency-wide functions that significantly affect outcomes for the people supported by the agency. DDS 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). 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 reviews the PQMS annually and updates it every five years, guided by input from the Quality Improvement Committee,

What is one word you think of when you hear
the word quality?



DDS Performance Management Program

The Performance Management Program ensures that the mission and objectives of DDS are embedded in the overall operations and communications of the agency. Each year, DDS develops a Performance Plan that is used by the Executive Office of the Mayor, the Council of the District of Columbia, and the public at large to monitor performance and progress on stated objectives.

The performance plan describes new initiatives that will improve the quality of the agency's services and highlights metrics that meaningfully gauge agency progress against goals. Then, DDS completes and submits a Performance Accountability Report (PAR) at the end of the fiscal year to summarize accomplishments and report on whether or not the agency met the targets set forth in their performance plans for that year. Both the performance plan and the PAR are published online and are publically available.

In addition to the published DDS Performance Plan objectives, each DDS work unit establishes additional performance objectives and measures each year to guide the management work plan and performance evaluation of the work unit. Additional objectives and measures should 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 should 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 at least 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 and the DDS Deputy Director for the Quality Assurance and Performance Management Administration (QAPMA).

The DC Health Senior Deputy Director for the Health Regulation and Licensing Administration (DCHealth/HRLA) is responsible for the implementation of D.C. licensure and, federal Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) certification of Chapter 35 group homes and has discretion to investigate incidents for persons who live in those homes.

The Department of Health Care Finance (DHCF) Senior Deputy Director for Medicaid holds authority and accountability for the implementation of the oversight and quality assurance activities conducted by DHCF over the DDA Home and Community Based Services (HCBS) waiver programs as prescribed in the approved waiver applications. Quality assurance activities for the DDA HCBS waiver programs in its entirety are shared between DHCF and DDS.

The Chief of Staff coordinates 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.

Performance Management Meetings

DDS combines all agency and work unit performance objectives and measures for centralized tracking in Performance Reporting On-line (PRO). Each work unit measure identifies 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 manager for each unit is responsible for reviewing and analyzing performance data each month, including, at a minimum:

- A review of performance against target goals
- An analysis of barriers to or deficits in performance, including a narrative explanation for any measures that are not met
- Recommendations to address identified barriers or deficits
- Flagging any concerns to the appropriate Deputy Director or Chief of Staff

The DDS Performance Management Unit (PMU) aggregates agency wide data and performance measures, creates additional queries and reports as deemed necessary and prepare a summary of recommendations, if any, for performance improvement. PMU leads a monthly performance meeting for the DDS executive team to review all performance data and identify and remediate any concerns.

Developmental Disabilities Administration: Quality Management Strategy Overview

The Developmental Disabilities Administration (DDA) is responsible for the oversight and coordination of all services and supports provided to qualified persons with intellectual disabilities in the District of Columbia.

DDA supports individuals with intellectual disabilities to have the most independence and choice and control over their own lives through person-centered service planning and delivery and increased provider capacity. DDA coordinates home and community services for over 2,000 individuals so each person can live and work in the neighborhood of his or her choosing, and promotes health, wellness and a high quality of life through service coordination and monitoring, clinical supports, and a robust quality management program.

The District of Columbia was one of the first in the nation to close its large institution, Forest Haven, and individuals with intellectual disabilities are now living full and active lives throughout the District and in neighboring communities. DDA and its providers offer skill development and support to help people with intellectual disabilities gain employment, start a business, volunteer, attend senior citizens programs or receive support throughout the day. Adults are supported to live full and inclusive lives throughout the community in homes and apartments, and, for families supporting a loved one at home, DDA also provides support services such as temporary relief for the family, in-home and community support, clinical services, and access to assistive technology.

DDA cooperates with DCHealth/HRLA, DHCF and the Office of the Inspector General (OIG) in its continuous quality improvement efforts. For DDA, this includes implementation of the HCBS waiver quality assurance plan by DHCF and DDS, licensing and certification of homes serving four (4) or more persons by DCHealth/HRLA, incident investigations by the OIG and DCHealth/HRLA, and participation in interagency continuing quality improvement committees.

This strategy serves 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. DDA's strategy meets the Centers for Medicare and Medicaid Services (CMS) assurances for the operation of the HCBS waiver program, the CMS HCBS Settings Rule, and District rules and regulations.

Authority and Accountability

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

- Provide resources and support systems for the quality and performance improvement program.
- Approve policies and procedures.
- Require an annual evaluation of the Quality and Performance Management System and concurrent review of this Strategy.

The DDS Deputy Director for Quality Assurance and Performance Management Administration (QAPMA) is administratively and operationally responsible and accountable for the leadership and management of the Quality and Performance Management System and compliance with external quality review organizations or entities. This is achieved with the concurrent support of the DDS Deputy Director for DDA.

The DDS management team believes that indicators, including outcome-based indicators, are central to the performance improvement process and have assigned the coordination of monitoring of the organization-wide performance indicator data to QAPMA. The QAPMA Leadership Team is responsible to ensure continuous monitoring and issue and recommendation resolution, tracking and trending of data from monitoring, and ongoing coordination to share findings at the provider and system level and recommend solutions.

Personal Outcomes

DDA's service delivery system aims to ensure that supports and services are integrated, person centered and outcome-oriented. The personal outcomes described in this Strategy are connected to DDS's foundation in person-centered thinking. Achieving these outcomes will require DDS staff and providers to understand who each person is, what is most important to them, and how we support and prioritize their priorities. The personal outcomes start with a belief that every person has something to communicate and a vision for their own good life, and that it is our job to understand and support that.

Personal outcomes are measured based upon the desires of the person and the degree to which the person wants the outcome. As an example, when we look towards employment, we need to ask: Is the person interested in having a job? What work is meaningful to them? What is happening through the DDA service delivery system to support that outcome? People achieve personal outcomes when services consistently support what is most important to and for the person.

Part of understanding which personal outcomes are most important to the person requires that DDS staff and providers promote real choice. Choice includes:

- Preference: What people like and what they desire and dream;
- Opportunity: An array of people to spend time with (including being able to spend time alone), things to do during that time, places to spend that time;
- Control: The authority to make use of an opportunity to satisfy a preference; and
- A balance of what is important to and important for the person.

Choice also has boundaries for everyone:

- Boundaries imposed by society: laws and community expectations/values;
- Personal values;
- Ripple effect: One choice creates boundaries on other choices
 - Relationships
 - Employment
 - Community living;
- Resource driven: How much money and time is available?; and the
- Risk involved.

Credit: Support Development Associates, LLC.

The Personal Outcomes life domains listed below reflect the learning from DC's participation in the National Supporting Families of People with Intellectual and Developmental Disabilities and the Charting the LifeCourse Framework principle that:

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life.

Life domains are the different aspects and experiences of life that we all consider as we age and grow, such as daily life, community living, healthy living. For more information, please see: <http://www.lifecoursetools.com/principles/>.

The *DDS Building A Culture of Quality Working Group* is charged, in part, with working collaboratively to integrate these personal outcomes throughout the DDS Quality Management System.

“Don't live the same day over and over again and call that a life.
Life is about evolving mentally, spiritually, and emotionally.”

— Germany Kent

- A. Daily Life & Employment:** What a person does as part of everyday life— school, employment, volunteering, communication, routines, life skills.
 - People have employment and meaningful work.
 - People are known and have valued roles in their community.
 - People choose how they spend their days.

- B. Community Living:** Where and how someone lives— housing and living options, community access, transportation, home adaptations and modifications.
 - People choose where and with whom they live.
 - People have privacy in their homes.
 - People live in the most integrated settings that meet their needs.

- C. Safety & Security:** Staying safe and secure— emergencies, well-being, supported and substitute decision-making options, legal rights and issues.
 - People are treated with dignity, respect and fairness.
 - People are free from abuse, neglect, and exploitation.
 - People make decisions and control their lives.

- D. Healthy Living:** Managing and accessing health care and staying well— medical, mental health, behavior, developmental, wellness, and nutrition.
 - People are healthy.

E. Social & Spirituality: Building friendships and relationships, leisure activities, personal networks, faith community

- People have friends and other close relationships.
- People have natural support networks.
- People are part of communities that are important to them.

F. Self-Determination & Advocacy: Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

- People choose the supports they receive, lead their planning meetings, and direct their services, if they wish to do so.
- People exercise their rights, including voting, if they want to do so.
- People share responsibility for contributing to their personal and financial development and independence.

The Personal Outcomes are influenced by the work of the National Core Indicators and the Council on Quality & Leadership's Personal Outcome Measures. For more information, please see: <https://www.nationalcoreindicators.org/> and <https://www.c-q-l.org/the-cql-difference/personal-outcome-measures>, respectively.

“Quality can and should be measured according to what people want and need and get.”

-Cathy Ficker Terrill

CMS HCBS Waiver and Settings Standards

The DDS Performance and Quality Management Strategy is designed to ensure that DDA meets the six CMS HCBS waiver assurances. Meeting and maintaining compliance with the waiver assurances impacts the work that DDA, DHCF and provider staff do every day, including how people are asked to document their work. Credit: <http://hcbsassurances.org/index.html>.

1. **Level of Care:** Participants enrolled in an HCBS waiver meet the level of care criteria consistent with those residing in institutions. This includes:
 - a. Criteria and methods for determining qualifications for institutional level of care.
 - b. Qualified people conducting the level of care evaluations.
 - c. A schedule for evaluating, at least annually, that a person continues to meet institutional level of care.
2. **Service Plan:** A person's needs and preferences are assessed and reflected in a person-centered service plan. This includes assessment, service planning, service delivery and choice:
 - a. Assessment: Every person using HCBS waiver services has an assessment of his/her needs, goals, preferences and health and safety risk factors.
 - b. Service Planning:
 - i. Every person who uses the waiver must have a written service plan, called an Individual Support Plan (ISP). The service plan addresses all of the person's assessed needs and personal goals, including health and safety risk factors.
 - ii. The ISP must reflect the full range of the person's needs and include an integrated plan for support.
 - iii. Service planning includes arrangements for back-up when workers do not show up or when emergencies occur.
 - iv. The ISP includes the type, scope, amount, duration, and frequency of services authorized.
 - v. The ISP is updated at least annually, or more frequently if the person's needs change.
 - c. Service Delivery: Services are delivered in accordance with the ISP and Medicaid only pays for services that are authorized in the ISP.
 - d. Choice:
 - i. People choose between getting services at home and in the community versus getting services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Each person who receives waiver services signs a statement indicating he or she has chosen to be served through the HCBS waiver.
 - ii. People to choose among HCBS waiver services and providers.

3. **Qualified Providers:** Providers and the staff providing services are qualified.
 - a. DDS and DCHealth verify that provider agencies and staff meet licensure and certification standards initially and on an ongoing basis.
 - b. DDS monitors non-licensed and non-certified providers to ensure they meet standards.
 - c. DDS and DCHealth have regulations, policies and procedures related to provider training and monitor to ensure that these are implemented.
4. **Health and Welfare:** People are protected from abuse, neglect and exploitation and get help when things go wrong or bad things happen.
 - a. DDS assesses each person's risk for abuse or other serious incidents and identifies proactive steps to mitigate that risk as part of the person-centered planning process.
 - b. DDS (in collaboration with DCHealth for licensed facilities) has a system for reporting, investigating, resolving, and tracking critical events including, abuse, neglect, and exploitation. This includes defining reportable incidents; who is responsible for reporting; timeframes for incident reporting; methods of reporting; entities to receive reports; responsibility for evaluating reporting; responsibility and method for conducting investigations; timeframes for conducting and completing investigations; and process and timeframes for informing all relevant parties of the investigation results, including the person and his or her family or representative, as appropriate.
 - c. DDS, through its provider network, provides at least annual training and information to people and their families about protections from abuse, neglect and exploitation, including how to report.
 - d. DDS assures that providers and their staff are trained in incident management and their responsibility for reporting all incidents.
 - e. DDS trends incident data, including evaluating the nature, frequency and circumstances of serious reportable incidents, with the goal of determining how to prevent or reduce similar occurrences in the future.
 - f. DDS coordinates with Adult Protective Services, the Metropolitan Police Department, and other entities, as needed.
 - g. DHCF provides oversight to ensure that DDS's incident management system is working, that critical incidents are reports and investigated, and that data is used to prevent re-occurrence of incidents.
5. **Financial Accountability:** DHCF pays only for services that are approved and provided, the cost of which does not exceed the cost of a ICF/IDD care on an aggregate basis.

Administrative Authority: DHCF is fully accountable for HCBS waiver design, operations and performance. Day-to-day operations are delegated to DDS through a Memorandum of

Agreement that specifies that activities and functions that DDS performs and how DHCF maintains supervision and oversight.

DDA System Expectations

The DDS Performance and Quality Management Strategy ensures the following expectations, which are aligned with the CMS HCBS waiver assurances.

A. Service Planning and Delivery:

- The person leads his or her planning meeting and includes the people they choose.
- Planning is strength-based.
- Planning goes beyond health and safety and includes life outcomes like employment and relationships.
- Planning includes cultural considerations.
- The person makes an informed choice, using any supports needed for decision-making, between institutional and waiver services as well as between waiver services and providers.
- Risks are assessed, identified and addressed through the person-centered planning process, balancing health, safety and well-being with the dignity of risk-taking.
- Potential and actual health and service delivery problems are identified and remediated.
- People use integrated supports so that people are not wholly reliant on the DDA service delivery system.
- Services and supports reflect the person's preferences and needs and take place in the most integrated settings that meet the person's needs.
- Services and supports are delivered timely.
- Services are fiscally responsible.
- Services optimize self-determination, social capital, economic sufficiency and community inclusion.

“In planning anything, the best place to begin is at the end.
What outcome do you want? How do you want the story to end?
How do you want to be remembered when you are gone?”

— Michael Hyatt

B. Qualified Providers:

- Maintain a robust, continuous quality assurance system that monitors provider compliance 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.
- Maintain a network of qualified providers sufficient to offer people choice and meet their needs.

C. Protection of Rights:

- Maintain an effective program of oversight to ensure individual rights are protected through state level review.
- Provide information, education and advocacy for capacity building, supported decision-making, and other less restrictive alternatives to minimize the use of full guardianship.

D. 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.

E. Satisfaction: Evaluate the satisfaction of people and families receiving services from DDS and the provider network to ensure the agency continues to provide quality services.

F. Quality and Performance Improvement:

- Maintain an effective quality and performance management program through monitoring, trending program evaluation on a regular basis.
- Advance best practice through on-going education, sharing information, and training.

G. Financial Accountability:

- Maintain a system of utilization management and audit to ensure proper service levels are authorized.
- Reduce reliance on eligibility-based paid supports through increased use of integrated supports, supporting people to be as independent as possible, and encouraging competitive integrated employment.

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

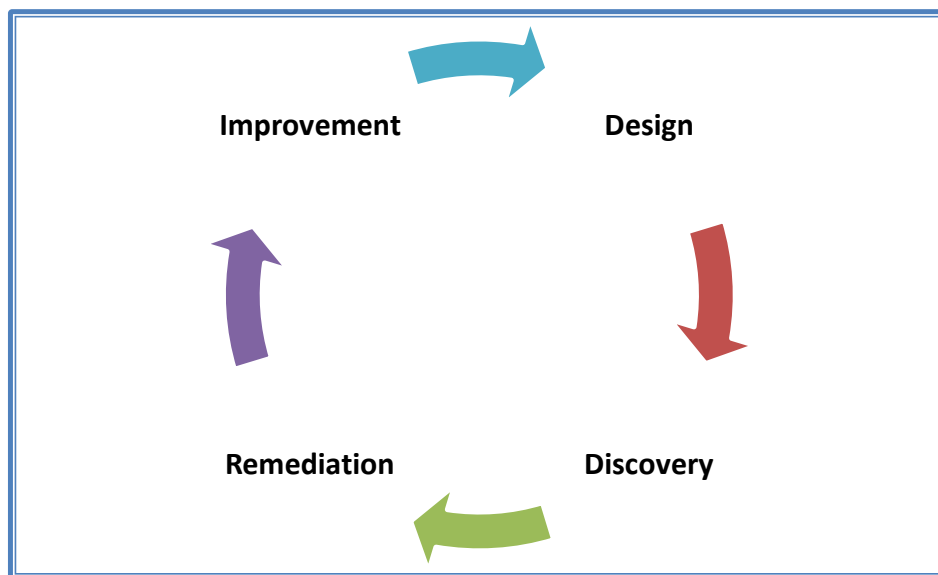
-William A. Foster

External Quality Assurance and Improvement of DDS/DDA Performance

Center for Medicare and Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality across the Medicaid authorities that support long term services and supports, including the DC HCBS waiver for people with intellectual disabilities (HCBS IDD waiver). CMS requires that each waiver has a quality system that includes developing, measuring and monitoring performance indicators for each assurance. DHCF, as discussed below, submits regular evidentiary reports to CMS. CMS evaluates the report to determine whether the waiver has met each assurance.

CMS requires a continuous quality improvement cycle:



DDS must remediate problem areas, and through DHCF, report to CMS on individualized remediation activities related to substantiated abuse, neglect and/or exploitation. To the extent performance indicator falls below a threshold of 86%, CMS requires a quality improvement project (QIP) and strongly encourages stakeholder engagement in the development of the QIP.

Department of Health Care Finance

DHCF, in its role as the Single State Medicaid Agency is responsible for conducting reviews of quality assurance and improvement functions over DDA's operation of the HCBS waiver program. Through a Memorandum of Agreement with DDS, DHCF, as the state Medicaid agency: (1) ensures that the HCBS IDD waiver program is compliant with all federal and District laws and regulations; (2) works to ensure that the District fully utilizes federal funding for covered services; and (3) analyzes new and existing federal and District health care

delivery and financing policies to ensure that they promote efficient, effective, and appropriate health care.

DHCF conducts sample audits of DDS performance and provider audits and submits to DDS Discovery and Remediation reports for DDS's follow-up and corrective action. DHCF also ensures the submission of monthly and quarterly reports by DDS of its internal performance management results. DHCF retains administrative authority at all times for the operation of the DDA HCBS waiver program.

DC Health, Health Regulation and Licensing Administration

The mission of the Health Regulation and Licensing Administration (HRLA) is to protect the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework. The Intermediate Care Facilities Division (ICFD) licenses and inspects Group Homes for Persons with Intellectual Disabilities, called Residential Habilitations, and certifies Intermediate Care Facilities for Persons with Intellectual Disabilities that participate in the Medicaid program. ICFD conducts annual on-site and monitoring surveys to ensure the facilities maintain compliance with the health, safety, sanitation, life safety code and habilitative components of District and federal requirements. Survey reports are available on-line at: <https://dchealth.dc.gov/node/1402596>. ICFD also conducts investigations into all deaths and of selected unusual incidents for persons who live in those homes. HRLA shares all reports and findings with the DDS Quality Assurance and Performance Management Administration to ensure communication and coordination is maintained with the DDS/DDA systems.

Quality Trust for Individuals with Disabilities

Quality Trust for Individuals with Disabilities was created to serve as an independent monitoring organization to ensure services to and for people with developmental disabilities are responsive to the needs of each person receiving services in DC. Quality Trust visits people where they live and spend their days. Their activities include individual program monitoring, follow up on abuse, neglect, and personal theft incidents, environmental site visits, regular reporting of data collected, trending and tracking of different types of critical events (e.g., hospitalizations, nursing home placements, deaths, etc.), and technical support to providers. People are personally interviewed to ensure the assessment reflects what is most important to and for each person. The goal of their assessment is to collect data and ensure that required supports are in place. Quality Trust's reports are available on-line at: <http://www.dcqualitytrust.org/reports-publications/>.

Project ACTION!

Project ACTION! is a regional coalition of self-advocates and self-advocacy groups from the District of Columbia, Maryland and Virginia. ACTION! stands for Advocacy, Change, Training, Information, Organizing and Networking. This strong community of self-advocates shares personal experiences of living with intellectual and developmental disabilities, training and encouraging their peers to speak out on issues important to them. The group's motto is "Nothing About Us without Us."

Many members have joined boards, committees, work groups, and commissions that make decisions that affect their lives. Self-advocates meet to learn about their rights, update each other on important issues and events, practice speaking up and sharing their opinions, learn how to lead meetings, set priorities, provide and receive training and celebrate their achievements. Project ACTION! leaders share quality concerns, as they arise, with DDS leadership. DDS also attends monthly Project ACTION! meetings to ensure a strong communication loop with all members.

Disability Rights DC

Disability Rights DC (DRDC) at University Legal Services is the federally-designated protection and advocacy program for people with disabilities in the District of Columbia and is the Client Assistance Program under the Rehabilitation Act. DRDC's mission is to advocate for the human, civil, and legal rights of people with disabilities in the District of Columbia. DRDC engages in a variety of activities to protect and advocate for the rights of people with disabilities including: individual representation, systemic advocacy, community outreach and education and investigation of abuse and neglect. All services are provided free-of-charge to eligible individuals with disabilities, according to DRDC's annual objectives and priorities.

DRDC administers the Protection and Advocacy for Individuals with Developmental Disabilities (PADD) program. Under the PADD program, DRDC advocates on behalf of people with developmental disabilities for equal access to government services and public accommodations, appropriate and inclusive special education services, quality community-based supports and services and the right to make their own decisions. DRDC also monitors the services and supports provided in institutional and community placements and schools and investigates when it receives complaints or has probable cause to believe people with developmental disabilities have been subjected to abuse and/or neglect. DRDC reports are available on-line at: <http://www.uls-dc.org/resources/>.

National Core Indicators

DDS participates annually in the National Core Indicators (NCI), a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to

individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

- **Individual outcome** indicators address how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships, and exercise choice and self-determination. Other indicators in this domain probe how satisfied individuals are with services and supports.
- **Health, Welfare, and Rights** indicators address the following topics: (a) safety and personal security; (b) health and wellness; and (c) protection of and respect for individual rights.
- **System Performance** indicators address the following topics: (a) service coordination; (b) family and individual participation in provider-level decisions; (c) the utilization of and outlays for various types of services and supports; (d) cultural competency; and (e) access to services.
- **Staff Stability** indicators address provider staff stability and competence of direct contact staff.
- **Family Indicators** address how well the public system assists children and adults with developmental disabilities, and their families, to exercise choice and control in their decision-making, participate in their communities, and maintain family relationships. Additional indicators probe how satisfied families are with services and supports they receive, and how supports have affected their lives.

Results are published on-line at: <https://www.nationalcoreindicators.org/> and DDS shares them with the Quality Improvement Committee (QIC). DDS also conducts trending and analysis of NCI data and shares that with the QIC for quality improvement recommendations.



DDS/DDA Service Delivery Quality Management System

The DDS/DDA Quality Management System (QMS) focuses on the characteristics that the National Quality Forum has identified in a high-quality HCBS system. Specifically, that services and supports should be delivered in a manner that:

- Provides for a person-driven system that optimizes individual choice and control in the pursuit of self-identified goals and life preferences;
- Promotes social connectedness and inclusion of people who use HCBS, in accordance with individual preferences;
- Includes a flexible range of services that are sufficient, accessible, appropriate, effective, dependable, and timely to respond to people's strengths, needs, and preferences and that are provided in a setting of the person's choosing;
- Integrates healthcare and social services to promote well-being;
- Promotes privacy, dignity, respect, and independence; freedom from abuse, neglect, exploitation, coercion, and restraint; and other human and legal rights;
- Ensures each person can achieve the balance of personal safety and dignity of risk that he or she desires;
- Supplies and supports an appropriately skilled workforce that is stable and adequate to meet demand;
- Supports family caregivers;
- Engages people who use HCBS in the design, implementation, and evaluation of the system and its performance;
- Reduces disparities by offering equitable access to, and delivery of, services that are developed, planned, and provided in a culturally sensitive and linguistically appropriate manner;
- Coordinates and integrates resources to best meet the needs of the person and maximize affordability and long-term sustainability;
- Delivers—through adequate funding— accessible, affordable, and cost-effective services to those who need them;

- Supplies valid, meaningful, integrated, aligned, accessible, outcome-oriented data to all stakeholders; and
- Fosters accountability through measurement and reporting of quality of care and personal outcomes.

See *Quality In Home and Community-Based Services to Support CommunityLiving: Addressing Gaps in Performance Measurement*, available on-line at:

http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.

Accountability: How DDS Units & Committees Work Together to Ensure High Quality Services and Supports

Intake and Outreach Unit

The Intake & Outreach Unit ensures that people who are eligible or potentially eligible for services and their families have the information they need to understand what supports are available through DDS and government and community partners, and how to access those long-term services and supports. Based upon the person and their family's needs, this might include information or referral regarding:

- **Discovery & Navigation:** Information, education and training on best practices within and outside of disability services, accessing and coordinating community supports, and advocacy and leadership skills.
- **Connecting & Networking:** Connecting and networking a family with other families, including parents with disabilities, self-advocates and siblings, grandparents and other guardians for mutual support.
- **Goods & Services:** Services and goods that are specific to the daily support and/or care-giving role for the person with I/DD, such as planning for current and future needs, respite, crisis prevention and intervention, systems navigation, home modifications, and health/ wellness management.

See *Understanding the Charting the Lifecourse Principle: The Three Buckets*, available on-line at: <http://www.lifecoursetools.com/principles/understanding-three-buckets/>.

Intake & Eligibility Determination Unit

The Intake & Eligibility Determination Unit ensures that all people who apply 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, other government and community-based agencies, and the DDA HCBS waiver program. People who are not determined eligible receive due process notice of appeal rights, as well as referrals to other government and community-based agencies.

Service Planning and Coordination Division

The Service Planning and Coordination Division (SPCD) 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.

Person-Centered Planning & Authorizations: Service and supports planning focuses on helping the person achieve their vision for a good, quality life, and have opportunities, experiences and support to move the life trajectory in a positive direction. Planning recognizes that people's lives are made up of specific, connected and integrated life domains that are important to a good quality of life. These include daily living, community living, safety and security, healthy lifestyles, social and spirituality, and citizenship and advocacy. People access an array of integrated supports to achieve their envisioned good life, including those that are publicly or privately funded and based on eligibility; community supports that are available to anyone; relationship-based supports; technology; and that take into account the assets and strengths of the individual and family. For eligibility-based waiver services, SPCD submits timely service authorization requests to the Waiver Unit. See *Charting the Lifecourse Principles*, available on-line at: <http://www.lifecoursetools.com/principles/>.

Monitoring & Follow-Up: The individual service coordinator monitors the delivery of services and supports as per the ISP through regular contact and on-site monitoring at the location(s) of service delivery in accordance with the DDS Service Coordination Monitoring and Contact Policy and Procedure; as well as through an ISP 6 month review. The purpose of the six month review and the monitoring is 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.

Service Coordinators are responsible for completing Residential and Day Monitoring tools that include questions to ensure that the setting where services are provided comply with the requirements of the CMS HCBS Settings Rule. Service coordinators document variances in authorized services and supports in the Issue Resolution System for individual remediation, as well as for tracking and trending. SPCD conducts a 100% sample of settings in which people receive HCBS to ensure compliance with the Settings Rule. See DDS Service Coordination Monitoring and Contact Policy, available on-line at:

<https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/2018-DDA->

[POL004%20Service%20Coordination%20Monitoring%20and%20Contact%20Policy_0.pdf](#).

Service Coordinator Supervisors are 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 reviews people outside of his or her direct oversight. The ISP Quality Review evaluates compliance with DDS/DDA Person Centered Planning Process and Individual Support Plan Policy and procedures, as well as the HCBS waiver requirements and assurances. Each supervisor and manager also evaluates, through the supervisory meeting process, compliance with monitoring standards with the assistance of the DDS/DDA Performance Dashboard, which identifies Outstanding Issues assigned to individual DDS/DDA personnel for follow-up.

Service Coordination Supervisors are also charged with annually reviewing and updating all related monitoring tools to ensure that they are effective at both ensuring compliance with DDS and HCBS waiver standards and look to outcomes for people DDA supports, so that they are able to achieve their goals and live their vision of a good life.

Operations Financial Services Unit

The Operations Financial Services Unit supports the Service Planning and Coordination Division by providing information and technical assistance regarding public benefits. The unit receives monthly reports from OCFO regarding the balance of the DC Trust Checking Account and updates the information into MCIS so that it is available for service coordination and providers, to help ensure that people are within the Medicaid required resource limits.

Waiver Unit

The Waiver Unit ensures 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 trends data on utilization to inform projections of waiver utilization for development of the Appendix J, as well as responses to CMS 372 reports.

Health and Wellness Team

The Health and Wellness Team (HWT) is composed 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, as reflected in the DDA Health & Wellness Standards and Behavior Support Policy and Procedures. HWT collaborates with the Quality Resource Unit, Service Coordination and Planning Division, and other appropriate staff.

The Health and Wellness Unit is part of the HWT. They are 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 conducts 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. Monitoring 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; conduct safety checks, when indicated; and provide recommendations to advocate for the health and well-being of people with intellectual disabilities (ID).

Individual Nurse Consultants aggregate data by provider, ensure individual remediation, and make recommendations for provider-level systems change through Provider Performance Review and sanctions, as needed. Nurse Consultant Supervisors aggregate provider-level data by their unit, ensure provider level remediation and make recommendations for system level capacity building activities and sanctions, as needed. Both use double loop learning to determine whether there are any concerns about underlying policies and goals at the provider and DDS level and raise concerns to the QAPMA Deputy Director when DDS policies and procedures are causing a barrier to people achieving optimal health.

The Health & Wellness team, in collaboration with the State Office of Policy Planning and Innovation, offers training, technical assistance, and capacity building activities to support high quality medical and behavioral health and wellness services. The team also participates in a variety of DDS quality committees to share their expertise and make recommendations both at the individual level and around how to improve the quality of health and wellness related services throughout the system.

The Health and Wellness Supervisors are charged with annually reviewing and updating all related monitoring tools to ensure that they are effective at both ensuring compliance with DDS and HCBS waiver standards and outcomes for people DDA supports, so that they are able to achieve their best possible health.

Operations Provider Relations Service Unit

The Operations Provider Relations Service Unit is responsible for ensuring that all HCBS IDD waiver service providers are determined to be qualified prior to delivering any service. The unit hosts outreach meeting to recruit providers, as needed, to secure an adequate provider base to meet people's needs. The unit also organizes cross-unit interviews with new provider candidates and is the touch point for any new providers entering the system. The Operations Provider Relations Service Unit maintains a roster of all approved and qualified HCBS IDD waiver providers and coordinates with the Information and Data Management Unit to keep an updated list posted on the DDS website at: <https://dds.dc.gov/book/current-waiver-providers-list>.

This staff in this unit are the contract administrators for Human Care Agreements with HCBS IDD waiver providers to provide locally funded (non-Medicaid) wrap around supports, like housing, utility, food and clothing assistance for people who use residential waiver supports; as well as services for people who do not qualify for the waiver but need assistance.

Quality Resource Unit (QRU)

The Quality Resource Unit (QRU) has overall responsibility for serving as the program administrative liaison between DDS/DDA and the provider community and, in this capacity, coordinates with the Operations Provider Relations Services Unit and the State Office of Policy, Planning and Innovation. QRU serves as the source of on-going data gathering, monitoring, analysis and reporting, and coordinates enhanced monitoring activities of providers who are not meeting DDS quality standards.

Individual Quality Resource Specialists aggregate data by provider, ensure individual remediation, and make recommendations for provider-level systems change through Provider Performance Review and sanctions, as needed. Quality Resource Specialist Supervisors aggregate provider-level data by their unit, ensure provider level remediation and make recommendations for system level capacity building activities and sanctions, as needed. Both use double loop learning to determine whether there are any concerns about underlying policies and goals at the provider and DDS level and raise concerns to the QAPMA Deputy Director when DDS policies and procedures are causing a barrier to achieving quality outcomes.

The QRU is responsible for continuous monitoring to ensure a qualified provider network through the completion of the following duties:

- Annual on-site inspection of each residential and day/vocational service location in the District of Columbia and Maryland suburbs.
- Certification of respite settings.
- Management of the annual Provider Performance Review (PPR), including HCBS waiver providers' system for maintaining full compliance with the federal HCBS Settings Rule. PPR synthesizes provider performance data from throughout DDA and QAPMA and shares it with the provider in a coordinated and comprehensive manner on at least an annual basis through MCIS. QRU identifies the key performance measures for PPR and evaluates, on a quarterly basis, benchmarks for on-going compliance with rules, policies and procedures to ensure health and welfare. The measures should include, but not be limited to, assessments of the following areas to promote the achievement of personal outcomes. All HCBS Settings Rule requirements are incorporated into the various domains:

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

PPR results in a provider quality improvement plan to address performance measures falling below established benchmarks as well as quality improvement strategies in support of advancing best practice. Quality improvement plans for HCBS waiver providers also include a system for maintaining full compliance with the requirements of the federal HCBS Settings Rule. The QRU is responsible for creating and following an annual schedule of review for each residential, day and vocational provider. The QRS tracks the effectiveness of their assigned providers' quality improvement plans on a quarterly basis through review of performance measures as well as the providers' progress updates.

- Follow-up and technical assistance for assigned Issues in the Issue Resolution System to ensure remediation.
- Participation in provider performance audits in select areas such as staff training and adaptive equipment maintenance.
- Audits at each residential provider to test compliance with the Personal Funds Policy and Procedure.

QRU Supervisors are charged with annually reviewing and updating all related monitoring tools and the PPR to ensure that they are effective at both ensuring compliance with DDS and HCBS waiver standards and look to outcomes for people DDA supports, so that they are able to achieve their goals, are healthy, and live their vision of a good life. QRU Supervisors also are responsible for the development and annual review of the provider report card, aimed at sharing quality data by domain so to inform provider choice by the people DDA supports and their families.

The QRU is also responsible for the Immediate Response Committee (IRC), which conducts a daily review, triage and assignment for all incidents and issues and produces a daily report on Serious Reportable Incidents for the DDS leadership team. Each day, the IRC reviews all reported incidents and issues submitted and:

- Determines the effectiveness and appropriateness of the provider response.

- Evaluates if the initial actions taken by the provider can be reasonably expected to promote the person's safety, health and welfare.
- If a safety concern is noted, refers the matter to an IMEU investigator for follow-up and documents this in MCIS.
- For Serious Reportable Incidents,, works with IMEU to assign an investigator who will follow-up on the SRI.
- Assesses whether the incident was reported accurately and timely, including whether incidents are properly categorized as reportable vs. serious reportable.

The IRC has a Core Team that meets at least monthly to review trends in reportable and serious reportable incidents, with a focus on abuse, neglect and exploitation, aimed at identifying areas for systems-level intervention to prevent future incidents and protect people from harm. The Core Team makes recommendations to the DDS Deputy Director for QAPMA for provider sanctions. The Core Team also collaborates with the Performance Management Unit to produce at least quarterly reports that trend incident data, including evaluating the nature, frequency and circumstances of serious reportable incidents, with the goal of determining how to prevent or reduce similar occurrences in the future. These reports are shared with DDS leadership and the Quality Improvement Committee for discussion and recommendations.

Finally, the QRU reviews all external licensing, certification and monitoring reports from DC Health, DHCF, Disability Rights DC at University Legal Services, and the Quality Trust; enter significant findings in the Issue Resolution system; and work with the DDS Deputy Director for QAPMA to coordinate response and follow-up as appropriate.

The DDS Information and Technology Unit as well as the Performance Management Unit 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 ensures the corrective action steps in the provider's Plan of Correction are reviewed and implemented, including through follow-up monitoring once sanctions are lifted and a review during the quarterly visit to ensure remediation is sustained.

Incident Management and Enforcement Unit

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. 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.

Quality Improvement Unit

The Quality Improvement Unit (QIU) includes Compliance Specialists who follow-up on all incident recommendations to ensure that they are remediated, and document this through tracking in the MCIS Incident Recommendation module.

The QIU also leads the work of the Restrictive Control Review Committee, the Human Rights Advisory Committee, the Mortality Review Committee, and participates, along with the Deputy Director for DDA in the DC Fatality Review Committee. Each committee includes cross unit staff and stakeholders so that there is a diverse perspective informing quality reviews. The work of each of these committees is described below.

Restrictive Control Review Committee (RCRC): 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 and for approval of acuity packages for Intermediate Care Facilities. 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, collaborates with the QRU and SCPD as needed to achieve provider compliance with RCRC requirements and recommendations, including participating in BSP implementation monitoring, and providing technical assistance and training to providers, as needed. The Rights and Advocacy Specialist, or designee, will record all minutes in MCIS for review and action as needed.

Each year the rights and advocacy specialist produces and publishes a report that includes a general assessment of the Committee's impact on ensuring and protecting a person's rights over the year and recommendations for change in the coming year. The report also includes, without any identifying information, the scope of work done by the RCRC, trends, and the number and

types of recommendations made. This report is shared with DDS leadership, the Quality Improvement Committee and published on the agency website.

Human Rights Advisory Committee (HRAC): 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 also reviews all proposed placements of people into nursing facilities or other institutional care settings. The HRAC uses double loop learning to determine whether there are any concerns about underlying policies and goals at the provider and DDS level and make recommendations for system improvement to the DDS Deputy Director for QAPMA.

Each year the rights and advocacy specialist produces and publishes a report that includes a general assessment of the Committee's impact on ensuring and protecting a person's rights over the year and recommendations for change in the coming year. The report also includes, without identifying information, the scope of work done by the HRAC, trends, and the number and types of recommendations made. This report is shared with the DDS Director, and the DDS Deputy Directors for DDA and QAPMA. The report is also shared with the QIC and published on the agency website.

Mortality Review Committee (MRC): Charged with the review and follow-up of all death investigations within forty-five business days of receipt of the final independent investigation report. The MRC, chaired by the DDS Deputy Director for QAPMA, or designee, reviews each investigation for quality of the report and may seek to review the report with the provider if indicated. The MRC formally designates accepted recommendations from the death investigation and/or make additional recommendations aimed at improving quality of the DDA service delivery system or at the provider level. MRC recommendations are systemic recommendations to the provider, DDS/DDA and/or other systems for the purpose of mitigating future risk. DDS ensures 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 through PPR. The MRC produces and publishes an annual report that includes, without any identifying information, the scope of work done by the MRC, trends, the number and types of recommendations made, and information on implementation of the recommendations. This report is shared with DDS leadership and the QIC, and made available on the DDS website.

Fatality Review Committee (FRC): Charged by Mayor's Order 2009-225 to examine events and circumstances surrounding the deaths of all people served by DDA. 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.

Finally, the QIU includes the DDS customer service and DDA complaint system. Each is aimed at working with staff and providers throughout the system to resolve individual issues to the person's satisfaction as quickly as possible. QIU works with the Performance Management Unit to trend customer service data and shares that information with DDS leadership.

Provider Certification Review Team

The Provider Certification Review Team (PCR Team) is comprised of members of a qualified external quality improvement organization (QIO) that conducts the annual certification review of residential and day and employment HCBS IDD waiver providers. The PCR monitors providers on their compliance with the CMS HCBS Settings Rule requirements; the PCR team conducts a 100% sample of all day settings as well as approximately 25% of all residential settings over the course of a year to ensure compliance with the Rule.

The results of the PCR are submitted to the DDS Deputy Director for QAPMA 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.

Performance Management Unit

The Performance Management Unit (PMU) is responsible for ongoing reporting and communications regarding compliance related to the HCBS Waiver activities with DHCF, including preparation of the quarterly and annual CMS performance measure report. PMU is also responsible for organizing relevant information pertaining to providers' compliance with the CMS HCBS Settings Standards, using data from the PCR and Service Coordination Monitoring Tools.

The PMU coordinates throughout the agency to prepare at least quarterly reports of performance findings and recommendations for improvement, if any, of DDA's monitoring and review functions, as well as deep dives into NCI data, for the DDS Deputy Directors for DDA and QAPMA. Any significant findings in these reports are also submitted to and discussed by the

DDS Quality Improvement Committee (QIC) for recommendations around quality improvement.

Regular reports include:

- Significant Trends in Incident Reports for Individuals and Providers – An analysis of incident reports accepted by the Immediate Response Committee (IRC) in the quarter for significant trends that pose a threat to health, welfare and safety of the individuals served.
- Significant Trends in identified in the DDS Licensing Report – An analysis of the licensing report from DC Health/ Health Regulatory Licensing Administration trending deficiencies for frequency, level of severity, and repetition to identify and address issues that impact the health, welfare and safety of the individuals residing in Intermediate Care Facilities (ICF) and Residential Habilitation programs (Res Hab) reviewed by DOH/HLRA in the quarter.
- SC Monitoring Tools – Also known as the Continuous Quality Improvement report, this report provides the analysis and aggregation of individual receiving services responses to the Residential Monitoring Tool completed by DDS Service Coordinators.
- Health Care Review Summaries – This report provides the analysis of data related to the performance of individual provider sites as they relate to their adherence to DDS Health and Wellness Standards and overall Health Care Management collected through the Health Care Review completed by DDS RNs.
- Medication Errors Reports – An analysis of Medication Errors deem Serious Reportable Incidents accepted by the IRC and investigated by IMEU.
- National Core Indicators Deep Dive – An analysis of DC NCI data, benchmarked with national NCI data, on topics like employment, supported decision-making, and cultural and linguistic competency.

PMU coordinates the QIC meetings and tracks all recommendations from the QIC. 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 Deputy Director for QAPMA, or designee, holds open meetings, meets at least ten times a year and maintains a written record of its activities which is posted on the DDS website at: <https://dds.dc.gov/publication/quality-improvement-committee-qic>.

The DDS Director authorizes the QIC to:

- Identify areas needing remedial action as appropriate.
- Recommend and approve performance improvement initiatives.
- Share timely concerns about quality with the DDS Deputy Director for QAPMA.
- Review this Performance and Quality Management Strategy and the Quality Management System, conduct a program evaluation, and make recommendations to DDS Deputy

Director for QAPMA.

- 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 recommendations to the DDS Deputy Director for QAPMA 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.

Finally, PMU maintains the Provider Sanction List and disseminates it on a weekly basis. This list tracks all sanctions, including those providers on the Do Not Refer List, under Enhanced Monitoring and those that DDS has recommended to DHCF to terminate the Medicaid Provider Agreement.

Information and Technology Unit

The DDS Information and Technology Unit (IT) maintains DDS's online case management system, provider tracking system, Issue resolution system, incident system, and more. IT works collaboratively with all units throughout DDA and QAPMA to determine what fields, searches and reports are required and makes programming changes, as needed.

IT also keeps up the DDS website, which hosts quality information on providers and all up to date policies, procedures and transmittals; as well as an up to date list of all HCBS IDD waiver providers.

State Office of Policy, Planning & Innovation

The State Office of Policy, Planning & Innovation (SOPPI) is charged with researching and sharing best practices and incorporating those into legislation, the HCBS IDD waiver, and DDS regulations, policies, procedures and practices.

Legislation: SOPPI is the liaison between DDS and the DC Council. In this role, in coordination with the Mayor's Office of Policy and Legislative Affairs, SOPPI supports the DDS Director to prepare for Performance and Budget oversight hearings; addresses constituent concerns; and, advances legislation that supports the best interest of people with disabilities and their families.

HCBS IDD Waiver: SOPPI leads all efforts to amend and renew the existing HCBS IDD waiver, as well as efforts for new waiver authorities. This includes liaison with subject matter experts,

national research, internal and external stakeholder engagement, and coordination with DHCF. In this capacity, SOPPI will lead agency efforts to establish outcome-based rates for select waiver services. SOPPI also collaborates with DHCF to submit the annual update to the Statewide Transition Plan for HCBS Settings.

Regulations: In coordination with the DDS Office of General Counsel, SOPPI drafts implementing regulations for the HCBS IDD Waiver, and regulations required by legislation. This includes a robust stakeholder process to inform the development of the regulations.

Policies, Procedures and Transmittals: SOPPI is the lead author for all DDS policies, procedures and transmittals and is charged with ensuring that these reflect the requirements of this Quality and Performance Management Strategy and are infused with best and promising practices including person-centered thinking, supporting families, and cultural and linguistic competency.

Best and Promising Practices: SOPPI is responsible for researching and piloting promising practices, including around improving employment outcomes, community integration, and how to better use technology to support people with intellectual disabilities. SOPPI is the lead liaison with Subject Matter Experts through the State Employment Leadership Network, the National Supporting Families Community of Practice, the Employment First State Leadership Mentoring Program, and more. Based upon its learning SOPPI makes recommendations for training, pilots and other capacity building activities to the DDS Deputy Director for QAPMA.

SOPPI is the lead liaison for stakeholder relations so that people who use services and supports and their families are truly involved in policy making and influence planning, policy, implementation, evaluation and revision of the practices that affect them. In doing this work, SOPPI seeks to ensure:

- **Authentic Membership:** People with disabilities and their families are recruited, treated, and respected as full member of the committee or advisory group
- **Deliberate Communication:** People with disabilities and their families receive and share information in formats that can be understood and are included in the on-going dialogue of the committee or advisory group
- **Full Participation:** People with disabilities and their families are provided with the means to be present and are engaged in carrying out the responsibilities of the committee or advisory group in roles and activities that reflect their interests and preferences
- **Meaningful Contributions:** People with disabilities and their families provide input and assistance that is important to the committee or advisory group in ways that utilize their gifts, talents, and experiences.

- **True Influence:** People with disabilities and their families enhance or alter the substance, direction, and outcomes the committee or advisory group and DDS policies and practices in ways that positively impact the lives of people with disabilities.

Credit: <http://www.beyondtokenism.com/>.

In addition to hosting stakeholder meetings such as the DC Supporting Families Community of Practice, the DC Family Support Council, and the HCBS Advisory Group, SOPPI participates in relevant community-based meetings to understand issues impacting people with intellectual disabilities and their families. This includes, but is not limited to: Project ACTION!; the Georgetown University Center for Excellence in Developmental Disabilities Community Advisory Committee and the DC Developmental Disabilities Council. SOPPI leads DDS's participation in the national Supporting Families Community of Practice and participates in the DC and national Cultural and Linguistic Community of Practices.

SOPPI also manages the regular DDS Provider Leadership meetings, the Day and Employment provider meetings, and meetings with members of the Coalition of Disability Services Providers to ensure ongoing communication, collaboration, and information exchange. Materials from the Provider Leadership meetings are posted on the DDS website at: <https://dds.dc.gov/page/provider-leadership-meetings>.

QAPMA Leadership Team: The QAPMA leadership team meets at least twice per month to review and coordinate efforts in the DDA Quality Management System. The leadership team participates in the quality activities and committees described above, and, come together to discuss trends, recommendations, and items that need cross-unit collaboration. The team informs discussions at Provider Leadership meetings and makes recommendations for information sharing and capacity building for DDS staff and providers. The team also identifies when there are systems barriers in place and makes recommendations to the DDS Executive Team for changes.

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 dated.