



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, September 3, 2019

In Attendance

Dianne Jackson, QRU Supervisor, QAPMA
Greg Banks, PAU Supervisor, QAPMA
Larnique Sugick, Management Analyst, QAPMA
Titilayo Ilori, H&W RN, DDA
Michael Sigelman, H&W RN, DDA
Barbara Stachowiak, Project Director, Liberty

Ian Paregol, DD Coalition
Thomas Mangrum, Project Action!
Thelma Green, Project Action!
Jana Berkow, VOAC
Brittany Goodwin, SJCS
Qadriyyah Johnson, SJCS

Corey Neils, Program Specialist, QAPMA

Handouts during meeting

Provider Certification Review Q3 Report (On-Screen)

Welcome and Introductions

The meeting facilitator, Corey Neils, welcomed the new and existing members to the reformatted Quality Improvement Committee. The expanded meeting allows for DDS staff, external stakeholders (like Project Action! and the DD Coalition), advocates, and I/DD providers to meet and discuss issues that have an impact on the quality of services provided.

Q3 Provider Certification Review Report

Barbara Stachowiak, Project Director, Liberty, presented the significant trends from the Q3 Provider Certification Reviews committed between April 1, 2019, through June 30, 2019. The report reviews 84 services from 32 providers and resulted in 23% of services were rated as excellent, 38% were rated satisfactory, 12% rated needs improvement, and 23% as unsatisfactory. HCBS Setting Rule PCR was done for four providers.

Committee members questioned the PCR process and how it impacts services. As explained, the PCR process involves the review of a provider and a small sample of the individuals receiving services (including interviews with people receiving services). There are indicators (standards) that must be met for the provider to receive a certification and continue to operate. A report of the findings from the review is given to the provider. The provider must submit a Corrective Action Plan (CAP) if deficiencies are found, and the provider has not successfully met all indicators and certified at the time of the review. A follow-up visit is scheduled, and the provider is reviewed again. If the provider completes the follow-up review, they are issued certification. A provider is subject to the DDS Sanctions policy if they fail to meet PCR standards at the initial review. These sanctions include placement on the Do Not Refer List, which, was explained, prohibits the provider from receiving any new referrals for service. Once the provider has completed certification, they are removed from the list and may resume receiving new referrals for services.





The committee revisited the discussion on the Person-centered Indicator – CQ. 20 *Were the quarterly reports written and distributed per DDS policy* and CQ. 21 *Did the quarterly report contain the required information, as identified in current guidelines*, which was not met for nine (9) services for an average of 29%. The committee discussed the ongoing issue of the report being completed and submitted within seven days from the end of the quarter. The committee previously recommended that DDS review the requirement and determine its necessity and if more flexibility can be introduced to ensure more comprehensive reports that meet the requirement consistently. This recommendation has not been completed. Overall, there were 11 indicators that did not meet standards with averages higher than 10% which included: incident reporting within timeframes (17%, 4 services); safe medication administration¹ (50%, 9 services); knowledge of emergency plans (25%, 8 services); knowledge and understanding of a providers' grievance policy (35%, 7 services); and progress tracking and documentation (21%, 6 services)

The committee reviewed and discussed the organizational indicators not met with averages higher than 25%. These indicators are irrespective of the service and pertain to the provider. There were six indicators in this category ranging from providers having a system to ensure rights are protected (32%) to providers having health care monitoring as per DDS standards (33%). HCBS indicators were discussed. The measure demonstrates how providers are doing with meeting the HCBS setting rules. Overall, providers are doing well in this area. Only four providers were reviewed during the period. These PCR indicators are measured through documentation, observation, and interview.

Announcements and Other Updates

- Quality Improvement Committee Meetings are the first Tuesday of each month. Each meeting will be accessible in person and via the internet using WebEx.
- Minutes to past QIC meetings are available on the DDS website (DDS.dc.gov).

Next Meeting: Tuesday, October 6, 2019, at DDS.

¹ This includes staff being appropriately credentialed to give/assist with medication administration.