



**DEVELOPMENTAL  
DISABILITIES ADMINISTRATION**

**DISTRICT OF COLUMBIA  
DEPARTMENT  
or  
DISABILITY SERVICES**

# PCR Quarterly Report Data

*FY 19 1st Quarter*

# Person Centered Indicators- Not Met

CQ.35.14-If ongoing skill development is not reflected on a goal, is there evidence of communication between the team regarding possible modifications?

Found to be not met greater than 10% in 4 services for an average of 32%

# Yes	# No	# N/A	% No	# Services > 10% No
13	6	55	32%	4

# Person Centered Indicators- Not Met

CQ.21- Did the quarterly report contain the required information as identified in current guidelines?

Found to be not met greater than 10% in 10 services for an average of 32%

# Yes	# No	# N/A	% No	# Services > 10% No
87	41	2	32%	10

# Person Centered Indicators- Not Met

CQ.20-Were quarterly reports written and distributed per DDS policy?

Found to be not met greater than 10% in 10 services for an average of 27%

# Yes	# No	# N/A	% No	# Services > 10% No
75	28	3	27%	10

# Person Centered Indicators- Not Met

CQ.19- Are services being provided in accordance with the waiver prior authorization agreement and in accordance with the ISP?

Found to be not met greater than 10% in 4 services for an average of 21%

# Yes	# No	# N/A	% No	# Services > 10% No
22	4	0	21%	4

# Person Centered Indicators- Not Met

CQ.5.12- Does the person know what to do and where to go in the event of an emergency and is it consistent with the written individualized emergency plan and in accordance with current DDS standards?

Found to be not met greater than 10% in 5 services for an average of 20%

# Yes	# No	# N/A	% No	# Services > 10% No
63	16	0	20%	5

# Person Centered Indicators- Not Met

CQ.33.14- Are progress notes written in accordance with DDS policy?

Found to be not met greater than 10% in 5 services for an average of 20%

# Yes	# No	# N/A	% No	# Services > 10% No
54	11	1	17%	6

# Person Centered Indicators- Not Met

CQ.30- Is progress being documented on the goals/objectives that are outlined in the ISP, as well as any goals/objectives being implemented by the provider?

Found to be not met greater than 10% in 5 services for an average of 12%

# Yes	# No	# N/A	% No	# Services > 10% No
28	8	1	12%	5



# Organizational Indicators- Not Met

OO.MAN.12- Does the provider have a system in place to ensure that services are evaluated throughout the ISP year?

Found to be not met on average of 45%

# Yes	# No	# N/A	% No
11	9	0	45%

# Organizational Indicators- Not Met

OO.HH. Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?

Found to be not met on average of 33%

# Yes	# No	# N/A	% No
2	1	0	33%

# Organizational Indicators- Not Met

OO.CQ.17. Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding incident prevention?

Found to be not met on average of 25%

# Yes	# No	# N/A	% No
15	5	0	25%

# Organizational Indicators- Not Met

OO.CQ.35.13.- Does the provider have and implement a system to ensure that the rights of all people are recognized and protected?

Found to be not met on average of 25%

# Yes	# No	# N/A	% No
15	5	0	25%

# Organizational Indicators- Not Met

OO.MAN.11.- Does the provider have a system in place to ensure that services are delivered throughout the ISP year?

Found to be not met on average of 20%

# Yes	# No	# N/A	% No
16	4	0	20%

# HCBS 1<sup>st</sup> Quarter Results

## 10/1/18-12/31/18

Two indicators not met at greater than 10% found in Day Habilitation

Identifier	CMS Assessment	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
CQ.1	a	Do the staff and the organization promote an environment that respects the person and treats them in a dignified manner?	15	2	0	17	12%
CQ.2	a	Is the person's right to privacy acknowledged and practiced?	15	2	0	17	12%

# HCBS 1<sup>st</sup> Quarter Results

## 10/1/18-12/31/18

Two indicators not met at greater than 10% found in Residential Habilitation

Identifier	CMS Assessment	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
CQ.1	a	Do the staff and the organization promote an environment that respects the person and treats them in a dignified manner?	15	2	0	17	12%
CQ.2	a	Is the person's right to privacy acknowledged and practiced?	15	2	0	17	12%

# HCBS 1<sup>st</sup> Quarter Results

## 10/1/18-12/31/18

Two indicators not met at greater than 10% found in Day Habilitation

Identifier	CMS Assessment	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	18	2	0	20	10%
H.CQ.4 4	e	Are there strategies in place to assist the person in developing transportation skills?	13	3	4	16	19%



# HCBS 1<sup>st</sup> Quarter Results 10/1/18-12/31/18

The remaining HCBS Indicators were met at rates greater than 10% in all other services.

Organizational indicators were met at rates greater than 10%. Only one indicator was not met by only one provider in Day Service.



OO.CQ.42.DS- Does the provider support people to engage in community life?

# HCBS 1<sup>st</sup> Quarter Results 10/1/18-12/31/18

Three providers passed the PCR but had (1-3) HCBS indicators not met.

Six HCBS indicators ( of the 28) were found to be not met during this quarter by one or more providers, while 22 were met 100% of the time by all providers.

Of the Not met indicators 3 were specific to Day Services.

Identifier	HCBS Requirement													
		Day Hab	Employment Readiness	Day Hab 1-1	Res Hab	Supported Living	Host Home	Day Hab Small Group	Supported Living Periodic	Companion Services Small Group	IDS Small Group	SEIT Small Group	SELTFA Small Group	SEIP Small Group
CQ.1	a	5	0	7	12	0	0	0	0	0	0	0	0	0
CQ.2	a	0	0	0	0	0	0	0	0	0	0	0	0	0
CQ.3	a	10	0	0	12	0	0	0	0	0	0	0	0	0
CQ.13	b	0	0	0	0	0	0	0	0	0	0	0	0	0
CQ.14	c	0	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.40.DS	g	0	0	0				0				0		
H.CQ.40.RES	g					0	0		0					
H.CQ.41	b	0	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.43	d	0	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.4.4	e	19	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.46	m	0	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.47.DS	q	5	0	0				0				0		
H.CQ.47.RES	q					0	0		0					
H.CQ.48.DS	q	5	0	0				0				0		
H.CQ.48.RES	q					0	0		0					
H.CQ.50.DS	d	5	6	7				0				0		
H.CQ.50.RES	d					0	0		0					
H.CQ.51	h	0	0	0	0	0	0	0	0	0	0	0	0	0
H.CQ.R.1	s	0	0	0	0	0	0	0	0	0	0	0	0	0
H.DS.5	n	5	0	0	0			0						
H.DS.41	m	0	0	0				0				0		
H.RES.30	e					0	0		0					
H.RES.32	i					0	0		0					
H.RES.33	i					0	0		0					
H.RES.34	j					0	0		0					
H.RES.35	r					0	0		0					
H.RES.36	l					0	0		0					
H.RES.37	n					0	0		0					
H.RES.38	o					0	0		0					
H.RES.39	p					0	0		0					
H.RES.40	q					0	0		0					
H.RES.41	m					0	0		0					
H.RES.52	k					0	0		0					
T.CQ.16.DS	q	0	0	0				0				0		
T.CQ.16.RES	q					0	0		0					

## HCBS Indicator

CQ.1-Do the staff and the organization promote an environment that respects the person and treats them in a dignified manner?

CQ.3-Unless the person has documented health conditions, which would prohibit snacking, are snacks available and accessible at any time for the person?

H.CQ.44-Are there strategies in place to assist the person in developing transportation skills?

H.CQ.50.DS-Does the person engage in meaningful, non-work activities in the community?

H.CQ.47.DS-Is there flexibility in the schedule, which supports the person in choosing when and where they eat their meals?

H.CQ.48.DS-Unless the person has documented health conditions, which would prohibit snacking, are snacks available and accessible at any time for the person?