



## FY 2015 Performance Accountability Report Department on Disability Services

### INTRODUCTION

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives' progress and key performance indicators (KPIs).

### MISSION

The mission of the Department on Disability Services (DDS) 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.

### SUMMARY OF SERVICES

DDS is composed of two administrations that oversee and coordinate services for residents with disabilities through a network of private and not-for-profit providers. The Developmental Disabilities Administration (DDA) ensures that residents with intellectual disabilities receive the services and supports they need to lead self-determined and valued lives in the community. DDA achieves this through the delivery of outreach and service coordination services; the development and management of a provider network delivering community residential, day, vocational, employment and individual and family support services; and the operation of a comprehensive quality management program. The Rehabilitation Services Administration (RSA) delivers vocational rehabilitation services focusing on employment and training activities that allow persons with disabilities to experience a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA provides employment marketing and placement services, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living. DDS also serves as the state agency for Social Security Disability Insurance Determinations under the direction of the Social Security Administration.

### OVERVIEW – AGENCY PERFORMANCE

The following section provides a summary of DDS performance in FY 2015 by listing DDS's top three accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

#### TOP THREE ACCOMPLISHMENTS

The top three accomplishments of DDS in FY 2015 are as follows:

- ✓ **DDS supported four DDA provider agencies to become Person Centered Organizations. The four agencies implemented person-centered tools and shared that their learning to identify needed changes in policy, practice, structure and culture throughout both the provider agencies and government agencies to have a fully person-centered system of care. The shared discovery of changes needed created a culture of shared learning and is the**



foundation of the DC Person Centered Learning Community that we are building in FY 2016. Additionally, through the process, each agency developed certified person-centered thinking leaders and coaches to continue to lead person-centered thinking efforts within their agencies.

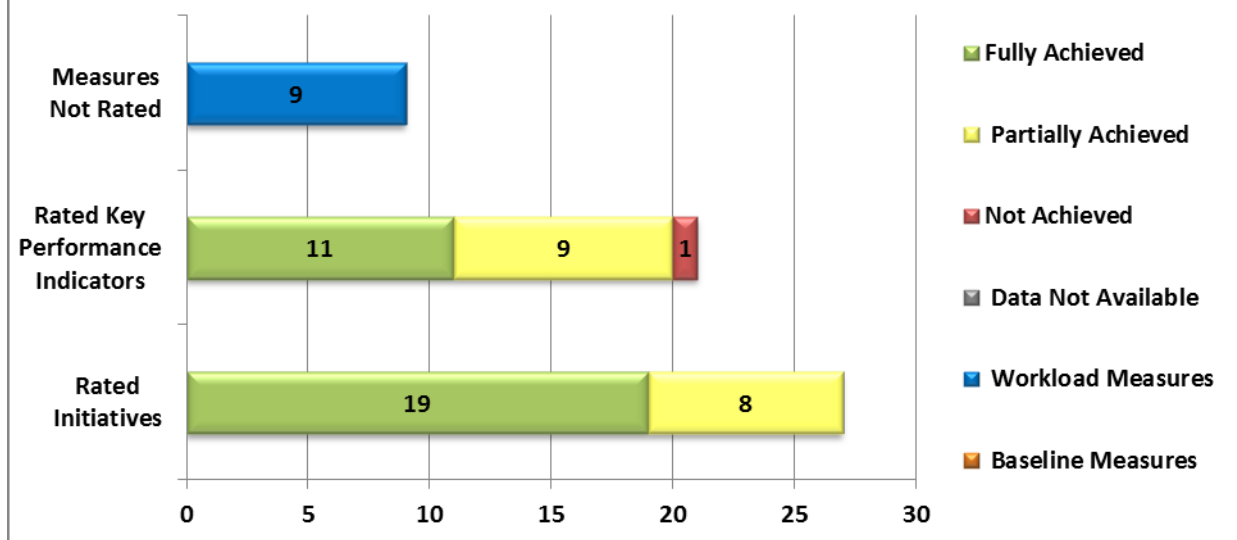
- ✓ **DDS significantly expanded outreach and coordination in transition services and to underserved populations. RSA expanded and improved the quality of transition services and improved coordination with the state education agency and all local education agencies. Vocational Rehabilitation counselors are assigned to every school to support youth and their families with transition services and counseling. Outreach efforts within the community by expanding services to other sites that serve people with disabilities with a particular focus on serving underserved populations identified in the 2013 Comprehensive State Needs Assessment was achieved. RSA established outreach sites at one additional agency serving people who speak Spanish, two sites that primarily serve people who are Ethiopian and Eritrean and one site serving people who are Asian/Pacific Islanders. In addition, the agency established one new site in Ward 7.**
- ✓ **Continued the development and implementation of a comprehensive plan to promote the least restricted, most integrated day, vocational and employment services to meet requirements expressed by the new CMS rules for home and community-based service settings, *Evans* exit criteria and *Olmstead*.**

## **SUMMARY OF PROGRESS TOWARDS COMPLETING FY 2015 INITIATIVES AND PROGRESS ON KEY PERFORMANCE INDICATORS**

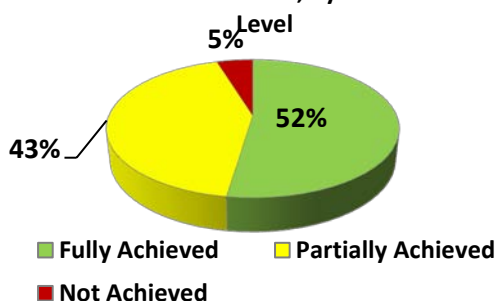
Table 1 (see below) shows the overall progress the DHCF made on completing its initiatives, and how overall progress is being made on achieving the agency's objectives, as measured by their key performance indicators.



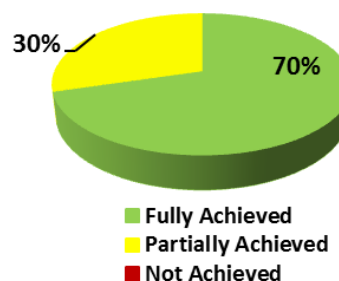
**Table 1: Total Agency Measures and Initiatives, By Category**



**Chart 1: Total Rated Agency Key Performance Measures, by Achievement Level**



**Chart 2: Total Agency Initiatives, by Achievement Level**



**Default KPI Rating:**

>= 100%	Fully Achieved
75 - 99.99%	Partially Achieved
< 75%	Not Achieved

In FY 2015, DDS fully achieved seven tenths of its initiatives and more than half of its rated key performance measures. **Table 1** provides a breakdown of the total number of performance metrics DDS uses, including key performance indicators and workload measures, initiatives, and whether or not some of those items were achieved, partially achieved or not achieved. **Chart 1** displays the overall progress is being made on achieving DDS' objectives, as measured by their rated key performance indicators. Please note that chart 2 contains only rated performance measures. Rated performance measures do not include measures where data is not available, workload measures or



baseline measures. **Chart 2** displays the overall progress DDS made on completing its initiatives, by level of achievement.

The next sections provide greater detail on the specific metrics and initiatives for DDS in FY 2015.

## PERFORMANCE INITIATIVES – ASSESSMENT DETAILS

### Developmental Disabilities Administration

#### OBJECTIVE 1: Ensure service and support is provided in a timely manner.

##### **INITIATIVE 1.1: Ensure timely development of the initial Individual Service Plan for people who are found eligible for services.**

In FY2014, DDA successfully implemented systems to ensure new applicants for services experienced timely eligibility decisions within 90 days of receipt of a completed application packet. In FY2015, DDA will improve its processes and management systems to ensure that people found eligible for services are effectively supported to have the person and his/her support team complete a thorough Level of Need Assessment and person-centered Individual Support Plan within 60 days of the eligibility decision.

**The completion date is September 2015.**

- **Performance Assessment Key: Partially Achieved.** On average, in FY15 the Individualized Support Plan development process was completed within 62 days of the eligibility decision. Although, this does not meet the stated performance goal, it does show an improvement from FY14 (70 days). Currently, changes have been made to the case assignment process aimed at expediting the transition to continuing services. DDS will continue to evaluate and improve this process.

#### OBJECTIVE 2: Utilize Person-Centered Planning and Delivery approaches to ensure each person's personal needs, expressed preferences, and decisions concerning his/her life in the community are planned and effectively implemented.

##### **INITIATIVE 2.1: DDA will select and work with a minimum of four provider agencies to become Person Centered Organizations.**

In FY2015, DDA in conjunction with Support Development Associates and the selected provider agencies will successfully integrate person-centered thinking skills with specific best practices in each agency's management and quality improvement systems. The agencies will commit to having senior management, front-line supervisors, and board members receive training and participate in activities directed at reviewing current practice and changing policies, procedures and practices as identified. Each agency will successfully train 90% of the identified personnel and implement at least 50% of the identified projects as identified in



each agency's project plan for person-centered quality improvement in FY2015. **The completion date is September 2015.**

● **Performance Assessment Key: Fully Achieved:** Each provider agency has completed the process of becoming a person-centered organization. These agencies have worked to certify person-centered thinking coaches and have developed (and are currently implementing) their agency's project plan for person-centered quality improvement.

**INITIATIVE 2.2: Continue the development and implementation of a comprehensive plan to promote the least restricted, most integrated day, vocational and employment services (Age-Friendly DC Goal: Domains 4, 5, 6, 8).**

In FY2014, DDA successfully implemented critical elements of this plan to develop the capacity of both DDA and provider personnel to offer increasingly integrated and individualized day, vocational and employment services including: launching the new Home and Community Based Services (HCBS) waiver Individualized Day Service (IDS), creating a Community of Practice (CoP) for IDS providers, and, providing extensive training and resource materials for IDS providers; expanding the Customized Employment CoP; providing training to DDA and to provider personnel in Discovery methods of assessment for community integration and employment; and active participation in the Administration on Intellectual and Developmental Disabilities (AIDD)/Institute of Community Inclusion (ICI) Employment Learning Community and the Office of Disability Employment Policy (ODEP) Employment Leadership Mentoring Program and Employment First Vision Quest Series technical assistance program.

In FY 2015, DDA will continue implementation of this plan to increase the number of people who have opportunities for community integration through day, vocational and employment supports. DDA will also implement new quality improvement initiatives consistent with the goals of Employment First and the CMS Transition Plan for HCBS waiver programs to come into compliance with new CMS rules for HCBS services to ensure that people supported by DDA funded services receive services that are: tailored to their personal, assessed needs and interests; result in achievement of personal outcomes; involve meaningful work and/or activities that teach or maintain important employment related skills; and, are consistent with the new CMS definition of community-based. These initiatives will include: the provision of technical assistance and resources to day habilitation and employment readiness providers to improve and enhance adult and vocational education and adaptive skills and positive behavioral support training; modifications to the DC IDD HCBS rules to enforce increased programming requirements; and, additional training of DDA and provider personnel to improve the effectiveness of monitoring of these services. The number of people who have increased opportunities for community integration through day, vocational and employment supports will increase by at least 25% (from 375 to 468). **The completion date is September 2015.**



- **Performance Assessment Key: Fully Achieved.** In FY 2015, DDS established new policies and procedures to ensure that as part of annual planning, each person who receives supports undergoes guided conversations to assess their interest in employment, whether they are in the most integrated community setting, and to affirm informed consent. These assessments result in goals for each person to further them on their pathways to employment and community integration. In addition to the changes in policy and procedure, DDS published written guidance and trained service coordination staff and providers, as well as shared these initiatives with stakeholders, such as at Provider Leadership, DC Association of People Supporting EmploymentFirst, DC Supporting Families Community of Practice, and other meetings. DDS also worked with stakeholders to update a number of regulations governing waiver programs to advance community integration, meaningful day and employment first. While there was some delay in the effective date of the regulations due to a delay in approval of the waiver by CMS, the regulations have been revised and are being published and implemented. Changes were made to the Provider Certification Review process to reflect the new requirements.

Regarding the training of DDS staff and providers, DDA provided a series of training and technical assistance sessions on promoting employment for people served by DDA, regardless of the programs in which they were enrolled. All Service Coordinators, staff from the Quality Management Division, provider leadership, and day/employment provider staff who are involved in service planning attended training on completing Discovery assessments, which is the hallmark of Customized Employment, developing Positive Personal Profiles, and crafting Job Search/Community Integration Plans. This training was required for Service Coordinators (SCs) and managers and teams of staff from all service providers that offer any day or employment services.

In total, 462 staff were trained, including both provider staff and service coordinators. Seventy-eight (78) of the currently-employed SC staff completed the training. These training sessions focused on completion of Discovery assessments, Positive Personal Profiles, Job Search/Community Integration Plans, and the Rubric for Evaluating the Quality of Discovery Information from Person-Centered Thinking (PCT) Based Positive Personal Profiles (PPPs) and/or other Vocational Assessment Reports and Job Search/Community Participation Plans for D.C. DDS Service Recipients. All of the training and resource materials are posted on DDA's website to facilitate training and completion of the Discovery-related processes. DDA also developed a discussion guide for "Assessing a Person's Interest and Progress Toward Employment" and another on "Pathways to Employment and Community Integration Benchmarks," to support SCs and provider staff in guiding people on a path to employment.

Also, through a grant from the U.S. Department of Labor's Office of Disability Employment Policy, three provider agencies received technical assistance focused on Provider Transformation, to assist them in building their capacity to support employment. DDS/DDA



also convened a full-day training conference on *Successful Employment: Partnering in the Job Search Process: Training and Planning to Improve Employment Opportunities and Outcomes*.

Regarding DDS's continued progress toward promoting participation in the least restricted, most integrated day, vocational and employment services, a total of 1,650 people were receiving services through the District's Home and Community-Based Services waiver program; 130 people were receiving Supported Employment services; 190 people were receiving Individualized Day Supports; and 4,696 people were receiving vocational/rehabilitative services from RSA at the end of FY15. Participation in these services yields a total of 493 persons who have increased opportunities for community integration through day, vocational and employment supports, surpassing our goal of 468.

**INITIATIVE 2.3: Continue the professional development of DDA service coordinators to improve skills in the facilitation and development/writing of person-centered Individual Support Plans.**

In FY2014, all DDA service coordinators completed a two-day training in person-centered thinking, and in using Discovery methods to develop Positive Personal Profiles and Community Integration Plan or Employment Plans. DDS/DDA also developed via contract with Support Development Associates an in-depth training series in person-centered planning and support for service coordinators. In FY2015, all DDA service coordinators will successfully complete this training series. DDA will also develop training in writing and monitoring effective person-centered goals. At least 95% of DDA service coordinators will complete this training. **The completion date is June 2015.**

- **Performance Assessment Key: Fully Achieved.** At the close of FY15, 97% of all DDA service coordination staff were in compliance regarding mandatory training. DDA managers and supervisors will continue to work with each staff member to identify possible causes behind training absenteeism.

**OBJECTIVE 3: Recruit and retain qualified providers to meet specialty clinical and support needs; remove poorly performing providers (Age-Friendly DC Goal: Domain 8).**

**INITIATIVE 3.1: Develop and implement strategies to recruit new providers to meet specific needs in the areas of clinical services, dual diagnosis, and elders (Age-Friendly DC Goal: Domain 8).**

In FY2014, DDS/DDA researched and implemented strategies to recruit and retain clinical staff in the District to support the work of the providers. In FY2015, DDS/DDA will: work with the Department of Behavioral Health (DBH) to support the training of up to three core service agencies to increase mental health professionals' skills in working with people with dual diagnoses; collaborate with the Child and Family Services Agency (CFSA) to recruit and support provider(s) to effectively support individuals who age out of CFSA into the DDA service



delivery system; collaborate with the Office of Aging and community senior centers on expanding their services to elders with IDD; establish an internship program with local universities to increase the availability of psychologists with experience in behavioral health treatment modalities for persons with dual diagnoses; and continue to recruit national providers with expertise in supporting people with significant behavioral health needs. **Completion date is September 2015.**

● **Performance Assessment Key: Partially Achieved.** In FY15, DDS partnered with the Department of Behavioral Health (DBH) to conduct a 10-week intensive training in Positive Behavior Supports that included 10 four-hour modules. The goal of the training was to increase the capacity of the District's mental health system to serve people with dual diagnosis by training mental health professionals to serve as Positive Behavior Support Facilitators for their agencies. Forty-eight participants from six DBH core service agencies, one community hospital, and one psychiatric emergency room completed the training. The training was provided by a national provider with expertise in supporting people with dual diagnosis. DDS recruited a nationally recognized provider of community based services for people with intellectual disabilities and behavior challenges to provide Supported Living services for people with dual diagnosis under the Medicaid Home and Community-Based Services waiver program. DDS also approved one new DBH core service agency as a Behavior Support provider under the Medicaid Home and Community-Based Services waiver program. This core service agency is certified to provide Trauma Systems Therapy interventions (TST) and trauma-informed support. DDS did not achieve the goal to establish an internship program with local universities. DDS collaborated with board certified behavior analysts from the Chicago School of Professional Psychology and George Mason University who provided behavior support consultation for two people receiving services from DDS. This collaborative relationship offers the potential for future training partnerships in FY 2016.

In FY15, DDS successfully collaborated with Child and Family Services Agency (CFSA) on a parenting initiative to increase the availability of providers with an intellectual disability specialty to support parents and youth in the neglect system. The District issued a solicitation and awarded a contract to a renowned non-profit organization.

Also, DDS collaborated with both the Office of Aging and the Department Of Health Care Finance to expand the community based services in District for the elderly. In addition to the existing senior centers that continue to support the Long Term Care community, a new service is being developed for people 55 years and older with chronic health conditions diagnosed by a physician. The service will encourage older adults to live in the community by offering non-residential medical supports and supervision through therapeutic activities in an integrated community setting. This service will also foster opportunities for community inclusion and deter more costly facility-based care. This service should be fully available by December of 2015.





**OBJECTIVE 4: Improve the performance of DDA and the provider community to meet all health, safety and welfare requirements.**

**INITIATIVE 4.1: Continue the implementation of education and preventative activities on abuse and neglect (Age-Friendly DC Goal: Domain 10).**

The Agency will conduct regular training with provider agency staff. A portion of the curriculum will be dedicated to “Prevention Activities: Abuse and Neglect,” which will include, but will not be limited to a requirement for the provider agency to conduct annual training for all of its staff in the prevention of abuse and neglect; and the development of a template that identifies key areas, (e.g., the characteristics of a person at risk, why these characteristics place them at risk and staff interventions). The Agency will host a “District of Columbia Government Abuse Investigator” roundtable that will include attendees from the provider agency community, other government agencies and law enforcement. The Agency will also continue to convene an internal committee to discuss incident trends that will include but not be limited to an analysis of provider agency data related to a noticeable high or lower number of abuse and neglect incidents for people. The results of this analysis of data could suggest additional training or possible sanctions. **The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** DDA staff provides ongoing training with provider agency staff at scheduled sessions, specifically dedicated to incident management and the prevention of abuse and neglect. Additionally, providers have submitted to DDA their Tracking and Trending reports, which identified DDA persons at risk for abuse and neglect and the providers’ plans for the prevention of abuse and neglect.

DDA’s Immediate Response Committee Core Group continues to meet regularly to discuss various trends related to incidents.

The “DC Abuse Investigators Roundtable” (DC-AIR) hosted by DDA held its first quarterly training conference on September 28, 2015. The training was well received by the 38 attendees representing MPD, DOH, DBH, DHCF, OIG-MFCU, and AARP/Legal Counsel for the Elder-LTC Ombudsman Program, along with many IMEU investigators. DC-AIR’s trainings focus on building awareness, and the prevention, detection, investigation, and prosecution of elder and vulnerable adult abuse in the District of Columbia, which includes abuse, neglect, and financial exploitation. There will be another training of DC-AIR slated for the first quarter 2016, which will include the same participating agencies along with DC Adult Protective Services, and a representative from the DC Office on Aging.

**INITIATIVE 4.2: Implement the DDS/DDA Centers for Medicare and Medicaid Services (CMS) Corrective Action Plan and exit CMS oversight for the DDA HCBS waiver program.**

In FY2014, DDS/DDA successfully completed the implementation of its performance and quality management strategy for the purposes of oversight and assessment of the District’s



Developmental Disabilities service system, and achieved compliance with the *Evans* court orders related to the development and implementation of a quality assurance system. In FY2015, DDS will, consistent with the Medicaid Waiver Program approved application, achieve and maintain at least 86% compliance with all CMS quality measures. DDS/DDA will measure compliance and develop plans for remediation when compliance falls below the acceptable level. **The completion date is September 2015.**

- **Performance Assessment Key: Partially Achieved.** According to the most recent Waiver Reports, DDA has achieved at least an 86% compliance rate with 33 out of 38 (87%) performance measures. Compliance for one measure fell to 85% after being well above 86% for the last three quarters. DDA believes our rate will go back up next quarter. DDA has created and implemented a Quality Improvement Project to address all other performance measures that have not reached 86% compliance. DDA managers also review and discuss the agency's progress each month. DDS expects to exit CMS oversight in the second quarter of FY16.

**OBJECTIVE 5: Protect Individual rights and decision-making authority, as well as ensure implementation of due process and grievance procedures.**

**INITIATIVE 5.1: Continue to improve performance in the efficiency of the Restrictive Control Review Committee (RCRC) review process to ensure adherence to policy and procedures that will increase the number of approved behavioral support plans (BSPs) with restrictive controls.**

The Agency will continue its efforts to improve the efficiency of the RCRC approval process by analyzing its data to determine which clinicians require additional training related to the development of plans that comport to DDS policy and procedures and professional standards. Using the performance data collected in FY 2014, DDA will recommend new performance standards to DHCF for continued participation in the HCBS waiver Medicaid program for Behavior Support providers. The Agency will provide technical assistance to individual clinicians on a case-by-case basis following a pre-review of all BSPs submitted for review to the RCRC. **The completion date is December 2014.**

- **Performance Assessment Key: Fully Achieved.** DDA staff provide continuous technical assistance and training to clinicians and providers to ensure BSPs with restrictive controls abide by DDS policy and procedures. Much of this has been accomplished by including a pre-review process before a BSP goes to the RCRC for approval. With the addition of this step, the percent of total BSPs that were either deferred or rejected has declined from forty-five (45) percent in FY14 to nine (9) percent in FY15. In addition, DDA has drafted criteria for sanctioning providers who exhibit a trend of non-compliance. DDS plans to implement these criteria in the second quarter of FY16.



**OBJECTIVE 6: Increase the number of individuals who achieve positive quality of life outcomes in the areas of health, work, relationships and community inclusion (Age-Friendly DC Goal: Domains 4, 5, 6, 8).**

**INITIATIVE 6.1: Participate in National Core Indicators (NCI) Project in order to collect data on the satisfaction of individuals receiving DDA services and compare DDA results to national data (Age-Friendly DC Goal: Domains 4, 5, 6, 8).**

In FY2014, DDS/DDA completed participation in the NCI family/guardian surveys and consumer surveys. In FY2015, DDS/DDA will continue participation in this national project, share the FY2014 results and NCI reports with DDA stakeholders and the general community and implement quality improvement initiatives based on stakeholder feedback and engagement. DDS/DDA will design and initiate at least one quality improvement initiative in FY2015 based on the results of the 2014 NCI surveys and measure its effectiveness over time via the NCI Project results. **The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** DDS participated in the NCI project in FY15 and did an analysis of the data to determine our baseline level of compliance with the HCBS Settings Rule. We will use that analysis and continue to track those indicators over the next few years, and use them as a systemic indicator of our compliance. Also, these findings were shared with the DDA Advisory Committee, and DDS is working to post the NCI-HCBS Settings analysis on our webpage.

**OBJECTIVE 7: Monitor the budget for the Medicaid Waiver program on a quarterly basis to ensure it is being managed to the projections of utilization and expenditures.**

**INITIATIVE 7.1 Monitor the budget for the Medicaid Waiver program on a monthly basis.**

DHCF will provide DDS/DDA regular monthly as well as quarterly consolidated expenditure reports by service type, showing the aggregated utilization compared to the projected annual utilization so that DDA can evaluate patterns of under or over utilization and manage variations through a number of approaches including verification/audit of billing versus service delivery documentation, audits of ISPs, training for DDA staff and providers on service types and limitations and other service options; and potential amendments to adjust the total number of authorized persons to be served in Waiver Year 3 (FY 2015).

**The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** DDS has been carrying out quarterly monitoring of expenditure and service utilization using the financial data provided by DHCF to predict spending patterns for the Medicaid Waiver program. The agency has also conducted service utilization studies and targeted analyses to compare authorized versus actually expended service budgets. The FY2015 waiver costs remained within the forecasted budget.



**OBJECTIVE 8: Limit increases in the average annual residential costs per consumer to 110% of Consumer Price Index.**

**INITIATIVE 8.1 Exercise greater scrutiny on housing requests and observe HUD fair market rent guidelines for all providers' housing rental costs unless essential for documented medical or accessibility necessity (Age-Friendly DC Goal: Domain 3).**

Contracts staff will work with DDA program staff earlier in the process of acquiring new residential service locations to provide increased guidance and oversight. Sanctions will be employed against provider agencies when renewal leases exceed fair market rent guidelines without DDS approval. **The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** It is the practice of DDA to not approve new residential service locations except in circumstances where it would be beneficial to the person we serve, based on their physical disability or condition, or based on their clinically observed behaviors. Renewal leases are to comply with DDA rent caps. DDA spent several months during FY15 considering the prevalence of and circumstances surrounding leases that are over the rent caps. There are leases not in compliance due to a person's length of stay at a location, or for the medical reasons listed above. DDA is currently exploring language for the FY16 HCA revision which will address these cases wherein leases for existing individuals are currently above the established caps in an effort to bring those rates into a fair and reasonable range. This is necessary, in light of the fact that current rates over the cap limit DDA's ability to pay rent costs. Changes to the FY16 HCA requirement may require the provider and/or the person to pay the difference above the cap.

**KEY PERFORMANCE INDICATORS– Developmental Disabilities Administration**

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual (KPI Tracker)	FY 2015 YE Rating (KPI Tracker)	Budget Program (KPI Tracker)
	1.1	Average number of days to complete initial Individual Support Plan (ISP)	70	60	Not Applicable	61.50	97.60%	Developmental Disabilities Administration
	1.2	Percentage of annual Individual Support Plans (ISP) that are completed on-time	94%	95%	Not Applicable	95.4%	100.45%	Developmental Disabilities Administration



●	1.3	Percentage of reported issues that are resolved on-time	66%	85%	Not Applicable	79%	93.5%	Developmental Disabilities Administration
●	1.4	Percent of people with a Level of Need (LON) assessment completed on schedule.	58%	85%	Not Applicable	87%	102%	Developmental Disabilities Administration
●	3.1	Percentage of waiver providers currently receiving a twelve (12) month full certification	70%	75%	Not Applicable	100%	133.33%	Developmental Disabilities Administration
●	4.1	Percentage of investigations completed within required timelines.	94%	95%	Not Applicable	95.05%	100.05%	Developmental Disabilities Administration
●	4.2	Percentage of DDA Service Coordinators, staff and supervisors who completed required competency-based training	98%	95%	Not Applicable	98%	102.48%	Developmental Disabilities Administration
●	5.1	Percentage of people with restrictive interventions who have an approved Behavior Support Plan	55%	95%	Not Applicable	90.61	95.38%	Developmental Disabilities Administration
●	6.1	Number of people in supported or competitive employment.	226	260	Not Applicable	320	123%	Developmental Disabilities Administration

### Rehabilitation Services Administration

**OBJECTIVE 1: Increase the number of DC residents with disabilities who achieve employment and the quality of employment outcomes.**

**INITIATIVE 1.1: Continue outreach efforts within the community by expanding services to other sites that serve people with disabilities with a particular focus on serving underserved populations identified in the 2013 Comprehensive State Needs Assessment and expand the VR presence within the American Jobs Centers.**



RSA has continued to expand its outreach efforts in FY2014 in order to ensure that services are widely available in the community. RSA is now strategically focusing its outreach efforts to expand to sites that serve populations identified as unserved and underserved in its Comprehensive State Needs Assessment completed in May, 2013. In addition, the Administration plans to increase the number of days that counselors work at American Jobs Centers (One Stop Centers) from one day per week currently, up to four or five days per week in order to improve cooperation with the DC Office of Employment Services (DOES), and other providers. These efforts will assist in raising the number and quality of successful employment outcomes. RSA will have agreements with government and community-based agencies to provide VR intake services at 30 different locations throughout the District, focusing particularly on unserved and underserved areas. **The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** RSA established outreach sites at one additional agency serving people who speak Spanish, two sites that primarily serve people who are Ethiopian and Eritrean and one site serving people who are Asian/Pacific Islanders. In addition, the agency established one new site in Ward 7. RSA is working with its human relations office to develop a recruitment plan to hire additional Spanish speaking staff.

**INITIATIVE 1.2: Revise the payment structure in place for Supported Employment and Job Placement Providers to provide incentives based on entry level wages and availability of benefits.**

RSA will revise the payment structure in place for community rehabilitation providers that provide Job Placement and Supported Employment Services in order to establish a system that provides for performance payments to providers, rewarding providers for timely job placement, assisting people to job stabilization more timely, and placement in higher quality jobs (i.e., including at least DC living wage or meeting or exceeding the standard established for RSA's federal performance goal of 52% of the current average wage in the District and availability of health benefits). The average entry level wages for people whose cases are closed successfully will increase to the DC living wage in effect at that time, and the percentage of individuals who are placed in jobs that include private health insurance will increase by 10% over FY2014. **The completion date is September, 2015.**

- **Performance Assessment Key: Fully Achieved.** The Notice of Final Rulemaking was published on August 28, 2015.

**INITIATIVE 1.3: Increase the effectiveness of current and new Supported Employment service providers and Community Rehabilitation Programs (CRPs).**

In FY2013, RSA hired external program monitors in its Quality Assurance Unit. These monitors regularly visit contract service providers and local training providers that are approved for



payment by RSA. The monitors compile information regarding provider performance and compliance. The information gathered enables RSA to provide technical assistance and training to improve outcomes of partner agencies and provides better information to consumers and counselors when selecting service providers. In addition, RSA will assign one staff person the responsibility of maintaining current information on all training and education providers approved for placements by RSA. This person will conduct initial reviews of the facilities to determine appropriateness of training facility, to ensure the safety and adequacy of the program, and will provide data to counselors and consumers about program requirements, description of services and outcomes. RSA will have printed resource guides regarding all available training programs and local colleges and universities and will have data on all service providers available on line, to assist consumers and staff in selecting service providers. **The completion date is September 2015.**

- **Performance Assessment Key: Partially Achieved.** RSA hired an Employment Coordinator in May 2015. The Employment Coordinator visited the local community colleges to connect with representatives in the Disability Resource Offices as well as create a template for collecting information on career training program requirements, description of services, outcomes and customer service feedback. Analysis has been done on the culinary arts/hospitality training programs which are run by the National Children’s Center and the Hands on Hyatt Educational Program.

**OBJECTIVE 2: Improve RSA service delivery through more efficient operations and a more effective and skilled workforce.**

**INITIATIVE 2.1: RSA will use the automated case management system and regular supervisory case reviews to ensure that the agency complies with federal timeline requirements regarding determination of eligibility and development of Individualized Plans for Employment (IPEs) and that quality services are provided in compliance with District and federal regulations.**

During FY2015, RSA will implement its electronic case management system, including having fully electronic case records. Ninety percent (90%) of eligibility determinations will be completed within 60 days of application for VR services. Ninety percent (90%) of IPEs will be developed within 90 days of eligibility determination.

**The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** In FY15, RSA developed and implemented a three-month pilot on the process to convert paper documentation into digital formats. This pilot process would lead to implementation of an improved process for FY16. RSA exceeded its goal by developing 95% of all IPEs within 90 days or less of eligibility determination.



This was a multi-step process. The first step was to reduce the need for printing forms from System 7, RSA's electronic case management information system. RSA purchased electronic signature pads and then trained VR Supervisors and VR Specialists on how to use the e-signature pads.

For documents already in hard copy format, RSA worked with the DDS IT division to program a shortcut key on one of the main copier/scanner that would digitally save the document automatically into a shared drive folder when scanned. RSA also developed a standard nomenclature to be used when saving the scanned files.

In addition to the main copier/scanner, RSA procured three desktop and seven portable scanners to implement the pilot program with one Youth in Transition unit. RSA trained one VR Supervisor, seven Transition VR Specialists, two Rehabilitation Assistants, and three SYEP participants on the use of one of the main copier/scanner machines and 10 additional scanners. At the end of the pilot, RSA scanned and uploaded into System 7 approximately 100 paper case files that were closed in Fiscal year 2015. The pilot was delayed due to personnel changes within the pilot Transition Unit. This delay led to training several new employees on the process and the equipment, and RSA revisiting its process to anticipate any additional changes to personnel and processes.

In addition, several RSA non-client services divisions have begun scanning and saving files onto electronic shared drive folder. It is the goal of the Administration and DDS to reduce the hard copy paper files before the end of Fiscal Year 2016.

**INITIATIVE 2.2: Review and revise all program policies, procedures and protocols and make them available on the Agency's website.**

In FY2014, RSA, in collaboration with the State Rehabilitation Council (SRC), undertook a comprehensive review of all Agency policies and procedures. In FY2014, the Agency updated its order of selection, and supported employment policies and post-secondary procedures, and plans to update its supported employment procedures. During FY2015, the Administration will continue working with the policy committee of the SRC to update policies and procedures identified during the comprehensive review of policies in FY2014 as needing revision, finalize policies and procedures and make them available on the Agency's website. In addition, RSA will undertake a review of all internal Administration protocols, revise current protocols as necessary, and develop new protocols where appropriate. Upon completion, these protocols will be shared with the SRC practice committee and will be made available on the DDS website. **The completion date is September 2015.**





- **Performance Assessment Key: Fully Achieved.** Through collaboration with the State Rehabilitation Council (SRC) and its other stakeholders, RSA developed and finalized several policies and procedures directly related to the provision of Vocational Rehabilitation services. As required by the Rehabilitation Act of 1973, as amended in October 1992, and as codified in 34 CFR Sec. 361.20, a public hearing was held on March 25, 2015, to solicit the public's comments on each of the newly developed documents.

**INITIATIVE 2.3: RSA will implement a Community Rehabilitation Provider module on its electronic case management system.**

In order to improve coordination of services with Community Rehabilitation Providers, the Agency is purchasing the necessary software for its case management system in order to allow access to the "CRP Module" of the RSA case management system. This will allow counselors to make referrals within System 7 to all job placement and supported employment providers, and will allow for status reports and billing to be filed directly within the system, providing for a more efficient process in collaboration with partner agencies providing job placement and supported employment services. **The completion date is March 2015.**

- **Performance Assessment Key: Partially Achieved.** In order to implement this initiative a number of changes were required in the agency's contract with the outside agency that provides support for RSA's management information system. The new contract, including these changes was executed in August, 2015. The new provider module was fully implemented into the system in September, 2015, and training was provided for all provider agencies and staff in October 2015.

**OBJECTIVE 3: Expand and improve the quality of transition services and improve coordination with the state education agency and all local education agencies.**

**INITIATIVE 3.1: Improve coordination with all schools working with DC youth, including public, public charter and non-public schools to ensure that RSA is fully integrated into the transition planning for youth.**

RSA will develop and implement a comprehensive outreach plan. RSA has been working with a non-profit provider, School Talk, Inc., to develop outreach materials to provide information regarding the transition process to youth, their families and school staff. In FY2014, RSA developed a transition tool kit, which will be translated into Spanish during FY2015. In addition, in FY2014, the Agency hired a Transition Project Manager who will work with the transition specialists to develop a specific outreach plan, including a schedule of outreach and education events at schools and in the community for implementation during FY2015. Transition specialists will provide information at staff meetings at all schools regarding availability of VR services and the intake process and will provide other community education consistent with the outreach plan. **The completion date is September 2015.**



- **Performance Assessment Key: Fully Achieved.** RSA developed materials for students and families, as well as materials for school staff, to provide information about the VR transition process. The agency has assigned VR counselors to all schools. The counselors meet with students in the schools. VR staff attend staff meetings at each school to provide information about vocational rehabilitation services. RSA staff meet monthly with DCPS transition staff to monitor referrals received from each school to ensure that cases are moving timely through the VR process.

**INITIATIVE 3.2: RSA will establish agreements with Public Charter Schools regarding referrals and coordination of transition services.**

During FY2012, RSA finalized a memorandum of agreement (MOA) with DCPS, and during FY2013 an MOA was finalized with OSSE, in order to improve coordination of services between RSA and the local education agencies. The coordination with DCPS has improved considerably. DCPS and RSA meet monthly to monitor the progress of all referrals and plan strategies for outreach and education to all DCPS schools and all dependent charter schools. In FY2014, RSA began working with the DC Public Charter School Board in an effort to develop the same kinds of systems with the independent charter schools. In FY2015, the Agency will work with OSSE, the Public Charter School Board and all charter schools to establish a system for coordinating referrals and coordination of transition services. **The completion date is September 2015.**

- **Performance Assessment Key: Partially Achieved.** RSA was unable to establish a Memorandum of Understanding with the Public Charter School Board in order to establish the same kind of supports to each public charter school that are currently provided by the DCPS transition office, as providing direct service in this manner goes beyond the authority of the Public Charter School Board. Therefore, the agency issued a solicitation to procure the services of an agency with experience with Public Charter Schools in order to assist in working with all of these schools to provide supports in referrals of students for VR services. In addition, this agency is assisting in developing ways of implementing pre-employment transition services in each of the public charter schools, a new mandate under the Workforce Innovation and Opportunity Act, passed in July, 2014. MOAs with eight public charter schools will be finalized by March 1, 2016.

**OBJECTIVE 4: Develop a Self-Employment/Entrepreneurship Program.**

**INITIATIVE 4.1: Implement the Self- Employment/Entrepreneurship Program.**

In FY2014, RSA, in coordination with the SRC, developed policies and procedures governing the Entrepreneurship Program. Once the policies and procedure are complete, training will be



provided to all staff on this service. The program will be fully implemented and RSA will increase the number of successful closures in self-employment cases.

**The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** Development of the Self-Employment policy and procedure was completed during FY 2015. As required by the Rehabilitation Act of 1973, as amended in October 1992, and as codified in 34 CFR Sec. 361.20, a public hearing was held on March 25, 2015, to solicit comments from the community. The documents became effective June 1, 2015, and were posted to the agency's website. Training was provided to VR counselors and supervisors on September 1, 2015.

#### KEY PERFORMANCE INDICATORS- Rehabilitation Services Administration

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
●	1.1	Number of people placed by RSA that remained employed for 90 calendar days or more.	643	645	Not Applicable	670	104%	Rehabilitation Services
●	1.2	Average entry level wages for people whose cases are closed successfully	12.06	13.00	Not Applicable	\$13.52	104%	Rehabilitation Services
●	2.2	Percent of people with a plan developed within 90 calendar days of eligibility determination.	93%	90%	Not Applicable	95%	106%	Rehabilitation Services
●	2.1	Percent of people for whom eligibility is determined within 60 calendar days.	92%	90%	Not Applicable	95%	105%	Rehabilitation Services
●	3.1	Percentage of eligible transition youth for whom an Individualized Plan of Employment is developed.	82%	90%	Not Applicable	86%	96%	Rehabilitation Services



**OBJECTIVE 1: DDD will meet and/or exceed SSA standard case processing time (currently 115 days).**

**INITIATIVE 1.1: Utilize all available resources for achieving timely determination decisions.**

Expedite the determination process for individuals with a high likelihood of disability based on their application. Provide training to staff as needed on best practices in review of applications with the most likely determinations. Streamline methods for obtaining supporting documentation through improvements in the medical evaluative records processes. **The expedited process will be implemented by September 2015.**

- **Performance Assessment Key: Partially Achieved.** In FY15 the Disability Determination Division did in fact achieve its outlined initiative and secured a 109 days mean processing time for DI/SSI and Concurrent Disability Claims, which is 6 days lower than the national average. However, we did miss our internal target of 105 days due to some newly instituted internal business processes and attrition at the executive management level. The major reasons for our successful attainment of the outlined initiative, where one, we instituted a Quality Assurance Unit in FY15. This unit’s work helped to promote secondary case reviews to assure Claims would not be returned for overlooked errors. Although this process initially had some issues to be worked through, the end results are starting to pay dividends and processing times are continually coming down. Second, the Examiner Staff were provided with mandatory Virtual Training from Regional and National Program sources, which helped to institute best Case Adjudication practices into their work. Thirdly, our streamlined processes to secure MER (Medical Record of Evidence) and to obtain CE’s (Consultative Exams) through trusted contracted sources, enabled us to utilize our internal resources to work on Claims Adjudication. Finally, the DDD instituted individual metrics for the Examiner Staff making them more accountable for their production environments, which helped to enhance processing times and achieve the agency initiatives.

**KEY PERFORMANCE INDICATORS– Disability Determination Division**

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
●	1.1	Average SSA Case Processing Time (in days)	89.	105	Not Applicable	109	96%	Disability Determination Division
●	1.2	Accuracy of Eligibility Determinations	96%	98%	Not Applicable	89%	91%	Disability Determination Division



●	1.3	Annual Case Clearances	15,359	15,580	Not Applicable	14,183	91%	Disability Determination Division
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### Office of the Director

**OBJECTIVE 1: Increase employment-related supports for people with disabilities, by recruiting service agencies that can provide services through the Ticket to Work program by creating an Administrative Employment Network (EN), and recruiting ticket holders who would benefit from the program.**

**INITIATIVE 1.1: DDS will work with the Social Security Administration (SSA) to accept SSA Tickets to Work from people who receive Social Security benefits.**

This initiative will enable DC Department on Employment Services (DOES), the Department of Behavioral Health (DBH) and other current community rehabilitation providers that are not ENs, other job training and placement agencies, and employers themselves to provide services through the Ticket to Work program that might otherwise not be available to people. This will provide additional federal funding that can be used flexibly for job support, job retention services, and benefits planning, eliminating the administrative burden on employment services agencies by coordinating reporting requirements at DDS, and enabling people and organizations to benefit from this underutilized resource. In FY2015 DDS will continue its community outreach initiative to recruit ticket holders and to identify additional agencies to provide job retention support. In FY2014, DDS conducted an analysis to determine the number of people RSA supports who are ticket holders and eligible for referral to the DDS EN. Based upon that analysis, DDS is adjusting the performance indicators in this area. **The completion date is September 2015.**

● **Performance Assessment Key: Fully Achieved.** In FY15 DDS added new agencies that jointly serve people supported by DDA and RSA to the Ticket to Work EN and signed a Partnership-Plus agreement with RSA. These efforts should increase referrals of ticket-holders to the EN.

**OBJECTIVE 2: Exit existing agency litigation and meet oversight requirements.**

**INITIATIVE 2.1: Exit *Evans v. Gray*.**

The Director's office will focus planning, personnel and strategic efforts to assure that the requirements for the 2010 Revision of 2001 Plan for Compliance and Conclusion of the *Evans v. Gray* are met (70 exit criteria) so that the District can responsibly exit this case. This will be done through continued development and implementation of *Evans* work plans as well as meeting performance goals required by the 2010 Plan. Final certifications of compliance were filed in June 2014. The District was found to not be in compliance with one exit criterion and is pending a decision in seven additional exit criteria under dispute between the parties. DDS will implement plans of correction/improvement if and as necessary based on those



pending decisions to achieve the conclusion of the class action. **The target date for case conclusion is April 2015.**

- **Performance Assessment Key: Partially Achieved.** In FY15, DDS continued with its ongoing efforts to achieve compliance with each of the 70 outcome criteria in the 2010 Revision of 2001 Plan for Compliance and Conclusion of *Evans v. Gray*. As of September 30, 2015, the District has been found by the Court to be compliant with three of the eight outcome criteria from FY14, which means the District has been found compliant with 65 of 70 outcome criteria or 92.8 percent. The District continues to work toward a finding of compliance with the five remaining exit criteria through implementation of a plan of correction and anticipates seeking certification in the second quarter of FY16.

**OBJECTIVE 3: Improve the overall perception and delivery of services by DDS through the establishment of systems for customer feedback, analysis and improved communications with Agency consumers and stakeholders.**

**INITIATIVE 3.1: Improve the overall perception of customer service through increased efforts to capture customer feedback and use the information to guide the development of training, policy, and procedures.**

The Director's office will improve customer service feedback results through advancement in DDS survey methodology. The Director's office will also seek to identify incentives for customer feedback. **The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** DDS launched a new Survey methodology in FY15 that includes direct phone calls to clients and consumers receiving services. The methodology has been effective for RSA clients but not as effective for DDA service recipients. Adjustments to the DDA survey strategy are ongoing and results will be analyzed and recommendations made as more data is available. It was determined that the incentives concept was not necessary at this time.

**OBJECTIVE 4: Improve the system of supports for people with intellectual and developmental disabilities and their families.**

**INITIATIVE 4.1: Stand up Family Support Council (Age-Friendly DC Goal: Domain 8).**

The FY2015 Budget Support Act of 2014 created a Family Support Council to assist DDS and other agencies to develop systems of support for families throughout the lifespan of their family members with intellectual and developmental disabilities. In FY2015, DDS shall publish operating procedures for the Family Support Council, and appoint the initial Family Support Council members. **The completion date is April 2015.**



- **Performance Assessment Key: Fully Achieved.** DDS appointed eleven independent members of the Family Support Council, published operating procedures, and the advisory council has now had several meetings.

**INITIATIVE 4.2: Analysis of DC laws regarding Supported Decision Making and recommendations for change.**

DDS will convene and lead a stakeholder group, including people with disabilities, their family members, advocates and attorneys, to review and analyze DC laws regarding the rights of people with intellectual and developmental disabilities to make their own decisions, and make recommendations for any reforms that may be needed. This includes an analysis of the DC Law 2-137 and the DC Guardianship Code.

**The completion date is September 2015.**

- **Performance Assessment Key: Fully Achieved.** DDS worked with the D.C. Supporting Families Community of Practice and other stakeholders to draft the Citizens with Intellectual Disabilities Civil Rights Restoration Act of 2015, which would end new commitments, allow people currently committed to restore their rights, and formally recognizes supported decision-making.

**OBJECTIVE 5: Oversee the implementation of agency-wide priorities.**









**INITIATIVE 5.1: Conduct agency sustainability assessment using OCA approved criteria developed by DDOE and OP in accordance with Mayor’s Order 2013-209 (Sustainable DC Governance Goal 1, Action 1.2; Built Environment Goal 3)**

Within one hundred twenty (120) days after the City Administrator approves sustainability assessment criteria developed jointly by the District Department of the Environment and the Office of Planning, each agency head subject to the authority of the mayor shall use the criteria to evaluate the sustainability of their respective operations in accordance with the requirements of Mayor’s Order 2013-209, the Sustainable DC Transformation Order, and submit to his or her responsible Deputy Mayor and the Office of the City Administrator the results of the agency’s internal assessment. **The completion date is April 2015.**

- **Performance Assessment Key: Fully Achieved.** DDS completed and submitted the response to the DDOE sustainability assessment.

**KEY PERFORMANCE INDICATORS– Office of the Director**



   	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Number of agencies enrolled to participate in the Ticket to Work program as measured by new agencies added.	3	5	Not Applicable	5	100%	Agency Management Program
	1.2	Percent increase in individuals enrolled in Ticket to Work	Not Available	100%	Not Applicable	75%	75%	Agency Management Program
	3.1	DDS will survey 5% of individuals served by the agency.	Not Available	5%	Not Applicable	1%	20%	Agency Management Program
	3.2	Improve the overall perception of customer service provided by the Agency as measured by phone testing. Percent of employees tested per quarter meeting full compliance.	Not Available	98%	Not Applicable	84%	85%	Agency Management Program

## WORKLOAD MEASURES – APPENDIX

### WORKLOAD MEASURES

Measure Name	FY 2013 YE Actual	FY 2014 YE Actual	FY 2015 YE Actual	Budget Program
DDA Clients Served	2,172	2,280	2,303	Developmental Disabilities Administration
DDA Applications for services	207	170	165	Developmental Disabilities Administration
DDA Prior Authorizations processed	8,545	8,926	10,665	Developmental Disabilities Administration
DDA Serious Reportable Incidents (SRIs) Requiring Investigation	1,156	1,099	1,126	Developmental Disabilities Administration





DDA Provider Certification Reviews (PCR) Conducted	132	105	85	Developmental Disabilities Administration
RSA Clients Served	7,136	9,075	8,911	Rehabilitation Services
RSA Referrals	3,141	4,016	3,711	Rehabilitation Services
RSA Transition Referrals	904	1,230	1,045	Rehabilitation Services
DDD Determinations	570	589	551	Disability Determination Division