1. PURPOSE

The purpose of this policy is establish guidelines and standards for the Department on Disability Services ("DDS"), Developmental Disability Administration ("DDA") to impose sanctions on providers who do not meet DDA’s requirements and expectations around providing consistent high-quality person-centered supports and services that enable District residents with intellectual and developmental disabilities to lead safe, healthy, secure, satisfied, meaningful and productive lives.

2. APPLICABILITY

This policy applies to all DDA employees, contractors, providers and vendors that provide services and supports to people with intellectual and developmental disabilities who receive services as part of the DDA Service Delivery System, funded by DDA and/or the Department of Health Care Finance ("DHCF").

3. **AUTHORITY**

The authority for this policy is established in DDS as set forth in D.C. Law 16-264, the “Department on Disability Services Establishment Act of 2006,” effective March 14, 2007 (D.C. Code § 7-761.01 et seq.).

4. **POLICY**

A. To ensure quality, sustainable, person-centered supports, it is the policy of DDS to continually evaluate provider performance and impose sanctions on providers who demonstrate performance deficiencies in key areas that impact the health, safety and well-being of the people they support.

B. As part of DDS’s continuous quality assurance and improvement process, aimed at maintaining high quality of services for the people DDS supports, it is DDS’s policy to regularly evaluate, track and publish, at least annually, information on sanctions imposed on residential, day/vocational, and clinical services providers/organizations related to performance in key areas.

5. **RESPONSIBILITY**

The responsibility for this policy is vested in the Director of the Department on Disability Services, and the implementation of the policy is the responsibility of the Deputy Director for the Developmental Disabilities Administration.

6. **STANDARDS**

A. The DDS Quality Management Division (“QMD”) shall establish specific performance measures for tracking provider performance in the following key areas: Health and Wellness; Rights and Dignity; Service Planning and Delivery; Safety and Security; Relationships; Community Integration; Satisfaction; Choice and Decision Making; and Fiscal and Organizational Accountability. QMD shall also establish benchmarks for provider performance below which continuous improvement plans (“CIPs”) are required and DDS may impose sanctions.

B. QMD shall regularly review provider performance data, including, but not limited to, information from Provider Certification Reviews, Provider Performance Reviews, Service Coordination and Planning Monitoring tools, Enhanced Monitoring reports, Health and Wellness Reviews, Contractor Performance Evaluations, the DDA provider Watch List, reports from the Evans Court Monitor, Department of Health’s Health Regulation and Licensing Administration, and the Quality Trust for Individuals with Disabilities. Based upon those reviews, QMD may make recommendations or determinations to sanction providers who have performance deficiencies in key areas.
C. DDS may also sanction providers who do not comply with DDA policies and procedures, who fail to make sufficient progress in meeting their CIP, or who otherwise jeopardize the health, safety, and well-being of the people they support.

D. All DDA employees and contractors are responsible for reporting and entering (or causing to be entered) in DDA’s database, MCIS, all issues and unmet needs identified in accordance with the Immediate Response Committee policy and procedures.

E. QMD shall analyze and monitor provider sanctions for trends/variances and communicate recommendations to the DDS Deputy Director for DDA as needed to improve provider performance and outcomes for people.

F. QMD shall annually publish a report on provider sanctions based on deficiencies in key areas.

G. For providers with Human Care Agreements, DDS may take a pro rata share of the vacancy and administrative rate for the vacancy caused by, or unable to be filled due to the provider’s deficient performance.

Laura L. Nuss, Director

January 16, 2013

Approval Date