

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



POLICY	
Department on Disability Services	Subject: Provider Performance Review
Responsible Program or Office: Developmental Disability Administration	Policy Number: 2015-DDS-QMD-POL001
Date of Approval by the Director: December 23, 2015	Number of Pages: 3
Effective Date: January 1, 2016	Expiration Date, if Any: N/A
Supersedes Policy Dated: January 3, 2013	
Cross References and Related Policies, Procedures and Documents: Provider Performance Review Procedure, Imposition of Sanctions Policy, Enhanced Monitoring Procedure, Watch List Procedure, Imposition of Adaptive Equipment Sanctions Procedure, DDS Performance and Quality Management Strategy, and Human Care Agreement.	

**1. PURPOSE**

The purpose of this policy is to delineate Department on Disability Services (“DDS”) and provider responsibilities and establish guidelines and standards for the DDS Provider Performance Review (“PPR”) process. The PPR fosters a high quality, sustainable service delivery system that engages in continuous quality improvement while providing person-centered supports that enable District residents with intellectual and developmental disabilities to lead safe, healthy, secure, satisfied, meaningful and productive lives. PPR is also the process by which providers create a Transition Plan and report regularly on their progress in coming into compliance with the Home and Community-Based Services (“HCBS”) Settings requirements, where applicable.

**2. APPLICABILITY**

This policy applies to DDS employees and providers that provide services and supports on behalf of people with intellectual and developmental disabilities receiving services and/or supports as part of the Developmental Disabilities Administration (“DDA”) service delivery system, funded by DDS 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. Official Code § 7-761.01 *et seq.*).

#### **4. POLICY**

- A. DDS will regularly evaluate, trend and report each residential and day/ vocational services provider organization's performance in key areas, using the PPR process. The PPR will occur on at least on an annual basis.
- B. DDS will require all provider organizations, regardless of performance, to develop annual continuous quality improvement plans to support high-quality services, ongoing development of best practices, and to ensure annual progress/compliance with the HCBS Settings requirements published at *79 Fed. Reg. 2948-3039* (Jan. 16, 2014) (“HCBS Settings Rule”).

#### **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**

DDS shall maintain a system for PPR that includes, at a minimum, the following elements:

- A. All provider performance data shall be synthesized from throughout DDS/DDA and presented in a coordinated and comprehensive manner on at least an annual basis.
- B. The 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.
- C. The QMD shall also establish benchmarks for provider performance below which quality improvement plans are required.
- D. The QMD Provider Resource Management Unit (“PRMU”) shall be responsible for managing the PPR process and coordinating the receipt of key performance measures data.
- E. The PPR shall be an interactive process, which may include representatives from the provider, DDA Service Planning and Coordination Division (“SPCD”), PRMU, Health and Wellness Unit, QMD, and the Office of Contracting and Procurement, when applicable.

- F. The PRMU shall work with providers to develop and implement quality improvement activities. Providers whose performance falls below established benchmarks shall be required to have a continuous improvement plan (“CIP”) to respond to that performance. PRMU shall also support all providers to pursue quality improvement strategies in support of advancing best practice in the absence of performance deficits.
- G. For HCBS waiver providers with a setting, CIPs shall also include the provider’s Transition Plan for compliance with the HCBS Settings Rule. The Transition Plan must include milestones and timelines that ensure providers compliance with the HCBS Settings Rule by March 1, 2018.
- H. The PRMU shall review providers’ progress on achieving goals in their CIP quarterly and may initiate further remedial actions based on these quarterly reviews.
- I. DDA may sanction providers which do not comply with the PPR process, whose performance falls below benchmarks, or which fail to make sufficient progress in meeting their CIP.
- J. The QMD shall analyze and monitor provider performance indicators and progress on CIPs for trends/variances and communicate recommendations to the DDS Deputy Director for DDA as needed to improve provider performance and outcomes for people.
- K. The results of each provider organization’s PPR shall be posted on the DDS website for the public to exercise informed choice when selecting a provider.
- L. DDS will provide training internally to ensure that staff understands the HCBS Settings Rule requirements.

*Laura L. Nuss*

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Laura L. Nuss, Director

*12/24/2015*

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Date

