



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

FY18 – FYTD19

PERFORMANCE OVERSIGHT HEARING

ANDREW P. REESE, DIRECTOR

TABLE OF CONTENTS

Responses to Pre-Hearing Questions

Attachments

- Q1 - *Organizational Chart*
- Q1a - *Position Control Report*
- Q2 - *Vacancy Report*
- Q4 - *Approved Budget, Revised Budget and Spending*
- Q5 - *Intra-District Transfers*
- Q6 - *Reprogrammings*
- Q8 - *Fixed Costs*
- Q9 - *Contracts, Grants and Procurements*
- Q10- *Contract Modifications*
- Q11- *MOUs*
- Q12 - *MOA DDS RSA and Washington Latin Public Charter School*
- Q14 - *DDS FY2018 Performance Accountability Report*
- Q15 - *Department on Disability Services FY2019*
- Q22 - *Complaint Policy*
- Q47a - *Provider Incident Outcomes and Totals*
- Q47b - *Provider Report Card*
- Q49 - *Section IV (Statewide Transition Plan)*
- Q59 - *MOA DDS and CFSA*
- Q79f - *Summary of Sanctions*
- Q109a item 1- *Pre-ETS Data Breakdown*
- Q109a item 2- *Pre-ETS School-Based Activities*
- Q109b - *DSI Transition Programming Unit School Assignments*
- Q113 - *RSA Providers List*
- Q115 - *Parent Contacts Transitioning Youth and Outreach*
- Q115a- *Referrals by School*





GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

Department on Disability Services Responses to FY18-FYTD19 Performance Oversight Pre-Hearing Questions

Agency Organization

- 1. Please provide a current organizational chart for DDS and identify the number of full time equivalents at each organizational level. Please provide an explanation of any organizational changes made during FY18 or to date in FY19.**

Please see attachment Q1 Organizational Report.

Please also see the attachment Q1a Position Control Report.

The Disability Determination Division (DDD) became part of DDS's Rehabilitation Services Administration (RSA), the Quality Assurance and Performance Management Administration (QAPMA) became part of the Office of the Chief of Staff and the Office of Policy, Planning and Innovation was moved into QAPMA.

- 2. How many vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.**

Please see the attachment Q2 Vacancy Report.

In addition, DDS posts vacancy announcements on the DDS website and on DCHR's employment site for ten business days. In order to identify candidates with necessary subject matter expertise and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments and recruits talent from posting on the Office of Latino Affairs, the National Federation of the Blind, Career Builder, and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) websites.

- 3. With respect to employee evaluations, goals, responsibilities, and objectives in FY18 and to date in FY19, please describe:**

- a. The process for establishing employee goals, responsibilities, and objectives;**

For all DDS employees, the performance year begins October 1. S.M.A.R.T. (specific, measurable, achievable, realistic and time-bound) goals are set prior to the end of the first quarter. During the third quarter, mid-year evaluations are held. The performance year closes September 30th. Performance reviews are scheduled to review the employee's annual performance. The employee and the supervisor meet to discuss the overall goals





of the agency and establish the employee's SMART goals based on the overall agency goals based on the employee's role within the agency.

b. The steps taken to ensure that all DDS employees are meeting individual job requirements; and

Supervisors/Managers hold regular supervision meetings with their employees throughout the year. Mid-year evaluations are also held for each employee to assess the level of performance midway through the performance year.

c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.

The agency follows the guidelines given in the DPM Chapter 14. The remedial action could result in a demotion, progressive discipline, or termination.

Spending and Payroll

4. Please provide a chart showing the agency's approved budget and actual spending, by program and activity, for FY18 and FY19, to date.

Please see the attachment Q4 Budget and Expenditures.

5. Please provide a list of all intra-district transfers received by or transferred from DDS during FY18 and to date in FY19. For each, please provide a description of the purpose of the transfer and which programs, activities, and services within DDS the transfer impacted.

Please see the attachment Q5 Intra-District Transfers.

6. Please identify any reprogrammings received by or transferred from DDS during FY18 and to date in FY19. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.

Please see the attachment Q6 Reprogrammings.

7. Please provide a current list of all properties supported by the DDS budget. Please indicate whether the property is owned by the District or leased and which DDS program(s) utilizes the space.

250 E Street SW – Leased Space – DDS /DDA /RSA





- 8. Please provide DDS' fixed costs budget and actual dollars spent for FY18 and to date in FY19, and include the following information:**
- a. Source of funding;**
 - b. Explanation for changes; and**
 - c. Steps the agency has taken to identify inefficiencies and reduce costs.**

Please see the attachment Q8 Fixed Costs.

DDS currently occupies a leased building that includes all costs for utilities and routine maintenance in the overall lease cost. DDS pays a rate established in the lease and does not have opportunities to control or reduce fixed costs related to the occupied space.

Contracting and Procurement

- 9. Please list each contract, grant, and procurement ("contract") awarded or entered into by DDS during FY18 and FY19 to date. For each contract, please provide the following information, where applicable:**
- a. Name of the provider;**
 - b. Approved and actual budget;**
 - c. Funding source(s);**
 - d. Whether it was competitively bid or sole sourced;**
 - e. Purpose of the contract;**
 - f. The term of the contract;**
 - g. Contract deliverables;**
 - h. Contract outcomes;**
 - i. Any corrective action taken or technical assistance provided;**
 - j. Program and activity supported by the contract;**
 - k. Employee responsible for overseeing the contract; and**
 - l. Oversight/Monitoring plan for the contract.**

Please see the attachment Q9 Contracts, Grants and Procurements.

- 10. Please provide the following information for all contract modifications made during FY18 and FY19, to date:**
- a. Name of the vendor;**
 - b. Purpose of the contract;**
 - c. Modification term;**
 - d. Modification cost, including budgeted amount and actual spent;**
 - e. Narrative explanation of the reason for the modification; and**
 - f. Funding source.**

Please see the attachment Q10 Contract Modifications.



11. Please provide a list of all MOUs currently in place and any MOUs planned for the coming year. Please provide copies of all such MOUs.

Please see the attachment Q11 MOUs.

12. Please provide a list and copies of all current and planned Memoranda of Agreement with Public Charter Schools regarding referrals and coordination of transition services for youth with disabilities.

DDS has one MOA realized to date. The remaining schools have received the MOAs and have subsequently been reviewing them with their legal counsel and/or CEOs. We have had follow-up meetings with many schools and, to date, one school, EL Haynes, has indicated they were making comments and proposed changes, which we will be sending through our Office of General Counsel to reconcile any adjustments. RSA has also been leveraging the support of the DC Special Education Co-Operative to connect with member schools to obtain their signatures.

RSA is taking the following concrete steps to ensure the MOAs are signed:

1. All MOAs are being sent to school CEOs, Principals, and Special Education Coordinators, even if they have received it, by February 15, 2019.
2. A deadline for school responses will be set for no later than March 31st.

(answer continues with chart on next page)



Local Education Agency	Status
Academy of Hope	MOA sent, awaiting school
BASIS	MOA sent, awaiting school
Briya	MOA sent, awaiting school
Cesar Chavez	MOA sent, follow up meeting 1/15/2019
Capital City	MOA sent, awaiting school
Carlos Rosario	MOA sent, working with OSSE for signature
CC Prep Academy	MOA sent, school indicated would not sign
DCI	MOA sent, awaiting school
EL Haynes	MOA returned with comments
Friendship	MOA sent, follow up meeting 1/22/2019
IDEA	MOA sent, awaiting school
Kingsman	MOA sent, awaiting school
KIPP	MOA sent, follow up meeting 1/24/2019
Maya Angelou	MOA sent, awaiting school
National Collegiate	MOA sent, awaiting school
Paul	MOA sent, awaiting school
Washington Latin	Completed, please see the attachment Q12 MOA Washington Latin Public Charter School
YouthBuild	MOA sent, working with OSSE for signature

Grievance/Complaint Procedures

13. Please respond to the following for FY18 and FY19 to date:

a. The number of complaints received by DDS' Customer Relations Unit;

The DDS Customer Service Unit responded to a total of 156 complaints in FY18 and FYTD19.

b. Provide a breakdown of complaints received by category type and the number within each category type;

Complaints	Total
Feedback about DDS staff services-communication	62
Feedback about DDS staff services-other	20
Feedback about provider services	28
Feedback regarding payment of services	12
Request for new Service Coordinator/VR Counselor	34
Total:	156



- c. **Indicate the DDS administration and the specific program or provider identified in the complaint;**

Administration	Total
DDA	38
DDD	12
DDS	55
RSA	51
	156

- d. **Provide the outcomes or corrective actions to address each complaint; and**

As of February 6, 2019, DDS has resolved all 156 complaints received in FY18 and FYTD19. None are pending. The action and outcome for each complaint is specific to that inquiry or complaint and may contain protected and confidential information and, therefore, cannot be shared in this context.

- e. **Provide the response time for responding to complaints.**

The average number of days to close a complaint is two. Please note that the agency does not collect closure information for inquiries referred to other District agencies, federal agencies, or other organizations.

# of Days to Close	# of Complaints	% of Total
< 2 Days	83	53%
3-9 Days	68	44%
10-19 Days	3	2%
20-29 Days	1	
> 30 Days	1	

- f. **How many FTEs staff the Customer Relations Unit?**

There is one FTE who staffs the Customer Relations Unit, whose role it is to respond to customer inquiries, and she has an assigned back-up person.



g. How many Customer Service Surveys did DDS receive? Please provide an update on plans to test the effectiveness of a telephone follow-up survey.

The agency received four website customer surveys in FY17, three in FY18, and one in FYTD19, not considered a significant response. An attempted FY17 customer follow-up survey did not prove popular with people and so the effort was discontinued. DDS continues to collect voluntary exit-point input from visitors to DDS offices through our “Rate our Service Today” tools. In FY18, DDS logged 2,271 new exit responses since the last report. DDS continued to receive high reports of customer satisfaction. In FY18, 92 percent of those who weighed in indicated they felt very positive or positive about the services they received. This is a 2 percent increase in customer satisfaction over FY17.

h. Please identify any changes in the process of the how the agency receives and responds to complaints through the Customer Relations Unit.

There are currently two people who are in the Customer Relations Unit, as well as two back-up staff. All of these staff are part of QAPMA, a change from last year when this unit was in the Office of the Director. DDS made this change shortly after the DSRAA passed and charged the agency with developing a complaint system for people to use with DDA and providers. That role is a better fit for QAPMA, which already handles DDA human rights issues and works regularly with providers.

One of the two staff is the new Grievance Specialist, who is leading efforts with stakeholders to launch the new DDA Complaint System and who will manage that system. She works alongside the DDA Rights and Advocacy Specialist, who is the back-up for our Grievance Specialist.

Performance Plans

14. Please indicate if DDS met the objectives set forth in the performance plan for FY18. Please provide a description of what actions DDS undertook to meet the key performance indicators and/or any reasons why key indicators were not met.

Please see the attachment Q14, DDS FY2018 Performance Accountability Report.

15. Does DDS have a performance plan for FY19?

Yes. Please see the attachment Q15 Department on Disability Services FY2019.



Forest Haven and Group Homes

16. How many individuals, once institutionalized at Forest Haven, currently live in group homes overseen by DDS?

DDS supports 453 people who formerly lived at Forest Haven. Of those, 196 people live in group homes, with 49 in Residential Habilitation settings supported through the Home and Community-Based Waiver and 147 living in Intermediate Care Facilities (ICFs) for People with Intellectual Disabilities. Additionally, 222 people live in supported living settings, which are small apartments or homes supporting between one and three people; 15 people live in Host Homes with families; and two people are currently in a nursing facility. Please note that 18 live in natural homes or independently.

17. In DDS's Responses to FY17-18 Performance Oversight Questions, DDS said it is working with subject matter experts at the Georgetown University Center for Excellence in Development Disabilities and at the Department of Behavioral Health to implement trauma informed care to individuals once institutionalized at Forest Haven? How many individuals in the district receive this kind of care in FY18, and FY19 to date?

Trauma-informed care is the standard of practice and it is DDS's expectation that all people who receive supports from DDA, including all people once institutionalized at Forest Haven, receive this kind of care.

18. How many group homes are there in the District for individuals with developmental disabilities?

There are a total of 79 homes for residential habilitation and ICFs in the District.

Does DDS perform regular inspections of these group homes as a measure of quality control?

Yes, DDS conducts regular monitoring of all residential services, through visits by service coordinators, quality resource specialists, and health and wellness staff. A sample of residential settings also is reviewed as part of the Provider Certification Review (PCR) process. Additionally, the Department of Health does a licensing review for all ICF and residential habilitation settings and shares their findings with DDS, who follows any issues through to resolution.



19. Please detail how many adverse incidents were reported to DDS, in the last three years, at group homes for individuals with developmental disabilities.

In its Incident Management Enforcement policy and procedure, DDS defines a “reportable incident” (RI) as an event or situation involving a risk or threat to a person’s health or safety, and a “serious reportable incident” (SRI) as an RI that due to its significance, severity, or repeated instance within a period of time, requires immediate response and notification to DDS/DDA. Providers investigate RIs. DDA investigates SRIs.

We track both SRIs and RIs for people in residential habilitation and ICFs.

Time Period	Total	RI	SRI
FY19 (2/7/19)	380	263	117
FY18	1,319	967	352
FY17	1,339	1,024	315
FY16	1,450	1,067	383

Disability Services Reform Amendment Act

20. How many individuals had their commitment terminated as a result of the Disability Services Reform Amendment Act (DSRAA)?

When the law passed, there were 694 people committed. Between August 3, 2018 (when DSRAA Title II took effect) and February 1, 2019, a total of 272 people went through their complete hearing and commitment process. Of those, 10 chose to terminate their commitment.

21. What is the status of the complaint system, required by the DSRA?

DDS is in the process of revising its complaint system as required by the DSRAA. Title 1 of the Disabilities Services Reform Amendment Act instructs DDS to create a new Formal Complaints system for issues people may have with DDA or a DDA provider. The system designed builds upon the Customer Service system, overhauled by Director Reese, with the twin goals of improving responsiveness and resolving people’s issues as quickly as possible. This is working. The number of complaints is down, and so is the time to resolve people’s issues: to an average of less than two days over FY18 and FYTD19. On August 6, 2018, DDS hired a new grievance specialist with strong ties to the stakeholder community, particularly to Project ACTION!. DDS has worked closely with the stakeholder community to draft the overarching structure and rulemaking for the revised DDA Complaint System. DDS expects to share these with Council shortly.



Why have the proposed regulations for the complaint system still not been published?

The proposed regulations for the DDA Complaint System are on the path to publication after DDS, as promised, developed them in close collaboration with the stakeholder community. DDS began drafting the framework prior to the bill's passage, using the Department of Behavioral Health's grievance process regulations as a starting point and visiting key staff at that agency to inform the process. DDS drafted the proposed framework immediately following passage, then engaged various groups of stakeholders over a several month period and is finalizing the draft rulemaking based on the various feedback.

- Home and Community Based Services (HCBS) Advisory Group

DDS utilized the expertise of its regular Monday afternoon meetings of the HCBS Advisory Group, held at DDS for review of both the proposed framework for the new DDA Complaint System and the draft regulations.

- D.C. Supporting Families Community of Practice

DDS presented the proposed DDA Complaint System framework at a day-long training on the DSRAA to the D.C. Supporting Families Community of Practice (SFCoP) in a meeting held at 441 4th Street. Through two user-friendly activities, DDS elicited specific input on what people with intellectual disabilities and their families wanted to see (and did not want to see) in the new DDA Complaint System. A key element these stakeholders wanted was accessibility, including visual accessibility. To respond, DDS developed a visual Road Map to the new DDA Complaint System, and presented that in the form of a process map to the members of the SFCoP at a meeting held at DDS to elicit their feedback. The design was well-received, the meeting was lively, and people offered specific comments and questions about the Complaint System. DDS notified the Family Support Council (FSC) about each SFCoP opportunity, and several FSC members participated in those sessions as well as the quarterly FSC meetings.

- Project ACTION!

With Project ACTION! Board approval, made a PowerPoint presentation on the new DDA Complaint System to the self-advocacy community assembled at the monthly meeting at the Lt. Joseph P. Kennedy Institute, planned process, taking questions and feedback.

22. Since the grievance system is not yet operational, how do individuals address concerns or file complaints with DDA?

DDA currently offers a variety of ways for people to complain, including in-person, by phone, through a service coordinator, and through the Rights and Advocacy Specialist. A



person can file a complaint anonymously, if he or she wishes. Complaints made by phone or through DDS website at the “Ask The Director” system reaches DDS Customer Service, which sends them through the IQ System to the supervisors of staff positioned to address the person’s issue. Supervisors accept issues, and assign staff to address issues and resolve them if possible. Supervisors assist if necessary.

DDA also requires all providers to have complaint processes, including anonymous options, and monitors providers to ensure a complaint system is in place. This is all in addition to the person's right to request reconsideration of a DDS intake determination or Individual Support Plan (ISP); and to the person's right to file a Medicaid claim with the Office of Administrative Hearings.

For more information, please see the attachment Q22 DDA's Complaint Policy.

How many staff at DDA are currently assigned to address complaints by DDA consumers or their representatives?

DDS has one Customer Service Representative and one Grievance Specialist specifically hired to develop and administer the DDA Complaints System. However, these are not the only people required by DDS to address complaints by DDA consumers or their representatives. As previously described, staff best positioned to address a person’s issue do that, with supervision as needed.

23. What is the status of the pilot peer support program required by the DSRAA?

DDS is in the curriculum design phase, based on research DDS is conducting on successful Peer Mentoring Programs and best practices from other states and agencies including the Michigan Department of Health and Human Services and the D.C. Department of Behavioral Health. DDS has awarded a grant to Project ACTION! to partner with the agency to develop the peer pilot program and is aiming to launch this in tandem with the DDA Complaint System.

24. What has DDS done to advance the Supported Decision-Making provisions of the DSRAA?

This title of the law took immediate effect on May 5, 2018 and was self-effectuating. DDS has long honored people’s informal supported decision making choices and is able to honor Supported Decision Making Agreements without a policy and procedure. Beginning that day, people with disabilities here in the District could start to use the law’s new form. People have many questions about how it works and how to use this new tool people to formalize their supported decision making arrangements. DDS collaborated with partners and Quality Trust for Individuals with Disabilities to provide training for sister agencies, Project ACTION! and the SFCoP. Based upon questions we received at these training, DDS partnered with Quality





Trust to pair the law's form with an information and instructions package. To ensure accessibility and strengthen these materials, the FSC and Project Action! reviewed them and provided additional input.

The FSC, a group of family members of people with disabilities as well as people with disabilities, assists, advises, and provide recommendations to DDS and our sister agencies. FSC, with DDS support and involvement, in FY18 undertook the planning for a year-long effort to expand supported decision making in the District across the lifespan and submitted a successful application for technical assistance to the federal Administration for Community Living. The District is now a member of the National Community of Practice on Supported Decision-Making. DDS is working with the FSC to design training and implementation plans for Supported Decision-Making throughout the District. In fact, last month, the FSC held a World Café on Supported Decision-Making, which is an accessible small group activity designed to elicit people's feedback, see <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>.

The FSC (and DDS) sought to better understand how people, families, and government partners view this practice, what resources currently exist, perceived barriers, and what additional supports are needed. In FY19, DDS will continue to partner with the Family Support Council on this effort.

Has it issued a policy and procedure recognizing this option? If not, why not?

As mentioned above, this title was self-effectuating. DDS has long honored people's informal supported decision making choices and is able to honor Supported Decision Making Agreements without a policy and procedure.

25. Does DDS plan to issue a policy and procedure regarding people's contribution to cost of residential supports before the formal complaint system required by the DSRAA is operational?

No, DDS's new policy and procedure on contributions to costs may be issued (to give people as much notice as possible) but will not become effective until the revised DDA Complaint System is operational. Also note, DDS will hold two additional public forums on this and the Housing Choice policy and procedure at DDS and at the Anacostia Library in March.

26. Does DDS plan to issue a "Housing Choice" policy and procedure before the formal complaint system required by the DSRAA is operational?

No, and see information about additional forums in Q25.



Developmental Disabilities Administration (DDA)

27. Please provide a current organizational chart for DDA. Please provide information to the activity level.

Please see the attachment Q1.

28. Please identify the number of full time equivalents at each DDA organizational level and the employee responsible for the management of each program and activity.

Please see the attachment Q1a.

29. How many DDA vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

Please see the attachment Q2.

30. How many people applied for DDA services in FY18 and FY19 to date?

168 people applied for DDA in FY18 and 45 FY19 YTD (as of December 31, 2018).

31. How many people are currently in the intake process awaiting a decision about eligibility?

14 people are in Pending status.

32. How many people did DDA deny who applied for DDA services in FY18 and FY19 to date? Please provide the reasons/categories for denial and the number of denials in each category.

38 in FY18

12 in FYTD19 (as of December 31, 2018)

(answer continues with chart on next page)



Reason for Denial	FY18	FYTD19 as of 12/31/18
1. Documented evidence of a pre-18 IQ score that does not indicate intellectual disability, considering the standard error of measure	18	5
2. Documented evidence of no pre-18 limitations in adaptive functioning	10	2
3. Documented evidence of a pre-18 IQ score that does not indicate intellectual disability, considering the standard error of measure and no pre-18 limitations in adaptive functioning	3	2
4. Current documentation and/ or testing failed to support a diagnosis of intellectual disability – in these cases, DDS performed a social history and arranged for the person to have a psychological assessment	4	3
5. No evidence of DC residency	1	
6. Under the age of 18	2	
TOTAL	38	12

33. What was the average age of individuals denied eligibility?

27 in FY18

28 in FY19 as of December 31, 2018

34. Of those who were denied eligibility in FY18 and FY19 to date, how many appealed through the internal appeals process?

Four people in FY18, none in FYTD19.

How many of those denials were reversed in the internal appeals process?

One in FY18.

35. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY18 and FY19 to date?

Seven denials of eligibility were appealed to OAH in FY18, including one specific denial of eligibility for services under the Home and Community-Based Services (HCBS) Waiver program.





How many of those denials were reversed in the OAH?

None of these denials has been definitively reversed by OAH, although one case has a pending motion for reconsideration where the OAH decision would reverse the eligibility decision. Of the seven denials that were appealed, four cases were withdrawn and dismissed after DDS determined the person eligible.

36. Of those individuals denied eligibility by DDA in FY18 and FY19 to date, how many were because the applicant lacked pre-18 documentation of an intellectual disability?

Please see the response to Q31. DDA does not deny eligibility if a person is unable to supply testing performed or other documentation generated before the person turned 18 years of age. Instead, as the Q31 chart shows, in FY18 four people were denied eligibility because they did not have such documentation and, despite DDA efforts, we were not able to establish an intellectual disability through social history or current psychological assessment. The same is true of three people in FYTD19.

37. In FY18, what was the average number of days from when an application for DDA services was submitted and an eligibility decision was made? How does this compare to FY17?

Efficiently determining whether a person is eligible for DDA services has been a priority and DDS continues to make substantial progress in this area for the fourth fiscal year in a row and into FY19. In FYTD19, the average number of days from when an application for DDA services was submitted to an eligibility decision is now 36 calendar days. In FY18, it was 44 days.

For comparison:

- In FY17: 52 days
- In FY16: 95 days
- In FY15: 106 days

38. For the people found eligible for DDA services in FY18, what was the average length of time between the finding of eligibility and the completion of an Individual Support Plan (ISP)? What was the average length of time between eligibility and receipt of services identified in the ISP?

DDA has found that the average number of days stems from persons who are determined eligible and who have had the Front Door tool assessments and appropriate referral to services and supports most often do not need HCBS Waiver services. An example of this is a person referred from RSA, determined eligible for DDA, who wants to work, maximizes



RSA services, then uses DDA supported employment to continue working. Other examples are people utilizing service and supports from DC Public Schools (DCPS) and/or Health Services for Children with Special Needs (HSCSN) that meet their immediate needs. DDA finds that the length of time from ISP to use of first HCBS Waiver service means overall that people are not needing services immediately. Those who do receive them do so, on average, in 223 days.

	Calendar days	# of people
Average length of time to find eligibility to ISP	82	77
Average length of time to find eligibility to first Waiver service	223	41

39. Under Section 3(B)(10) of the DDA Intake and Eligibility Determination Procedure,¹ “[i]n the absence of a pre-18 psychological evaluation, DDA will arrange for the person to receive a current psychological assessment.” How many times did DDA make such arrangements in FY18 and in FY19 to date?

DDA arranged for psychological assessments 38 times in FY18 and 11 times in FY19 (as of January 23, 2019).

40. What is being done by DDS to coordinate the process of acquisition of adaptive equipment with DHCF and ensure that citizens receive the equipment they require in a timely manner?

DDS has regular calls with the Department of Health Care Finance (DHCF) to coordinate the delivery of services including on adaptive equipment. DDS has a contact at DHCF for providers. When there are concerns about adaptive equipment, DDS sends a physical therapist out to assess the situation and can use local funds, if needed, to ensure the person’s safety. DDS also has trained providers on adaptive equipment maintenance protocols and requires regular updates from providers about the status of people’s equipment.

41. Please provide details of recruitment efforts to bring new DDA service providers, or further enhance the capacity of current providers for people with intellectual disabilities who are also on the autism spectrum.

DDS currently has an adequate provider network and regularly interviews potential new providers. When the agency learns of a provider that has demonstrated the ability to support complex people in other states, our leadership reaches out to them and discusses whether they might be a good fit for the DC system. Additionally, DDS offers a variety of opportunities for professional development, including at a session at the annual Direct Support Professionals conference on working with people who have autism.

¹ See <https://dds.dc.gov/node/727512>.



42. How many DDA service providers currently authorized by DDS/DHCF are considered to possess expertise supporting people who are on the autism spectrum?

DDS provides supports and services based on people's individualized needs, not based on diagnosis.

43. How many people within the DDA system carry a diagnosis of autism or any related diagnoses?

DDS does not track this data. DDS uses Person-Centered processes to develop ISPs based on people's individual strengths, interests, and needs.

44. What is DDS's procedure for communicating the results of appealed Provider Certification Review (PCR) results? What is their criteria for evaluating/considering appeals? Is there a standard and if so, where is that stated?

The PCR Policy includes a process for appeals, including first an appeal to the PCR Director and then to the Deputy Director for QAPMA. This is a review of the record, including but not limited to the indicator(s) under dispute; the provider's written statement about why it believes the indicator should not have received the rating; and any documentation to support the provider's claim(s). DDS communicates the results of PCR appeals directly to the provider through e-mail and regular mail. The appeals process is described in the PCR Policy and Guide. Please see: <https://dds.dc.gov/publication/dds-transmittal-18-12-provider-certification-review-policy-and-pcr-guide>.

45. What steps has DDS/DDA taken to recruit and/or develop psychologists, psychiatrists and other clinical experts within the District of Columbia? Please provide details.

DDS increased the rates for clinicians through the 2015 HCBS IDD Waiver amendment and currently has an adequate provider network. DDS provides ongoing technical assistance to speech pathologists, occupational therapists, physical therapists, psychologists, psychiatrists, and nurses.

46. What steps has DDA taken to bring additional residential providers to the District, especially those with experience and expertise supporting people with behavioral challenges?

DDS currently has an adequate provider network and regularly interviews potential new providers. When the agency learns of a provider that has demonstrated the ability to support complex people in other states, leadership reaches out to them and discusses whether they might be a good fit for the District's system. Additionally, DDS provides ongoing training and technical assistance to psychologists on developing behavior support plans.



47. Please provide the number of incidence reports for FY18 and FY19, to date, by provider.

a. For each incidence, provide the response by DDS.

Please see the attachment Q47a Provider Incident Outcomes and Totals.

b. Please provide copies of the most recent Provider Report Cards related to incident management performance.

Please see the attachment Q47b Provider Report Card.

48. How many people who DDA supports were competitively employed in FY18 and in FY19, to date? How does this compare with FY17?

There are 411 people competitively employed as of the first quarter of FY19, approximately 20 percent of working age people supported by DDA are working, which matches the national average. This is an increase from the 309 people competitively employed in FY17; and FY16, when 256 people were competitively employed.

49. In what ways, if any, is DDA working to improve the quality and individualization of day services? Please identify any specific changes, if any, which will be implemented in FY19.

Please see the attachment Q49 Section IV of the District of Columbia Home and Community Based Services Settings Statewide Transition Plan, September 2018 Update, available on-line at: <https://dhcf.dc.gov/release/public-notice-district-columbia-home-and-community-based-services-settings-statewide>. Section IV describes key DC initiatives to increase opportunities for people receiving Waiver supports to engage in competitive integrated employment and community integration. It includes DC's approach to employment first activities; a description of training and capacity building activities for providers; and includes links to resources that are developed to support compliance with the HCBS Settings Rule requirements. This includes an update of initiatives through September 18.

In FY19, DDS is continuing existing initiatives, including supporting the day programs that have become person-centered organizations with mentoring. Those providers organizations are also invited to participate with DDS at our regular Person-Centered Organization (PCO) meetings to discuss ways to work together to improve outcomes.

In October 2018, DDS issued a new Individualized Daily Schedules policy and procedure, requiring that providers to work with each person to develop daily schedules that connect what the person's provider knows and continues to discover about the person's interests (what's important to them) with the ISP outcomes and skill-building he or she is working to



achieve (what's important for them). Additionally, for people of working age and others who express an interest in integrated employment, activities and skill-building in the Daily Schedules shall be focused on furthering the person's progress on the pathway to employment. To give providers time to create new Daily Schedules, the effective date of this policy and procedure is February 4, 2019. In FY19, DDS will review and revise, as needed, the PCR for Waiver providers and the monitoring of ICF providers to ensure implementation.

Please see: <https://dds.dc.gov/publication/dda-pol001-individualized-daily-schedules-policy-and-procedure>.

DDS also continues to work with DC Public Libraries and DC Parks and Recreations to ensure that these are welcoming locations with integrated day-time activities for people with intellectual disabilities who wish to participate. In January 19, DDS partnered with the Office of Disability Rights to offer disability awareness training to DPR and DCPL managers. Almost 50 people attended.

50. In FY18 and FY19 to date, how many people receiving DDA services were successfully supported to move from congregate day habilitation programs to Individualized Day Supports (IDS)?

96 people who received day habilitation services in FY17 also received IDS services in FY18. 50 people who received day habilitation services in FY18 are receiving IDS services in FY19 (as of February 7, 2018).

51. In FY18 and FY19 to date, how many people receiving DDA services were in pre-vocational or employment readiness programs? Of those, how many successfully moved into supported employment? Or competitive employment?

65 people who received Employment Readiness services in FY17 received Supported Employment services or were competitively employed in FY18. In FY19 (as of February 7, 2019), the number is 35.

52. In FY18 and FY19 to date, how many people receiving DDA services were competitively employed? How does this compare to the FY17?

Please see the response to Q48.

53. In FY18, how many new customized employment opportunities were created for people receiving DDA services? In FY19 to date?

DDA providers are not asked to report on which jobs could be considered customized, therefore, we do not know the number of new customized employment opportunities created for people receiving DDA services. However, based upon our required processes, it is likely



that many jobs are customized in one or more ways, including task reassignment, flexible hours or schedules; job sharing, or job modification. To support customized employment, all DDA service coordinators and DDA HCBS IDD Waiver day and employment service providers are required to be trained on Discovery, which is considered the cornerstone of customized employment. Discovery is a form of vocational assessment specially tailored for people with the most significant barriers to employment. Each person who receives HCBS IDD Waiver day or employment services has a customized employment Discovery Positive Personal Profile and accompanying Job Search/Community Participation Plans based on what they and their support team learned through the Discovery process. Please note that some jobs are customized as part of the hiring process while others are customized after someone starts and the employer/employee learn about what accommodations, modifications and support will enable someone to be successful.

54. Please provide an update on the agency's work in coordination with DC Public Schools, Office of the State Superintendent of Education, DC Public Charter Schools, and private schools to help students transition from special education services to adult disability services, continued education, employment, and independent living.

RSA continues to participate in the Secondary Transition Community of Practice with the Office of State Superintendent of Education (OSSE), the Department of Employment Services (DOES), DC Public Schools (DCPS), DC Public Charter Schools (DCPCS), Department of Youth Rehabilitative Services (DYRS), and community providers to coordinate services for transition-age students. Additionally, RSA collaborates with OSSE, DCPS, and the Charter Schools through a community provider, SchoolTalk Inc., to host a transition fair. The fair, entitled Voices of Change provides training sessions for students in employment, postsecondary education/training, and independent living services.

RSA also has an MOU with DCPS that provides staffing support to the schools for the coordination and delivery of Pre-Employment Transition Services (pre-ETS). The staff at DCPS works to compile data based on programming to reach all students who qualify for pre-ETS. RSA coordinates with DCPCS and a local non-profit, DC Special Education Co-Operative (Co-Op), to provide similar staff support to qualifying students in the Public Charter Schools. RSA has a human care agreement with the Co-Op and is working to sign Memoranda of Agreement (MOAs) with all of the Public Charter LEAs. RSA's partnership with DCPS and the Co-Op has led to an increase in self-advocacy instruction and work-based learning experiences for students.

RSA worked alongside Seeking Employment, Equality and Community for People with Developmental Disabilities (SEEC) to provide access to Project SEARCH programming at the Smithsonian, Embassy Suites / Hilton Hotels, and the National Institute of Health. Project Search is a 10-month training program for students and youth with intellectual or developmental disabilities. This is in addition to the work-based learning experiences that students participated in at the Workforce Development Center at River Terrace, in CVS /





Walgreens stores, and in partner companies throughout the District. RSA also partnered with SchoolTalk Inc. to provide support to 14 students this summer during the Summer Youth Employment Program (SYEP). RSA continues to enhance employment programming throughout the district for youth with disabilities.

Finally, RSA also participates in the State Advisory Panel on Special Education (SAPSE), which is a community advisory entity that provides advice to OSSE on implementing the IDEA.

55. How is either RSA or DDA involved in ensuring that students with disabilities in DCPS, PCS, or nonpublic schools who likely will need services after leaving school, have the appropriate current evaluations (including pre-age-18 scores as appropriate) for RSA or DDA eligibility processes as the student transitions out of school? How does DDA proceed if the school has not done an evaluation within the last year, as is the case with many transitioning youth?

RSA has a staff member who manages the DDA process for students in the transition process. She meets with DCPS and the PCS on a monthly basis to provide any update on anyone who has been referred to DDA as well as discusses any missing documentation needed for the eligibility process. RSA communicates with the LEA regarding any information, including psychological assessments, needed for the eligibility process for both RSA and DDA.

56. Young adults with intellectual/developmental disabilities often do not have a usual source of health care as they transition to adulthood. Does DDS or RSA include health care as part of their postsecondary transition planning efforts with schools?

RSA has worked collaboratively with the HSC Foundation, the National Alliance for Health, and Got Transition, alongside OSSE to discuss the inclusion of healthcare in transition planning. RSA does factor in stabilization supports for individuals with intellectual/developmental disabilities, but beyond that does not currently look at healthcare needs. However, if the individual is connected to DDA, then healthcare is addressed as a component of their ISP.

57. What steps has DDS taken to attract, train, and retain direct support workers in the disability services field?

DDS provides training for Direct Support Professionals (DSPs) and other front-line staff and managers in best practices such as person-centered thinking, discovery, and customized employment. We have worked collaboratively with the providers to develop orientation training for DSPs and on our overall provider training requirements, which are reflected in DDS policy and procedure.





Please see <https://dds.dc.gov/book/direct-support-professional-training-policy-and-procedure/dsp-training-policy>. We also partner with the providers for an annual Direct Support Professional conference.

By regulation, DDS requires that our providers participate in the National Core Indicators (NCI) Staff Stability Survey. NCI is a national program to gather a standard set of performance and outcome measures that developmental disability systems can use to track their own performance over time, to compare results across states, and to establish national benchmarks. The Staff Stability Survey is an on-line survey of provider agencies supporting adults with ID/DD in residential, employment, day services and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.

Nineteen states, plus the District of Columbia, participated in the 2017 NCI Staff Stability Survey. The survey finds that DC is #1 in the nation for lowest turnover, lowest vacancy, and pays among the highest wages for DSPs. The complete Staff Stability report is available at: https://www.nationalcoreindicators.org/upload/core-indicators/2017_NCI_StaffStabilitySurvey_Report.pdf.

58. What services does DDS provide to intellectually disabled parents of children in regards to parenting?

With the renewal of our Home and Community Based Waiver in November 2017, the District became the second state in the nation to offer Parenting Support through a Medicaid waiver. DDS had been offering this service through several years, working with the DDA Health Initiative at the Georgetown University Center for Excellence in Developmental Disabilities and, collaboratively with the CFSA and The Association for Successful Parenting. The new Waiver service was designed based upon our experience providing this service, as well as conversations with the state of Connecticut, which was the first state to implement this service. We also discussed the new service with our HCBS Settings Advisory Group and at all of our public forums on the Waiver renewal.

The new Parenting Support service offers both individual and group options, as well as supports for parents from professionals and peers. DDS learned to take this approach from participating in the National Supporting Families Community of Practice. The CoP teaches that strategies for supporting individuals and their families can be organized into three buckets: (1) discovery and navigation: having the information and tools you need to navigate life; (2) connecting and networking: making connections with peers and resources to help you navigate; and (3) goods and services: the tangible items you buy and use and the public and private organizations in your community that you access for support.

Based upon our research and conversations with families, our new Waiver service is described as follows:





Parenting Support assists people who are or will be parents in developing appropriate parenting skills. Parents will receive training that is individualized and focused on the health and welfare and developmental needs of their child, as well as building necessary parenting skills. Close coordination will be maintained with informal and other formal supports. This service is available to expectant parents, and parents with physical custody, visitation rights or parents who are pursuing reunification with their child.

This service may include training of individuals who provide unpaid support, training, companionship or supervision to persons served through the Waiver to reinforce strategies provided to the person served.

Parenting Support services are available both as a 1:1 service and in a small group setting, not to exceed 1:4. This service shall be provided in the person's home or in a variety of community based settings, based upon the person's needs and choices.

a. What is DDS's role when a client comes to the attention of CFSA about the care of the client's children? If those children are removed?

As described directly above, DDS provides a service through the HCBS IDD Waiver called Parenting Support to assist people who are or will be parents in developing appropriate parenting skills. Parents receive individualized training that is focused on the health and welfare and developmental needs of their child, as well as building necessary parenting skills. The service is available to expectant parents, parents with physical custody or visitation with their child, and parents who are pursuing reunification with their child. In FY18, DDS has enrolled two new providers and currently has an adequate provider network for this service.

b. How, if at all, does DDS or its service providers provide education or assistance to CFSA/CFSA-contracted social workers to understand the disabilities and needs of parents with disabilities in general? In individual CFSA or DDS cases?

DDS and CFSA have a standing monthly meeting where we collaborate on joint cases and strategies to support parents with disabilities. We proactively communicate more frequently on individual cases, as needed.

c. How does DDS assist parents who are clients with requests for reasonable accommodations from CFSA or about their rights under either the ADA or Section 504 of the Rehabilitation Act in their interactions with CFSA?

DDS works collectively with CFSA to assist in identifying barriers and supports to parents with disabilities. To the extent that there is a case with court involvement, the parent also has the assistance of court appointed counsel.



59. What, if any joint policies, practice standards, agreements, guidance, or the like do CFSA and DDS have regarding parents with disabilities that both agencies are involved with? Please provide a copy.

DDS and CFSA have a Memorandum of Agreement (MOA) that includes the terms of our collaboration, please see the attachment Q59 MOA DDS and CFSA. We share data through CFSA's CrossConnect system to identify joint cases, and then collaborate through a monthly joint agency meeting. The MOA also supports several early transitions, which are cases that are not supported optimally within CFSA provider system. DDA providers support the person and CFSA pays residential cost and 30 percent match for HCBS services until person ages out of CFSA.

60. Describe the coordination, if any, between DDA and the Department of Behavioral Health?

If person is in enrolled in a DBH core service agency, DDS works to facilitate the discharge of persons determined eligible for DDA who are currently hospitalized and provides community-based supports as needed.

61. Does DDA coordinate with the Department of Health Care Finance to address issues or complaints against MTM, the Medicaid transportation provider? If so, please explain the coordination.

DDS has a dedicated staff person who forwards complaints that come into DDS to MTM, which then completes an investigation. The resolution may include a provider change. If the complaint reaches the level of a Serious Reportable Incident as defined by DDS, DDA also will complete an investigation. Outcomes are provided to DHCF.

62. Is there currently a waiting list for service and supports under DDS' Home and Community

No. There is no waiting list for services and supports under DDS's HCBS Waiver.

a. If yes, how many people are on the waiting list?

Not applicable.

b. If no, how many waiver slots remain available? Are all the slots in Year Two of the recently approved Waiver currently filled?

In Waiver Year 2 there are 1,872 slots. Presently 1,806 people are being served through the Waiver.





c. Does DDS anticipate having a waiting list at any time during FY19?

At this time, DDS does not anticipate having a waiting list during FY19.

d. How will the public be notified in the event that there is a waiting list in effect?

DDS closely tracks available Waiver slots. If DDS were to project a waiting list, we would proactively host a public forum to discuss existing waiting list regulations, policy, and procedure, and discuss any questions. We would also share information via our website. DDS did this in August 2013, although we were able to avert a waiting list. At that time, we published a memorandum entitled “DDS Plans for Possible Waiting List for Waiver Supports for People with Intellectual Disabilities” and held an accompanying public forum. Please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDS%20Plans%20for%20Possible%20HCBS%20IDD%20Waiver%20Waiting%20List%20Memo_0.pdf.

63. Is DC under any enhanced form of monitoring by the Center for Medicare & Medicaid Services (“CMS”)?

No. On October 18, 2018, the Department of Health Care Finance, as the single state Medicaid agency, received a letter from the Center for Medicaid and Medicare services finding that the District had sustained quality improvement initiatives and releasing the District from enhanced monitoring effective September 1, 2018.

a. If no, is the new Waiver fully implemented?

The Waiver was renewed on time and we have promptly published implementing regulations. While the Waiver is nearly fully implemented, there are two barriers to full implementation.

First, we have had difficulty recruiting providers for our new Assistive Technology service. We have been able to recruit providers for Personal Emergency Response services, which is a service typically covered through HCBS Waiver, and which is specifically covered through the Assistive Technology service. It has been more challenging to find providers for the more innovative part of this service, offering everyday technology solutions like iPads with reminder apps, for example. DDS notes that the District is one of only a handful of states that offers this service. We developed the service based upon the few successful models in the country and we are now adjusting it so that it will work in the District. We have talked with the provider community and the HCBS Advisory Group and have drafted a Waiver amendment that should correct this problem. Learning from our successful One Time Transition service, which supports people to move from an institution to the community, the new Waiver



will allow the person's residential provider to also be an assistive technology provider for the person. We are currently working with DHCF and CMS on the need to amend the Waiver and we project an effective date of October 1, 2019 for this change.

Second, making the shift to provide greater care coordination for medically and/or behaviorally complex people who live at home with their families through High Intensity In-Home Supports, has been more time intensive than expected. We have had a number of meetings with people we support who live at home, their families, nurses, and In-Home Supports providers to collaboratively develop new standards for this service.

Finally, we note that a number of the changes we have made to Day Services are designed to be implemented over the course of the person's ISP year, so that people are making changes to their services with the support of their team, and in the way that they are used to discussing service changes. This also gives our providers time to adjust to the projected changes in enrollment.

b. If yes, is DDS coming out from threat CMS scrutiny a requirement for implementation of the new Waiver?

Not applicable.

64. How many skilled nursing providers agencies are certified to provide services under the I/DD Waiver?

DDS has nine certified skilled nursing provider agencies.

Of these agencies, how many provide ventilation care for DDA consumers?

Please note that agencies that provide ventilation care are not a subset of the skilled nursing provider agencies. DDS has twelve providers with the capacity to provide ventilation care.

65. How many I/DD Waiver provider agencies of In-Home Supports are also certified to provide Medicaid State Plan personal care aide services?

Six. All DDS Medicaid Waiver personal care aid (PCA) providers are also state plan providers, because it is an extended state plan service. That is, a person has to max out state plan hours before the Waiver would wrap around to provide additional supports. We require that Waiver providers are also state plan providers so that there is continuity of providers for the person – all that changes is the payment source.



66. How many DDA consumer[s] experienced a lapse in their DC Medicaid benefits during fiscal year 18?

Twenty-eight people supported by DDA experienced a lapse in their DC Medicaid benefits during FY18.

During the first quarter of fiscal year 2019?

Five people experienced a lapse in their DC Medicaid benefits during fiscal year 18.

67. What steps has DDA taken to resolve the lapse in DDA consumers' DC Medicaid benefits?

DDS Quality, Operations and DDA staff meet biweekly with DHCF and the Economic Security Administration (ESA) to address issues we have discovered with Medicaid recertification process. Together, we have identified a systemic solution, aligning people's recertification dates with their ISP and are about halfway through the year-long implementation of the alignment. Throughout, we talk about status of renewals and work through any issues that arise.

68. Has DDA issued a directive or procedure specifically requiring staff in DDA's public benefits unit to recertify DC Medicaid and all public benefits (e.g., SNAP, TANF, etc.) in advance of the deadline for recertification?

DDA does not have a "public benefits unit" as such. On Medicaid recertification, DDS has a written process which spells out staff responsibilities.

With regards to other public benefits, providers should assist people in applying for and maintaining eligibility as part of the habilitation work DDA pays them to perform.

69. What (if any) accountability measures has DDA put in place to ensure that staff recertify benefits timely?

Assuming that this question applies to Medicaid Recertification, when DDS staff have responsibility for aspects of Medicaid recertification work, DDS's usual performance measures and accountability approach applies.

Providers maintain primary responsibility for assisting people in recertifying for other public benefits for which they may be eligible, and their staff accountability systems should apply.



70. Does DDA provide training for staff responsible for applying for and maintaining public benefits for DDA consumers?

As mentioned in Q68 response, generally, it is providers that must assist people in applying for and maintaining eligibility as part of the habilitation work DDA pays them to perform.

71. How many I/DD Waiver participants did DDA terminate waiver services for during fiscal year 18?

In FY18, there were 47 discharges.

During the first quarter of fiscal year 19?

In FYTD (as of February 6, 2019) there were 7 discharges.

72. On what basis did DDA terminate waiver services? (provide numbers for each category of termination: e.g., failure to meet the required level of care, hospitalization, institutional placement, etc.)

In FY18, the reasons for the terminations were:

- 22 people refused services
- 13 people were institutionalized
- 8 people moved out of state
- 2 people no longer qualified for Medicaid
- 1 person chose to participate in different waiver program
- 1 person died

In FYTD19, the reasons for the terminations were:

- 2 people refused services
- 2 people were institutionalized
- 2 people moved out of state
- 1 person died

73. How many I/DD Waiver participants appealed DDA's termination of services?

One person appealed.

74. What was the outcome of the appeals? In how many appeals did DDA prevail?

The person prevailed in the sole case appealed.





75. What is the average caseload of DDA service coordinators?

The average caseload of DDA service coordinators is 30.

What is the highest number of individuals a service coordinator has on his/her caseload?

The highest number of people a service coordinator has on a caseload is 34.

How are caseloads determined?

Service Coordinators' caseloads are determined by skills, experience, location of placement, and caseload size based on DDS policy.

76. Are there current vacancies in service coordination? If so, which positions?

Please see the attachment Q2.

77. How many people requested a change in their Service Coordinators?

Two people requested a change in Service Coordinators.

a. What are the reasons for requests for change?

Typically such requests are for personality.

b. How many requests were granted?

Both requests were granted.

For those that were not, why was the request denied?

Not applicable.

78. Are DDA Service Coordinators responsible for ensuring/coordinating all DC services for DDA consumers (e.g., under the DC Medicaid State Plan and I/DD Waiver)?

People use a variety of services to meet their needs, including services through the Medicaid State Plan and the IDD Waiver. For people who receive residential services, their provider coordinates their medical care, for example doctor and dentist appointments under the state plan. People who live with their families do this independently.





79. In FY18 and FY19 to date:

- a. How many service providers in the DDA system received some form of formal sanction?**

42 providers.

How many are currently receiving some form of sanction?

15 (as of January 28, 2019). For up-to-date list please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List_19_01_28.pdf.

- b. Which service providers have been sanctioned most often?**

Volunteers of America (5)

Total Quality Residential Services (5)

- c. What are the three most common reasons a service provider receives some form of sanction?**

Failed initial PCR	40
Failure to address issues timely	9
Health & Wellness	3

- d. How many service providers were placed on the “Do Not Refer List”?**

38 providers. For up-to-date list please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List_19_01_28.pdf.

- e. What is the typical length of time a service provider is on the “Do Not Refer List”?**

Average	79
Min	14
Max	299
Median	69



- f. After a provider is removed from the “Due Not Refer List,” what is the average length of time before it assigned a new person to support?**

Referrals can be made immediately to a provider once it is removed from the referral list.

Also please see the attachment Q79f Summary of Sanctions.

- 80. Over the past year, how many people receiving DDA services were in pre-vocational employment programs? Of those, how many successfully moved into supported or competitive employment? What is DDA doing to help people progress from pre-vocational programs to competitive employment?**

See the response to Q51.

- 81. Over the past year, how many people receiving DDA services are competitively employed? Is this an increase or decrease from last year?**

See the response to Q48.

What is DDA doing to increase employment opportunities for people with intellectual and developmental disabilities?

Please see attachment 49 Section II, which describes key DC initiatives to increase opportunities for people receiving Waiver supports to engage in competitive integrated employment and community integration. It includes DC’s approach to employment first activities; a description of training and capacity building activities for providers; and includes links to resources that are developed to support compliance with the HCBS Settings Rule requirements. This includes an update of initiatives through September 2018.

- 82. What is DDA doing to coordinate with DC Public Schools and the Office of the State Superintendent of Education to help students transition from special education services to adult disability services, continued education, employment, and independent living?**

During the agency realignment in October 2017, DDS moved one community liaison to the agency’s transition unit in order to focus on working with transition youth. This realignment allows the agency to coordinate all transition services, ensuring post-secondary success for all students, including those referred to DDA. Where appropriate, staff works with the person to complete a mini person-centered assessment, called the “Front Door Tool” that asks about a person’s vision for their adult life, and includes a guided conversation on employment.



With the person's permission, this assessment is shared with sister agencies and other partners such as Healthcare Services For Children With Special Needs. Please see: <https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Front%20Door%20Tool%209-11-2016.pdf>

Additionally, RSA and DDA are active on the District's Secondary Transition Community of Practice, which focuses on improving employment and post-school outcomes for youth with disabilities. This group has committed to ensuring that youth in certificate track programs have meaningful paid work experiences prior to school exit. Through this group, cross agency public and private partners host at least one transition forum each year, with support from DDS, OSSE and DCPS.

83. DDS continues to serve as representative payee for people on the DDS Home & Community Based Services 1915(c) (HCBS) Waiver who receive Social Security benefits. How many people are served by DDS in this capacity?

Of the 2,397 (as of February 5, 2019) supported by DDA, the agency served as representative payee for a total of 1,210 people. Of that number, 312 resided in Intermediate Care Facilities (ICFs) and 898 were enrolled in HCBS Waiver in 2018.

84. Recently there were regulations published regarding new requirements for a contribution to cost of supports by DDA consumers. How many individuals are currently not paying a contribution to the cost of their supports?

When and how does DDA intend to roll-out this new process?

It is important to note that it is not a new concept that people who work or have other sources of income will be required to contribute to the costs of their residential supports the same way that people who receive Social Security benefits have been for many years. There have been public law-making and rule-making processes over three years. The Contribution to Costs law passed in 2016. Proposed Rulemaking was published in 2017. Final Rulemaking was published on November 30, 2018.

DDS has been in active conversations with stakeholders and the larger community about a draft policy and procedure to implement the law and rulemaking since October 2018 and has reviewed concepts and draft provisions of both the policy and procedure with: the HCBS Advisory Group, Project ACTION!, the FSC, the Developmental Disabilities Council, the D.C. Supporting Families Community of Practice. Related to these meetings, DDS has also accepted written feedback.

Our next step will be to hold two more Public Forums on this and one other policy and procedure, to be held at DDS and at Anacostia Public Library, in March 2019. Following that, DDS will finalize its policy and procedure, and release it once the new DDA Complaint





System is operational. The procedure will specify how people will be informed of their required contribution to costs.

Generally, the Service Coordination Planning Division will be trained on this new policy and procedure prior to its release. People who will or do receive DDA residential supports who will be required to pay contribution to costs of those residential supports will receive calculations of the amount they will have to pay at their initial or annual Individual Support Plan meetings. At those meetings, Service Coordinators will provide the person with oral and written notice of their right to appeal or request recalculation of their required contribution amount through the DDA Complaint System.

The Contribution to Costs of Residential Supports policy and procedure will not go into effect until the DSRAA Complaint System is operational.

85. What appeal rights do DDA consumers have if they are assessed a contribution to the cost of their supports and they do not agree with the assessment?

People's appeal rights will be specified in the policy and procedure, and comply with the requirement of the Final Rulemaking.

How will DDA consumers file an appeal when the complaint system required under the Disability Services Reform Amendment Act has not yet been created?

See the response to Q84.

86. How much revenue will the process, of collecting contributions to cost of supports from individuals who currently are not paying such a contribution, generate for DDA?

The Fiscal Impact Statement for the FY17 Budget Support Act of 2016 stated that the anticipated annual amount was \$200,000.

87. DDA has drafted a policy and procedure that would affect DDA consumers in residential services who wish to live alone or want to live in an apartment over DDA's rental cap.

How many current DDA consumers live alone in DDA housing?

Not including people who live alone in DDA housing due to medical needs necessitating 1:1 staffing, DDA currently supports seventy-seven people who live alone in Supported Living units.



How many live in DDA housing that is above DDA's rental cap?

Within the DDA Delivery System there are 92 settings above DDA's rental rate supporting up to 223 people.

88. DDA residential providers have indicated that it is very difficult to find appropriate housing within DDA's rental cap. How did DDA determine the rental cap? Is it updated every year to account for inflation and the high cost of living in DC? Has DDA assisted providers in identifying housing that is within the rental cap?

The DDS rental rate, which is not updated annually, was last adjusted in FY16 and was determined using the DC HUD Fair Market Rent (FMR) coupled with a percentage increase established by DDS. It is a function of residential providers to identify, locate, and secure residential properties.

89. What efforts has DDA made in assisting the providers in securing affordable accessible housing, specifically with DCHA? Is DDS partnering with Housing or any other District agency to examine voucher programs or set asides with new development throughout the District?

DDS recognizes that securing affordable housing is an issue across the entire District. DDS is and will continue to collaborate with other District agencies, including DCHD, to explore options that would assist providers in securing affordable accessible housing. DDS submitted housing information to the EOM to be used in the Housing Voucher Analysis that included DHS, DDS and DBH.

90. When will the rental caps for Human Care Agreement (HCA) recipients increase? Will they be re-considered for FY20?

The Mayor's FY20 Budget is currently being formulated. We are working to determine whether an increase is appropriate.

91. If increases to the rental caps are contemplated for FY20, how were the rates determined and by whom?

Please see the response to Q90.

92. Please describe the nature and extent of DDA outreach efforts to Long Term Care Facilities relating to timeliness and coordination of services between hospitals, group homes, and LTAC facilities?

Any time a person DDA supports becomes an inpatient, Service Coordinators coordinate with hospitals, LTACs and residential providers. DDS's Human Rights Advisory Committee





reviews all LTAC placements. DDS has published Transition of Care Guidelines to assist residential providers, Service Coordinators, and health care decision makers in obtaining the information needed to promote safe health care transitions from the hospital or long term care facility to the home setting for individuals with developmental disabilities. Please see: https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Transition%20of%20Care%20Guide_1.pdf. If a person requires a nursing home the case is then transferred to a DDS Health and Wellness nurse for oversight throughout the stay and that registered nurse follows the case through to placement back into the community. Should the person reside in a natural home, the case is then followed by a nurse practitioner for support to the person and/or family to coordinate services and supports.

93. We have noted an increase in the number of mortality investigations completed by the Columbus Organization that do not include results from an autopsy or a statement regarding cause of death from the Office of the Chief Medical Examiner. Can you explain the cause of this reduction?

Every Columbus Organization report identifies the cause and manner of death, with that information drawn from one of three sources, the death certificate (completed by a treating physician) from the Department of Health, or from an autopsy or statement from the OCME.

Rehabilitation Services Administration (RSA)

94. Please provide a current organizational chart for RSA. Please provide information to the activity level. Please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity.

Please see attachment Q1.

95. How many RSA vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

Please see the attachment Q2 Vacancy Report.

96. How many individuals received services from RSA in FY18 and FY19, to date?

In FY18 approximately 5,268 individuals received services from RSA. In FYTD19 4,497 individuals are receiving services from RSA.



97. What are the caseloads for the RSA rehabilitation counselors?

The average caseload for counselors across the agency is 105. The average caseload for counselors broken out by unit is as follows:

- General: 117
- Transition: 85
- BVI: 93
- Deaf and Hard of Hearing: 103

98. What tools and metrics are used by DDS to measure RSA placement success, what do those tools reveal and what is the trend?

Under WIOA, metrics are wages two quarters after case closure and whether people maintained employment two and four quarters after placement. The available tool to determine whether people maintain their employment is review of the DOES unemployment data.

99. How are inadequacies in RSA performance management being handled?

RSA did not meet its goal for successful closures in FY 2018. As indicated above, it had 610 successful closures, with a goal of 675. However, the inability to meet this goal does not reflect inadequacies in performance management; rather it reflects challenges in adapting to some of the changes required under the Workforce Innovation and Opportunities Act. Most significantly, the Department of Education has increased the standards regarding placement in integrated settings, limiting a number of placements that the agency had made in the past, particularly in some Ability One placements (i.e., contracts with the federal government to provide custodial services). Although this has decreased the overall number of placements, the quality of placements has increased. In addition, WIOA shifted the agency's performance metrics to require that we measure whether people supported by the agency are employed two quarters and four quarters after closure. Therefore, the vocational rehabilitation counselors are focusing more on ensuring that job placements are stable, before successfully closing a case. The agency has engaged the Workforce Innovation Technical Assistance Center (WINTAC) to provide on-going support to the program to improve performance measures for WIOA and provide technical assistance to strengthen the administration's performance and implement nationwide best practices in vocational rehabilitation.

100. How many individuals receiving services through DDA are also getting services from RSA?

There are 320 people receiving services from both administrations.





101. What percentage of cases in FY18 did DDS meet the 60 day target for determinations of RSA eligibility? To date in FY19?

In FY18, 98.78 percent of cases met the 60 day target for determinations of RSA eligibility. In FY19 YTD, 96.77 percent of cases meet this requirement.

102. What percentage of cases in FY18 did DDS meet the 90 day target for Individual Plan for Employment (IPE) development? To date in FY19?

In FY18, 97.22 percent of cases met the 90 day target for developing an IPE. In FY19 YTD, 97.19 percent of cases meet this requirement.

103. How many individuals attained employment for 90 days or more in FY18? To date in FY19?

In FY18, 610 individuals attained employment for 90 days or more. In FY19 YTD, 60 individuals have attained employment for 90 days or more.

104. The top languages spoken, aside from English, in DC are: Spanish, French, Amharic/Ethiopian, German, and Chinese.

a. How many FTEs are employed by RSA that speak each of these languages?

RSA has four bilingual staff who speak Spanish, i.e., one VR counselor, one Supervisor, one Employment Specialist and one Intake person. The agency is currently recruiting for an additional bilingual VR counselor. RSA has printed materials available in Mandarin/Cantonese; Korean; Spanish; Amharic; and Tigrinya.

b. Do those FTEs interact with individual clients?

Yes, all four work in direct services and interact with individual people.

105. On average, how long do Vocational Rehabilitation (VR) counselors remain employed at RSA?

On average, VR counselors work at RSA for approximately 9.5 years.

106. How many RSA case closures were there in FY18? How many were unsuccessful case closures?

In FY18, RSA closed 1,186 cases. Of these closures, 610 were successful closures and 576 were unsuccessful.



107. How many vocational evaluations were funded by RSA in FY18? To date, in FY19?

RSA funded 154 vocational assessments in FY18. RSA also now has in-house capacity to conduct these evaluations. In addition to the funded vocational assessments, 89 additional vocational assessments were provided by the RSA vocational evaluator. In FYTD19, there have been two vocational assessments funded.

108. How does RSA ensure clients are getting the proper job training before being referred for placement/supported employment services?

During the process of developing an IPE, each counselor completes a comprehensive assessment to identify the individual's unique strengths, resources, priorities, concerns, abilities and capabilities, career interests, and transferable skills. At this time, the person's education history, work history, job interests, and local labor market information is explored and reviewed to determine individual vocational skills and service support needs to attain an identified employment goal. In addition to completing a comprehensive needs assessment, vocational assessments may be conducted to obtain a more in-depth analysis of a person's need for additional training (i.e. vocational skills, job readiness, or post-secondary training) based on the demands and requirements for a specific employment outcome.

If a need is identified for job readiness skills training, vocational training, or post-secondary education based on the requirements of the employment goal noted on the IPE, opportunities for required training will be explored to support the individual in obtaining the necessary training and/or credentials prior to referring for job placement or supported employment services. In instances where formal vocational training or post-secondary education is not needed, RSA hosts in-house job club meetings monthly to include job preparation workshop topics such as resume building, soft skill development, and applying for jobs. Additionally, individuals are often referred to the Department on Employment Services American Job Centers to participate in available job preparation workshops and for support in searching and applying for jobs. Once it is determined that the individual meets the requirements for the desired employment goal, RSA moves forward the referral for job placement (JP) or supported employment (SE) services, as appropriate.

Further, for individuals categorized as having the most significant disabilities they may be receiving supported employment (SE) or evidence-based supported employment (EBSE) services. The practice model for our SE and EBSE program is place and train. Individuals referred for these services are to be placed in competitive, integrated employment that best matches their skills, interests, abilities, and support needs and then receive on-the-job training to learn the specific job skills related directly to their job position in order to excel and advance in employment. This allows individuals with the most significant disabilities to receive job specific training in a meaningful work environment, as transferring skills learned in a classroom or artificial work setting to a specific job position and work environment may be challenging for individuals who qualify for SE and EBSE services.



109. Please provide an update on RSA’s activities to expand vocational and pre-employment transition services (“PETS”) to students with disabilities, pursuant to the Workforce Innovation and Opportunity Act (WIOA).

RSA continued to expand the delivery of Pre-Employment Transition Services (Pre-ETS) and reached a total of 2,608 students in this past school year. RSA’s Pre-ETS work is specific to the following required activities:

- Career Exploration
- Job Readiness Training
- Counseling on Postsecondary Readiness and Exploration
- Work-Based Learning Experiences
- Self-Advocacy Instruction

RSA remains an active participant of the DC Workforce Investment Council’s Career Pathways Taskforce and the Youth Employment Committee. On both the taskforce and the committee, RSA provides updates on the work being done by the Vocational Rehabilitation program and works collaboratively with the other agency partners to provide access to District programming for individuals with disabilities. RSA has led many discussions about paid work-based learning experiences and the outcomes associated as a result of on-going programming.

Additionally, this year RSA worked in partnership with the Department of Employment Services (DOES) to connect students with disabilities to their year round programming to ensure all students had access. RSA referred nearly 100 students to DOES for their Career Preparation program and worked to ensure that participating students had the necessary supports needed to ensure their success. This is in addition to the on-going support RSA provided to DOES for students to participate in the Summer Youth Employment Program.

RSA also continued its work with training providers. RSA hosted a vocational training fair for youth to attend, and also sponsored additional fairs through the DC Special Education Co-Operative (Co-Op) to provide students with information on vocational training programs. The Co-Op hosted two major events for students with disabilities, the Next Steps Fair and the Alternative Spring Break program, which provided over 150 students the opportunity to explore training programs managed within the district and get connected prior to graduating from high school.

RSA has also participated in roundtables and meetings on Youth Entrepreneurship, Healthcare and Transition Planning, the Olmstead Plan for Community Integration, Supporting Families Community of Practice, the Secondary Transition Community of Practice, and the Think College Summit. RSA is also represented on the State Advisory Panel on Special Education, with the representative chairing the transition and graduation committee.



a. How many students, broken down by school, were provided each of the following services in FY18 and FY19 to date:

Please see the attachments Q109a item 1 Pre-ETS Data Breakdown and Q109a item 2 Pre-ETS School-Based Activities. Questions i through vii, below, are Pre-ETS services and the answers to them are reflected there.

- i. job exploration counseling**
- ii. internship or job sampling experience**
- iii. work-based learning experience**
- iv. counseling on higher education opportunities**
- v. workplace readiness training**
- vi. instruction in self-advocacy**
- vii. alignment of IEP transition goals with IEP employment goals**

b. Where are the Workforce Development Coordinators, pursuant to or related to DDS's MOU with DCPS, located? How many schools are each assigned to?

Please see the attachment Q109b DSI (Division of Specialized Instruction) Transition Programming School Assignments.

c. Describe the content of each monthly PETS [Pre-ETS] training session.

Please see the attachment Q109. For 2017-18 school year, the following themes represent the monthly Pre-ETS training sessions:

- **Disability Awareness (self-advocacy)**
Students will engage in activities to demonstrate how self-advocacy skills can be applied to the workplace environment.
- **Employee Protocol (workplace readiness training)**
Students will develop an understanding of established protocol including Requesting Leave of Absence, Resignation, Who to Contact and troubleshoot solutions to challenges that may arise regarding protocol adherence.
- **Skillful Communication (workplace readiness training)**
Students will develop an understanding of the role of communication in the workplace, specifically the use of words, tone, and non-verbal language.
- **Growth Mindset/Avoiding Insubordination (WBLE)**
Student will explore the implications of positive attitude in the workplace and troubleshoot solutions to what could potentially be perceived as insubordinate behaviors.



- **Self-Regulation (self-advocacy)**
Students will engage in self-reflection and learn steps to increase their confidence level in real-world settings. They will learn tools to self-monitor in order to solve potential issues in school and in the workplace environment.
- **Time Management (workplace readiness training)**
Students will identify ways to improve their time/task management skills
- **Workplace integrity (WBLE)**
Students will increase their understanding of workplace integrity. They will work through scenarios in order to determine the appropriate action to handle ethical dilemmas pertaining to the workplace.
- **Adaptability (self-advocacy)**
Students will engage in activities to hone competencies to increase adaptability skills when faced with change.
- **Teamwork (workplace readiness training)**
Students will develop an understanding of the role of teamwork in the workplace, specifically the use of collaboration, communication, and management.

d. What challenges has DDS identified for its monthly meetings with DCPS?

The primary challenge identified in the monthly meetings is the collection and sharing of data. RSA continues to face challenges with receiving timely records from students and parents in order to complete the eligibility requirements. As a result, we have been working with DCPS to find ways to streamline information coming to RSA. Unfortunately, due to a restructuring, DCPS now has limited people charged with collecting information for students to be referred to RSA, which has impacted the timeliness of students being determined eligible. However, DCPS remains committed to providing any necessary information needed as timely as possible. We continue to troubleshoot this challenge by tapping into school-based staff for support as well.

A second, on-going challenge is the collection of data for Pre-ETS, which DCPS has limited RSA's access to due to FERPA. DCPS has indicated that in accordance with FERPA, they cannot share student level data with RSA, despite the existence of a data sharing MOA. RSA has worked to develop a release of information for families to sign so data can be shared with RSA. This has seemingly mitigated some of the challenges, but is dependent on the release being returned from families in order for RSA to have access to the data. RSA and DCPS continue to have ongoing discussions regarding this challenge and are seeking alternative solutions.



110. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS stated that "RSA has made connections with over 20 vocational education programs throughout the DC area." Please provide a list of those connections, including any vocational education programs that have been added in fiscal year 2018 and fiscal year 2019 to date.

In FY18, RSA clients attended the following vocational education programs:

1. Art Institute of Washington
2. ASM Educational Center, Inc.
3. Aveda Institute
4. Bennett Career Institute, Inc.
5. Bladensburg Barber School
6. Carlos Rosario International PCS
7. Catholic Charities Training Program
8. CDL Training Center for NOVA
9. CDS Tractor Trailer Training
10. Gold Shield Security Consultants
11. Destined for Greatness / Amala Lives Institute
12. Dudley Beauty College
13. General Assembly Space, Inc.
14. George Washington University – Event Planning Training
15. Innovative Institute, Inc.
16. La Cocina VA
17. Lincoln Technical Institute
18. National Conservatory of Dramatic Arts
19. Omega Studios
20. Potomac Massage Institute
21. Southeast Welding Academy
22. The French Institute
23. University of Maryland – IT Training Certificate
24. VMT Education Center
25. Westlink Career Institute, LLC

RSA also added this vocational program: Jewish Foundation for Group Homes.

Is this list shared with school staff and transition-age youth?

Yes, this list is shared with transition-age youth when they are considering postsecondary training. This is part of the development of the Individualized Plan for Employment. Students who need additional training to realize their goal for employment are provided opportunities to explore these training programs as part of their plan. RSA does not provide this list directly to the schools.





If not, what resources does RSA provide transition age youth about the non-college post-secondary options in the DC area?

RSA has funded and continues to support the www.DCTransition.org website, which provides school personnel, students, parents/caregivers, and community members' access to information to support in the transition process. Additionally, RSA, in partnership with OSSE, has supported the development and distribution of the "What Comes Next? Transition Resource Guide." Both of these resources provide a plethora of information regarding non-college postsecondary education options for students.

111. How does DDS explain the discrepancy between the number of transition-age youth in the District with disabilities and the number of transition-age youth who accessed RSA services in fiscal year 2018 and fiscal year 2019.

Eligibility for VR services requires that a person has a disability, and that the disability poses a substantial impediment to employment. Under WIOA, RSA has a responsibility to provide pre-ETS services, however, not all of those students will qualify for VR services. Students and their families make informed decisions as to whether or not they would like to be connected to RSA. RSA works directly with the schools to ensure that students have access to the RSA application, should they choose to be referred. Additionally, RSA has reached increasingly high numbers of students through the Pre-ETS programming. For FY18, 2,608 students were reached by RSA through pre-ETS, which constitutes 78% of the overall population of students who are eligible for this programming. RSA continues to ensure that all students who want to be connected with RSA have the referral form and the knowledge to do so, however RSA also recognizes that not all transition-age students require support from RSA, in the form of Vocational Rehabilitation programming. Some students only require the support they receive through pre-ETS programming at their school, which does not require they submit an application for Vocational Rehabilitation services.

112. What criteria is used to determine if an individual "demonstrates the aptitude and ability to succeed in college level work"? 29 DCMR § 110.8?

When a person who is working with their VR counselor to develop or amend their IPE and expresses interest in pursuing college, the vocational counselor uses three tools to examine their aptitude and ability for success. The first, and most frequently used, is eCASAS, which is an exam that measures the educational functioning level (EFL) for the person. Based on the person's scores, the counselor is able to then examine how the individual performs with basic English Language and Mathematics. If a person scores on the lower end, this could be indicative of a need for remedial coursework that the individual needs to pursue in order to enhance their skills. If so, his or her VR counselor would refer the individual to free, comparable services available in the District that would assist them in increasing their EFL.



Counselors also request either a psychoeducational assessment or a vocational assessment, usually in conjunction with the eCASAS to explore what the person's level of support would be needed, should they pursue college-level work. These two tools are designed to provide counselors with professional recommendations based on the person's readiness for that level of studies. This also provides opportunities to examine what accommodations would be needed for the person to be successful in the postsecondary educational environment. All of this depends on the person's IPE goal and whether or not college level work is necessary for the person to be employed. Once all of these factors have been weighed, then a counselor can determine the person's aptitude and ability to be successful in the postsecondary environment.

Please include any documents used in this process. 29 DCMR § 110.3.

VR counselors use the Postsecondary Consultation Worksheet. See RSA's Post-Secondary Education and Training Procedure, available at <https://dds.dc.gov/node/1078972>.

In fiscal year 2018 and fiscal year 2019 to date, how many individuals were determined to NOT have the aptitude or ability to succeed in college level work?

RSA does not capture a list of people who do not pursue postsecondary education and/or training, however if a person is determined to not meet the educational requirements initially, RSA does work with the person to pursue free adult educational programming for further support. Additionally, RSA works with the person to make sure that when an IPE goal is set, it is ultimately realistic. Thus, if the person's desired employment goal requires college-level work, whether that is realistic is looked at as part of person's goal-setting process.

How was that decision communicated to the individual?

If RSA determines a person is not ready for college-level work and will not be supported to go to college at the present time, RSA communicates that decision in a formal decision letter. The letter informs the person of their right to appeal by having the case reviewed by a second agency official.

113. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS indicated that "RSA plans to utilize current service providers..." to provide pre-employment transition services. Please provide a list of all service providers providing pre-employment transition services, as well as the scope of services each provider provides.

Please see the attachment Q113 RSA Providers List.



114. In FY18 and FY19 to date, how many vocational assessments did RSA complete for transition-age youth?

RSA funded 154 vocational assessments in FY18. RSA now has in-house capacity to conduct these evaluations, and 89 additional vocational assessments were provided by the RSA vocational evaluator. In FYTD19, there have been two vocational assessments funded. Total: 245.

115. What trainings did RSA provide to parents of students, via work with OSSE, DCPS, or Public Charter Schools, so that VR counselors are able to actively participate early enough in transition planning? Please include date and location.

Please see the attachment Q115 Parent Contact Transitioning Youth and Outreach.

a. How many referrals did RSA receive from DCPS and Public Charter Schools (and nonpublic schools in which either DCPS or PCS have placed a student) in FY18 and FY18 to date? Please break down by school from which the referral was received.

1. FY18 - 585 (DCPS: 225 PCS: 220 Non Pub/Agency: 140)

2. FYTD19 - 123 (DCPS: 41 PCS: 59 Non Pub/Agency: 23)

Please also see the attachment Q115a Referrals by School.

b. How many of those referrals resulted in an application and then student eligibility for RSA services? What was the average length of time between referral from school and eligibility decision?

FY18 - 386 (DCPS: 138; PCS: 145; Non Pub/Agency: 103)

FYTD19 - 91 (DCPS: 10; PCS: 13; Non Pub/Agency: 7)

Average length of time between referral and eligibility: 54 days

c. For referrals not found eligible, what were the reasons and how many fit into each reason category?

Referrals not found eligible in FY18: 184

- All other reasons: 78
- No impediment to employment: 4
- Refused services or further services: 19
- Unable to locate or contact: 83



- d. How many and what percentage of students identified as eligible for RSA services have a complete, comprehensive IPE prior to graduation or other exit from school?**

Of the 386 students who were determined eligible for VR services in FY18, 327 had an IPE developed within the fiscal year.

How many VR specialists/counselors dedicated to student transition does DDS have? How many schools are assigned to each VR specialists/counselor? How many days per week does each school receive VR specialist attendance (broken out by school)? What is each transition VR specialist's caseload? How many VR specialists/counselors are fluent in a language other than English?

There are 13 VR counselors at RSA dedicated to transition age youth and students. Please see the attachment Q109b DSI Transition Programming Unit School Assignments (which lists VR counselors for schools). Each transition counselor has an average of 85 cases on their caseload. We have one transition counselor and one transition employment specialist who are fluent in Spanish.

- e. How many invitations to attend IEP/transition planning meetings did RSA/VR specialists/counselors receive from DCPS or PCS schools in FY17 and to date in FY18? Please break down by school from which the invitation was received. How many of these meetings did the VR specialists/counselor attend? Please break down by school.**

Although the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), requires the Local Education Agency (LEA) to invite outside agencies who may provide services to students with disabilities to the Individualized Education Program (IEP) team meeting, RSA did not monitor the number of invitations to attend IEP/transition planning meetings. However, Vocational Rehabilitation (VR) Counselors are assigned to schools and collaborate with Workforce Development Coordinators on transition planning. Schools hold monthly informational meetings with students to discuss services that can be provided should they become eligible. The VR Counselor and Workforce Development Coordinator also hold individual planning meetings with adult students upon request to discuss the student's Transition Plan which is included in the Individualized Education Program (IEP), and the Individualized Plan for Employment (IPE). If at any time the IEP and the IPE list varying goals, a formal IEP team meeting is held to revise one or both documents to reflect the student's needs.



116. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS reported that RSA received 610 referrals received from DCPS and Public Charter Schools during the 2016-2017 academic year. Only 284 of these youth were found eligible for services. For each of the remaining 326 students, please identify the reasons the youth were not found eligible, and list the number of each youth that were not find eligible for each reason.

According to the data, 287 youth were found eligible for services. The three youth may have been found eligible after last year's submission. For the remaining youth, below is the break down as to why they were not found eligible for services:

- 4 youth had no disabling condition
- 29 youth refused further service
- 1 youth transferred to another VR agency
- 1 youth could not benefit from services
- 105 youth withdrew their application
- 112 youth were unable to be located or contacted
- 71 youth were closed for 'all other reasons'

Furthermore, only 228 of the 284 youth had a completed IPE prior to exiting school. Why did the remaining 56 not have a completed IPE in place prior to exiting school?

According to the data, 239 of the 284 students who were found eligible had an IPE developed. IPE development is dependent on when the youth apply for services. RSA has 60 days to determine eligibility and the 90 days to develop an IPE. Therefore, if the youth applies later in the year, an IPE may not be developed until the summer or next school year. For the 45 youth who did not have an IPE developed, it was due to their case being closed prior to the development. Below are the reasons for closure:

- 7 youth refused services
- 34 youth were unable to be located or contacted
- 1 youth died
- 3 youth were closed for 'all other reasons'

Please provide the same data for the 2017-18 academic year.

Of the 386 students who were determined eligible for VR services in FY18, 327 had an IPE developed within the fiscal year.



117. How many post-secondary educational and training programs tailored to people with intellectual disabilities did RSA fund in FY18 and in FY19, to date? What were the names and locations of those programs?

RSA funded Project Search at the Smithsonian, NIH, and Embassy Suites hotel to promote job sampling in order to gain and maintain competitive, integrated employment. RSA is funding ten students with intellectual or developmental disabilities in post-secondary programs. Additionally, RSA has one student attending the Mason LIFE program, one student attending Beacon College, two students attending Landmark College, and two students attending the MOST Training program. The MOST (meaningful opportunities for successful transition) program provides vocational training and social skill development for students on the autism spectrum.

118. How is RSA working to use advances in technology to help people with disabilities obtain and maintain jobs or gain employable skills?

Advances in assistive technology (AT) have made it possible for people with disabilities to obtain and maintain employment in a significant way. RSA leverages these technological advances by providing appropriate technical assessments and AT trainings. RSA uses in-house AT and Mobility and Orientation specialists as well as external providers for AT assessments and supports.

Last school year, RSA has implemented an innovative AT pilot program at our Project Search sites. RSA has continued funding this initiative, and expanded it to include the Workforce Development Center at River Terrace Education Center. This AT program provides students with access to an iPad and to the Work Autonomy App to provide students with support with completion of their tasks while on the worksite.

The Director of the DC AT Center is now a member of State Rehabilitation Council in order to advise the agency; also DDS has a representative on the AT Advisory Council.

119. What efforts have been made to increase the number of RSA vendors in FY18 and FY19, to date?

RSA has an adequate network of providers. RSA posted a solicitation for vendors specializing in helping persons with sensory impairments gain and maintain employment, including increasing the number of assistive technology providers (for both provision of equipment and AT training) and orientation and mobility specialists, helping people who are blind increase their skills to enable them to increase their independence. RSA is also revising the solicitation for general vocational services, in an effort to increase the number of providers servicing clients.



120. What are RSA's efforts to increase its working relationships with potential employers?

RSA has a lead Business Relations Specialist who is tasked with developing new employer relationships as well as strengthening the existing ones. These relationships have often resulted in increased employment opportunities for the people we serve. Efforts made to build new and improve upon existing employer relations during FY18 include:

- Round tables conducted by DCHR and Colonial Parking
- Mock interviews and feedback provided through DCHR for upcoming and existing job opportunities
- Employment First Presentation with Washington Metropolitan Transit Authority
- Panel discussions with Kaiser Permanente, MedStar Washington Hospital Center, and UDC

Disability awareness education training was also provided through RSA to over 14 employer representatives to educate potential employers within the District on the importance of and benefits to hiring individuals with disabilities to improve relationships with potential employers.

In addition to the lead Business Relations Specialist, RSA has four employment coordinators who are engaged in developing employer relationships based on the job interests of referrals received. Three of the employment coordinators serve the general VR and Sensory units and one is assigned to the Transition unit. RSA has existing MOAs with partner agencies such as DOES. RSA continued to provide funding in FY18 for the hiring of a Disability Employment Coordinator at DCHR who is tasked with helping individuals with disabilities access employment opportunities with DC government agencies.

121. To what extent is RSA researching job development trends to identify jobs that people with certain types of disabilities are or could be well-suited for, if they receive appropriate supports and services?

RSA works in collaboration with the Workforce Investment Council (WIC) and uses labor market data to research trends for the DC metro area for designated high demand industry career fields (i.e. hospitality, healthcare, IT, construction, and security). RSA believes that people with disabilities can perform jobs suited to them with appropriate accommodations in the same manner as persons without disabilities.



122. Please describe RSA's efforts within the past year to implement the District's "Employment First" initiative. When will the "contribution of care" policy, a key component of the "Employment First" initiative be released?

DDS continues to lead a number of Employment First efforts and collaborations across the District. To coordinate efforts DDS leads an Employment First Leadership Team, which includes members the Departments of Employment Services, Health Care Finance (Medicaid) and Behavioral Health; Office of the State Superintendent of Education; and DC Public Schools; and Workforce Investment Council. The group meets regularly to collaborate and share updates, innovations and resources.

DDS continues to be the grantee on behalf of the District in the Department of Labor's Employment First State Leadership Mentoring Program (EFSLMP), through DOL's Office of Disability Employment Policy. Through support from EFSLMP in FY18, DDS was able to conduct an Association of Community Rehabilitation Educators (ACRE) train-the-trainer program so that people could become trainers in the nationally recognized competencies and help build the capacity of the system to continue this training.

Twenty-eight (28) people completed all of the requirements to train others in the DDS system on the ACRE competencies, which included 4 staff from DDS, one from DCPS and one from DOES. Twenty-two provider staff also completed all of the requirements and can now train others.

Our EFSLMP support for FY19 is to strengthen the agreements between and among RSA, DBH, DOES and OSSE to promote co-enrollment and access to services across systems for people who are eligible for support from multiple systems. There will be no provider selection process in FY19. Rather, DDS will support the people who were trained in FY18 to offer ACRE training to community provider staff during the course of FY19.

DDS partners with DC Human Resources (DCHR) to work towards the District becoming a model employer of people with disabilities. The Aspiring Professionals program is a paid internship program that places people with disabilities in positions throughout the DC government in positions where the person has a real possibility of being hired.

In the first cohort of the Aspiring Professionals Program Facts/Successes, 21 RSA job seekers were selected to participate in the program, including two at DDS. Nineteen (19, or 90%) of RSA job seekers successfully completed the internship and 12 (twelve or 63%) gained employment in District government at Grades 7 to 11 since completing their internships.

Additionally, DDS continues to fund a position within DCHR so that there is a staff person with expertise and focused attention on recruiting, hiring, and retaining employees with disabilities throughout the DC government and providing technical assistance to DC agencies regarding employment of people with disabilities.



Finally, DDS continues to lead efforts on the District's Partnerships in Employment Systems Change grant, called DC Learners and Earners, which supports systems change for youth with disabilities up to the age of 30. This is a federally-funded Project of National Significance that is bringing public and private partners together to collaborate on improving post-school outcomes for youth with disabilities regardless of the systems in which they are receiving support.

Contribution to Costs

The Final Rule for the Contribution to Costs [CARE] of Residential Supports was published in the D.C. Register, 29 DCMR § 13100 et seq., set forth at 65 DCR 013201 (Nov. 30, 2018). DDS drafted a policy and procedure that has been subject to robust stakeholder review, including the self-advocacy group Project ACTION!, the Home and Community Based Advisory Committee, the Developmental Disabilities Council, the D.C. Supporting Families Community of Practice, and the FSC, as well as from individuals. DDS has accepted both oral and informal written comments on the policy and procedure draft from self-advocates, parents, advocates including both Quality Trust for Individuals with Disabilities and Disability Rights D.C., and providers, including the D.C. Provider Coalition. DDS will hold a public forum on this in March 2019. DDA proposes that for people new to receiving DDA residential supports, their required contribution to costs payments will begin soon after they enter residential services. DDA proposes that for people already receiving DDA residential supports, an estimated contribution to costs will be calculated at their next ISP meeting (or six-month ISP review meeting), their final contribution to costs will be calculated six months later, with payments beginning the following month.

DDS notes that this rulemaking is related to our Employment First initiative in that it creates a way for people who work to contribute to the costs of their supports. However, it is not considered a key component of the initiative.

123. The Rehabilitation Act, as amended by WIOA, requires vocational rehabilitation programs, such as RSA, to serve people with the most significant disabilities first when there are not enough resources to serve everyone is eligible for vocational rehabilitation services. This process is called an “Order of Selection,” and DDS’ approach to it is described in its Order of Selection Policy.²

a. Is RSA anticipating entering into an Order of Selection in this FY? If so, why? If so, how will RSA manage the waiting list?

At this time, RSA does not anticipate entering into Order of Selection.

² See <https://dds.dc.gov/node/887832>.



- b. How many people are currently in Category I (“individuals with most significant disabilities”)?**

2,408

- c. How many people are currently in Category II (“individuals with significant disabilities”)?**

1,280

- d. How many people are currently in Category III (“individuals with non-significant disabilities”)?**

52

- 124. Studies have shown that people with disabilities, and particularly people with intellectual and developmental disabilities, have a far higher unemployment rate than people without disabilities. What is RSA doing to help people with disabilities find work in integrated, competitive employment settings - *i.e.*, in traditional workplace settings working with people without disabilities?**

RSA is following the mandate as set forth by the WIOA which requires jobs meet specific criteria for competitive and integrated employment (CIE). RSA has a unit and counselors dedicated to supporting individuals with intellectual and developmental disabilities through supported employment services and working collaboratively with DDA. Working in coordination with DDA service coordinators has allowed for better engagement with clients and providers. As an agency, RSA has limited Ability One placements and informed all providers and internal job placement supports of the need to focus on competitive and integrated employment placements as mandated through WIOA. RSA is collaborating with the State Employment Leadership Network (SELN) to create a checklist for capacity building that can be utilized by RSA staff to review placements and effectively determine if the placement secured is competitive and integrated as defined by WIOA. Additionally, RSA is communicating with the Youth Technical Assistance Center (Y-TAC) and the Workforce Innovation Technical Assistance Center (WINTAC) teams to implement the established technical assistance agreement for Customized Employment training to RSA staff and providers.

- 125. How are RSA and DDA making use of the District’s revised Medicaid Waiver to increase employment opportunities for people with disabilities?**

RSA and DDA coordinate to provide wrap around supported employment programs for people with intellectual disabilities. This starts at intake, with the joint questionnaire that explores people’s interest in employment and seeks to connect applicants with RSA supports





immediately. Once a person is receiving Waiver supports, if they are still getting assistance with finding a job through RSA, DDA can provide Employment Readiness services. Once a person secures a job, RSA will support the person until they are stabilized in the job, for up to 24 months. For people who need long-term supports, DDA provides supported employment services through the Waiver. To ensure continuity of supports for the person, DDS requires that DDA Employment Readiness and Supported Employment providers are also RSA providers

- 126. In 2015 RSA reported, “The agency hired a project manager for transition services. This person began reaching out to the Student Disability support Offices at local colleges and universities in July 2014. We expect that we will have relationships established with the Disability Offices in all local colleges and universities by March 2015.” Do you have relationships established with the Disability Offices in local colleges and universities? Which colleges and universities?**

In May 2015, DDS created a new position – contract administrator/employment coordinator – to manage the agency’s relationships with post-secondary and vocational training providers, shifting the responsibility for this work from the prior program manager. In this capacity, the staff member maintains contacts and relationships with 14 local public and private colleges and universities and community colleges: University of the District of Columbia (UDC), UDC Community College, The Universities at Shady Grove, American University, The Catholic University of America, Gallaudet University, Georgetown University, George Mason University, George Washington University, Howard University, Trinity Washington University, Montgomery College, Prince Georges Community College, and Northern Virginia Community College.

To help RSA counselors quickly access the information, they have an updated interactive table (most recently updated on January 24, 2019), listing the websites/website links for the 14 local colleges and universities and community colleges and the schools’ disability services offices. This facilitates information sharing so people can make informed choices related to resources and support, including accommodations to help them succeed in their educational programs. This information also is available on the DDS website at <https://dds.dc.gov/service/vocational-rehabilitation-services> (links available under heading “Informed Choice”).

Additionally, DDS regularly collaborates with the University of the District of Columbia (UDC) and UDC Community College and their disability services offices. Employees from UDC and UDC Community College routinely participate in information fairs at DDS for clients and counselors, and DDS employees reciprocate by participating at events held at UDC Community College’s main campus.



127. A common complaint from RSA clients is the lack of responsiveness from VR counselors. What is being done to remedy this problem?

In February 2018, DDS implemented the IQ customer service system in order to review customer service concerns. A review of all complaints from FY2018 and 1st quarter of FY2019 demonstrates that lack of responsiveness from VR counselors is not a common complaint. Please see below:

FYTD19 – 4
FY18 Q4 – 8
FY18 Q3 – 3
FY18 Q2 – 7
FY18 Q1 – 11

Nonetheless, customer service, including responsiveness, remains an important priority for the agency.

128. Does RSA have a guidance document or booklet for applicants and/or clients of RSA explaining the eligibility and IPE process and the services available from RSA? If not, why not?

Yes, RSA has a brochure to walk individuals through the process for services from RSA. In addition, there is a frequently asked questions document that addresses common questions regarding RSA services as well as a brochure for employers on hiring people with disabilities. These resources are available through intake and outreach. The agency also has a video on-line that walks through the process; the video is in English, Spanish and ASL, available at: <https://dds.dc.gov/page/rsa-eligibility-and-intake-process>.

129. RSA clients have complained that they are not provided with copies of their IPEs or evaluations completed by RSA vendors. What efforts are being taken to ensure that RSA clients have completed copies of their IPEs and are provided copies of their own evaluations in a timely manner to ensure they are exercise informed choice?

At time of application, all clients are provided their rights and responsibilities and informed that they can request copies of any or all documentation within their case file at any time. RSA counselors have been have been instructed, as record of best practice, to provide copies of the IPEs once signed by all involved parties. With regards to evaluations, copies can be provided upon request. However, if the requested evaluation is deemed by the counselor to have information that may be of potential harm to the client, the client is referred to the provider who completed the evaluation for a review consultation prior to releasing copies. This is done in order to ensure the client is provided with correct information and his/her questions are appropriately addressed.



130. Are persons in need of supports offered a choice of providers? Are providers being ranked or promoted in some way?

For DDA, people are offered a choice of providers at their ISP meeting for DDA. DDA maintains a current list of all providers on the website as well as posts each HCBS Waiver provider's most recent PCR scores on our website, but does not rank or promote them. Please see: <https://dds.dc.gov/book/current-waiver-providers-list> and <https://dds.dc.gov/page/provider-certification-review>, respectively. Additionally, providers who are subject to sanctions may be placed on the Do Not Refer list, and would not be eligible for new referrals at that time. Please see <https://dds.dc.gov/publication/provider-sanctions-list>.

For RSA, people are offered a choice of providers at their IPE meeting. RSA maintains a list of available providers and the services available, but also does not rank or promote them. Please see: <https://dds.dc.gov/publication/rsa-providers-service>. Providers have been encouraged to provide RSA with information about their agency and the services offered to provide to clients.



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

Department on Disability Services Responses to FY18-FYTD19 Performance Oversight Pre-Hearing Questions

Agency Organization

- 1. Please provide a current organizational chart for DDS and identify the number of full time equivalents at each organizational level. Please provide an explanation of any organizational changes made during FY18 or to date in FY19.**

Please see attachment Q1 Organizational Report.

Please also see the attachment Q1a Position Control Report.

The Disability Determination Division (DDD) became part of DDS's Rehabilitation Services Administration (RSA), the Quality Assurance and Performance Management Administration (QAPMA) became part of the Office of the Chief of Staff and the Office of Policy, Planning and Innovation was moved into QAPMA.

- 2. How many vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.**

Please see the attachment Q2 Vacancy Report.

In addition, DDS posts vacancy announcements on the DDS website and on DCHR's employment site for ten business days. In order to identify candidates with necessary subject matter expertise and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments and recruits talent from posting on the Office of Latino Affairs, the National Federation of the Blind, Career Builder, and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) websites.

- 3. With respect to employee evaluations, goals, responsibilities, and objectives in FY18 and to date in FY19, please describe:**

- a. The process for establishing employee goals, responsibilities, and objectives;**

For all DDS employees, the performance year begins October 1. S.M.A.R.T. (specific, measurable, achievable, realistic and time-bound) goals are set prior to the end of the first quarter. During the third quarter, mid-year evaluations are held. The performance year closes September 30th. Performance reviews are scheduled to review the employee's annual performance. The employee and the supervisor meet to discuss the overall goals





of the agency and establish the employee's SMART goals based on the overall agency goals based on the employee's role within the agency.

b. The steps taken to ensure that all DDS employees are meeting individual job requirements; and

Supervisors/Managers hold regular supervision meetings with their employees throughout the year. Mid-year evaluations are also held for each employee to assess the level of performance midway through the performance year.

c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.

The agency follows the guidelines given in the DPM Chapter 14. The remedial action could result in a demotion, progressive discipline, or termination.

Spending and Payroll

4. Please provide a chart showing the agency's approved budget and actual spending, by program and activity, for FY18 and FY19, to date.

Please see the attachment Q4 Budget and Expenditures.

5. Please provide a list of all intra-district transfers received by or transferred from DDS during FY18 and to date in FY19. For each, please provide a description of the purpose of the transfer and which programs, activities, and services within DDS the transfer impacted.

Please see the attachment Q5 Intra-District Transfers.

6. Please identify any reprogrammings received by or transferred from DDS during FY18 and to date in FY19. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.

Please see the attachment Q6 Reprogrammings.

7. Please provide a current list of all properties supported by the DDS budget. Please indicate whether the property is owned by the District or leased and which DDS program(s) utilizes the space.

250 E Street SW – Leased Space – DDS /DDA /RSA





- 8. Please provide DDS' fixed costs budget and actual dollars spent for FY18 and to date in FY19, and include the following information:**
- a. Source of funding;**
 - b. Explanation for changes; and**
 - c. Steps the agency has taken to identify inefficiencies and reduce costs.**

Please see the attachment Q8 Fixed Costs.

DDS currently occupies a leased building that includes all costs for utilities and routine maintenance in the overall lease cost. DDS pays a rate established in the lease and does not have opportunities to control or reduce fixed costs related to the occupied space.

Contracting and Procurement

- 9. Please list each contract, grant, and procurement ("contract") awarded or entered into by DDS during FY18 and FY19 to date. For each contract, please provide the following information, where applicable:**
- a. Name of the provider;**
 - b. Approved and actual budget;**
 - c. Funding source(s);**
 - d. Whether it was competitively bid or sole sourced;**
 - e. Purpose of the contract;**
 - f. The term of the contract;**
 - g. Contract deliverables;**
 - h. Contract outcomes;**
 - i. Any corrective action taken or technical assistance provided;**
 - j. Program and activity supported by the contract;**
 - k. Employee responsible for overseeing the contract; and**
 - l. Oversight/Monitoring plan for the contract.**

Please see the attachment Q9 Contracts, Grants and Procurements.

- 10. Please provide the following information for all contract modifications made during FY18 and FY19, to date:**
- a. Name of the vendor;**
 - b. Purpose of the contract;**
 - c. Modification term;**
 - d. Modification cost, including budgeted amount and actual spent;**
 - e. Narrative explanation of the reason for the modification; and**
 - f. Funding source.**

Please see the attachment Q10 Contract Modifications.



11. Please provide a list of all MOUs currently in place and any MOUs planned for the coming year. Please provide copies of all such MOUs.

Please see the attachment Q11 MOUs.

12. Please provide a list and copies of all current and planned Memoranda of Agreement with Public Charter Schools regarding referrals and coordination of transition services for youth with disabilities.

DDS has one MOA realized to date. The remaining schools have received the MOAs and have subsequently been reviewing them with their legal counsel and/or CEOs. We have had follow-up meetings with many schools and, to date, one school, EL Haynes, has indicated they were making comments and proposed changes, which we will be sending through our Office of General Counsel to reconcile any adjustments. RSA has also been leveraging the support of the DC Special Education Co-Operative to connect with member schools to obtain their signatures.

RSA is taking the following concrete steps to ensure the MOAs are signed:

1. All MOAs are being sent to school CEOs, Principals, and Special Education Coordinators, even if they have received it, by February 15, 2019.
2. A deadline for school responses will be set for no later than March 31st.

(answer continues with chart on next page)



Local Education Agency	Status
Academy of Hope	MOA sent, awaiting school
BASIS	MOA sent, awaiting school
Briya	MOA sent, awaiting school
Cesar Chavez	MOA sent, follow up meeting 1/15/2019
Capital City	MOA sent, awaiting school
Carlos Rosario	MOA sent, working with OSSE for signature
CC Prep Academy	MOA sent, school indicated would not sign
DCI	MOA sent, awaiting school
EL Haynes	MOA returned with comments
Friendship	MOA sent, follow up meeting 1/22/2019
IDEA	MOA sent, awaiting school
Kingsman	MOA sent, awaiting school
KIPP	MOA sent, follow up meeting 1/24/2019
Maya Angelou	MOA sent, awaiting school
National Collegiate	MOA sent, awaiting school
Paul	MOA sent, awaiting school
Washington Latin	Completed, please see the attachment Q12 MOA Washington Latin Public Charter School
YouthBuild	MOA sent, working with OSSE for signature

Grievance/Complaint Procedures

13. Please respond to the following for FY18 and FY19 to date:

a. The number of complaints received by DDS' Customer Relations Unit;

The DDS Customer Service Unit responded to a total of 156 complaints in FY18 and FYTD19.

b. Provide a breakdown of complaints received by category type and the number within each category type;

Complaints	Total
Feedback about DDS staff services-communication	62
Feedback about DDS staff services-other	20
Feedback about provider services	28
Feedback regarding payment of services	12
Request for new Service Coordinator/VR Counselor	34
Total:	156



- c. **Indicate the DDS administration and the specific program or provider identified in the complaint;**

Administration	Total
DDA	38
DDD	12
DDS	55
RSA	51
	156

- d. **Provide the outcomes or corrective actions to address each complaint; and**

As of February 6, 2019, DDS has resolved all 156 complaints received in FY18 and FYTD19. None are pending. The action and outcome for each complaint is specific to that inquiry or complaint and may contain protected and confidential information and, therefore, cannot be shared in this context.

- e. **Provide the response time for responding to complaints.**

The average number of days to close a complaint is two. Please note that the agency does not collect closure information for inquiries referred to other District agencies, federal agencies, or other organizations.

# of Days to Close	# of Complaints	% of Total
< 2 Days	83	53%
3-9 Days	68	44%
10-19 Days	3	2%
20-29 Days	1	
> 30 Days	1	

- f. **How many FTEs staff the Customer Relations Unit?**

There is one FTE who staffs the Customer Relations Unit, whose role it is to respond to customer inquiries, and she has an assigned back-up person.



g. How many Customer Service Surveys did DDS receive? Please provide an update on plans to test the effectiveness of a telephone follow-up survey.

The agency received four website customer surveys in FY17, three in FY18, and one in FYTD19, not considered a significant response. An attempted FY17 customer follow-up survey did not prove popular with people and so the effort was discontinued. DDS continues to collect voluntary exit-point input from visitors to DDS offices through our “Rate our Service Today” tools. In FY18, DDS logged 2,271 new exit responses since the last report. DDS continued to receive high reports of customer satisfaction. In FY18, 92 percent of those who weighed in indicated they felt very positive or positive about the services they received. This is a 2 percent increase in customer satisfaction over FY17.

h. Please identify any changes in the process of the how the agency receives and responds to complaints through the Customer Relations Unit.

There are currently two people who are in the Customer Relations Unit, as well as two back-up staff. All of these staff are part of QAPMA, a change from last year when this unit was in the Office of the Director. DDS made this change shortly after the DSRAA passed and charged the agency with developing a complaint system for people to use with DDA and providers. That role is a better fit for QAPMA, which already handles DDA human rights issues and works regularly with providers.

One of the two staff is the new Grievance Specialist, who is leading efforts with stakeholders to launch the new DDA Complaint System and who will manage that system. She works alongside the DDA Rights and Advocacy Specialist, who is the back-up for our Grievance Specialist.

Performance Plans

14. Please indicate if DDS met the objectives set forth in the performance plan for FY18. Please provide a description of what actions DDS undertook to meet the key performance indicators and/or any reasons why key indicators were not met.

Please see the attachment Q14, DDS FY2018 Performance Accountability Report.

15. Does DDS have a performance plan for FY19?

Yes. Please see the attachment Q15 Department on Disability Services FY2019.



Forest Haven and Group Homes

16. How many individuals, once institutionalized at Forest Haven, currently live in group homes overseen by DDS?

DDS supports 453 people who formerly lived at Forest Haven. Of those, 196 people live in group homes, with 49 in Residential Habilitation settings supported through the Home and Community-Based Waiver and 147 living in Intermediate Care Facilities (ICFs) for People with Intellectual Disabilities. Additionally, 222 people live in supported living settings, which are small apartments or homes supporting between one and three people; 15 people live in Host Homes with families; and two people are currently in a nursing facility. Please note that 18 live in natural homes or independently.

17. In DDS's Responses to FY17-18 Performance Oversight Questions, DDS said it is working with subject matter experts at the Georgetown University Center for Excellence in Development Disabilities and at the Department of Behavioral Health to implement trauma informed care to individuals once institutionalized at Forest Haven? How many individuals in the district receive this kind of care in FY18, and FY19 to date?

Trauma-informed care is the standard of practice and it is DDS's expectation that all people who receive supports from DDA, including all people once institutionalized at Forest Haven, receive this kind of care.

18. How many group homes are there in the District for individuals with developmental disabilities?

There are a total of 79 homes for residential habilitation and ICFs in the District.

Does DDS perform regular inspections of these group homes as a measure of quality control?

Yes, DDS conducts regular monitoring of all residential services, through visits by service coordinators, quality resource specialists, and health and wellness staff. A sample of residential settings also is reviewed as part of the Provider Certification Review (PCR) process. Additionally, the Department of Health does a licensing review for all ICF and residential habilitation settings and shares their findings with DDS, who follows any issues through to resolution.



19. Please detail how many adverse incidents were reported to DDS, in the last three years, at group homes for individuals with developmental disabilities.

In its Incident Management Enforcement policy and procedure, DDS defines a “reportable incident” (RI) as an event or situation involving a risk or threat to a person’s health or safety, and a “serious reportable incident” (SRI) as an RI that due to its significance, severity, or repeated instance within a period of time, requires immediate response and notification to DDS/DDA. Providers investigate RIs. DDA investigates SRIs.

We track both SRIs and RIs for people in residential habilitation and ICFs.

Time Period	Total	RI	SRI
FY19 (2/7/19)	380	263	117
FY18	1,319	967	352
FY17	1,339	1,024	315
FY16	1,450	1,067	383

Disability Services Reform Amendment Act

20. How many individuals had their commitment terminated as a result of the Disability Services Reform Amendment Act (DSRAA)?

When the law passed, there were 694 people committed. Between August 3, 2018 (when DSRAA Title II took effect) and February 1, 2019, a total of 272 people went through their complete hearing and commitment process. Of those, 10 chose to terminate their commitment.

21. What is the status of the complaint system, required by the DSRA?

DDS is in the process of revising its complaint system as required by the DSRAA. Title 1 of the Disabilities Services Reform Amendment Act instructs DDS to create a new Formal Complaints system for issues people may have with DDA or a DDA provider. The system designed builds upon the Customer Service system, overhauled by Director Reese, with the twin goals of improving responsiveness and resolving people’s issues as quickly as possible. This is working. The number of complaints is down, and so is the time to resolve people’s issues: to an average of less than two days over FY18 and FYTD19. On August 6, 2018, DDS hired a new grievance specialist with strong ties to the stakeholder community, particularly to Project ACTION!. DDS has worked closely with the stakeholder community to draft the overarching structure and rulemaking for the revised DDA Complaint System. DDS expects to share these with Council shortly.



Why have the proposed regulations for the complaint system still not been published?

The proposed regulations for the DDA Complaint System are on the path to publication after DDS, as promised, developed them in close collaboration with the stakeholder community. DDS began drafting the framework prior to the bill's passage, using the Department of Behavioral Health's grievance process regulations as a starting point and visiting key staff at that agency to inform the process. DDS drafted the proposed framework immediately following passage, then engaged various groups of stakeholders over a several month period and is finalizing the draft rulemaking based on the various feedback.

- Home and Community Based Services (HCBS) Advisory Group

DDS utilized the expertise of its regular Monday afternoon meetings of the HCBS Advisory Group, held at DDS for review of both the proposed framework for the new DDA Complaint System and the draft regulations.

- D.C. Supporting Families Community of Practice

DDS presented the proposed DDA Complaint System framework at a day-long training on the DSRAA to the D.C. Supporting Families Community of Practice (SFCoP) in a meeting held at 441 4th Street. Through two user-friendly activities, DDS elicited specific input on what people with intellectual disabilities and their families wanted to see (and did not want to see) in the new DDA Complaint System. A key element these stakeholders wanted was accessibility, including visual accessibility. To respond, DDS developed a visual Road Map to the new DDA Complaint System, and presented that in the form of a process map to the members of the SFCoP at a meeting held at DDS to elicit their feedback. The design was well-received, the meeting was lively, and people offered specific comments and questions about the Complaint System. DDS notified the Family Support Council (FSC) about each SFCoP opportunity, and several FSC members participated in those sessions as well as the quarterly FSC meetings.

- Project ACTION!

With Project ACTION! Board approval, made a PowerPoint presentation on the new DDA Complaint System to the self-advocacy community assembled at the monthly meeting at the Lt. Joseph P. Kennedy Institute, planned process, taking questions and feedback.

22. Since the grievance system is not yet operational, how do individuals address concerns or file complaints with DDA?

DDA currently offers a variety of ways for people to complain, including in-person, by phone, through a service coordinator, and through the Rights and Advocacy Specialist. A



person can file a complaint anonymously, if he or she wishes. Complaints made by phone or through DDS website at the “Ask The Director” system reaches DDS Customer Service, which sends them through the IQ System to the supervisors of staff positioned to address the person’s issue. Supervisors accept issues, and assign staff to address issues and resolve them if possible. Supervisors assist if necessary.

DDA also requires all providers to have complaint processes, including anonymous options, and monitors providers to ensure a complaint system is in place. This is all in addition to the person's right to request reconsideration of a DDS intake determination or Individual Support Plan (ISP); and to the person's right to file a Medicaid claim with the Office of Administrative Hearings.

For more information, please see the attachment Q22 DDA's Complaint Policy.

How many staff at DDA are currently assigned to address complaints by DDA consumers or their representatives?

DDS has one Customer Service Representative and one Grievance Specialist specifically hired to develop and administer the DDA Complaints System. However, these are not the only people required by DDS to address complaints by DDA consumers or their representatives. As previously described, staff best positioned to address a person’s issue do that, with supervision as needed.

23. What is the status of the pilot peer support program required by the DSRAA?

DDS is in the curriculum design phase, based on research DDS is conducting on successful Peer Mentoring Programs and best practices from other states and agencies including the Michigan Department of Health and Human Services and the D.C. Department of Behavioral Health. DDS has awarded a grant to Project ACTION! to partner with the agency to develop the peer pilot program and is aiming to launch this in tandem with the DDA Complaint System.

24. What has DDS done to advance the Supported Decision-Making provisions of the DSRAA?

This title of the law took immediate effect on May 5, 2018 and was self-effectuating. DDS has long honored people’s informal supported decision making choices and is able to honor Supported Decision Making Agreements without a policy and procedure. Beginning that day, people with disabilities here in the District could start to use the law’s new form. People have many questions about how it works and how to use this new tool people to formalize their supported decision making arrangements. DDS collaborated with partners and Quality Trust for Individuals with Disabilities to provide training for sister agencies, Project ACTION! and the SFCoP. Based upon questions we received at these training, DDS partnered with Quality



Trust to pair the law's form with an information and instructions package. To ensure accessibility and strengthen these materials, the FSC and Project Action! reviewed them and provided additional input.

The FSC, a group of family members of people with disabilities as well as people with disabilities, assists, advises, and provide recommendations to DDS and our sister agencies. FSC, with DDS support and involvement, in FY18 undertook the planning for a year-long effort to expand supported decision making in the District across the lifespan and submitted a successful application for technical assistance to the federal Administration for Community Living. The District is now a member of the National Community of Practice on Supported Decision-Making. DDS is working with the FSC to design training and implementation plans for Supported Decision-Making throughout the District. In fact, last month, the FSC held a World Café on Supported Decision-Making, which is an accessible small group activity designed to elicit people's feedback, see <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>.

The FSC (and DDS) sought to better understand how people, families, and government partners view this practice, what resources currently exist, perceived barriers, and what additional supports are needed. In FY19, DDS will continue to partner with the Family Support Council on this effort.

Has it issued a policy and procedure recognizing this option? If not, why not?

As mentioned above, this title was self-effectuating. DDS has long honored people's informal supported decision making choices and is able to honor Supported Decision Making Agreements without a policy and procedure.

25. Does DDS plan to issue a policy and procedure regarding people's contribution to cost of residential supports before the formal complaint system required by the DSRAA is operational?

No, DDS's new policy and procedure on contributions to costs may be issued (to give people as much notice as possible) but will not become effective until the revised DDA Complaint System is operational. Also note, DDS will hold two additional public forums on this and the Housing Choice policy and procedure at DDS and at the Anacostia Library in March.

26. Does DDS plan to issue a "Housing Choice" policy and procedure before the formal complaint system required by the DSRAA is operational?

No, and see information about additional forums in Q25.



Developmental Disabilities Administration (DDA)

27. Please provide a current organizational chart for DDA. Please provide information to the activity level.

Please see the attachment Q1.

28. Please identify the number of full time equivalents at each DDA organizational level and the employee responsible for the management of each program and activity.

Please see the attachment Q1a.

29. How many DDA vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

Please see the attachment Q2.

30. How many people applied for DDA services in FY18 and FY19 to date?

168 people applied for DDA in FY18 and 45 FY19 YTD (as of December 31, 2018).

31. How many people are currently in the intake process awaiting a decision about eligibility?

14 people are in Pending status.

32. How many people did DDA deny who applied for DDA services in FY18 and FY19 to date? Please provide the reasons/categories for denial and the number of denials in each category.

38 in FY18

12 in FYTD19 (as of December 31, 2018)

(answer continues with chart on next page)



Reason for Denial	FY18	FYTD19 as of 12/31/18
1. Documented evidence of a pre-18 IQ score that does not indicate intellectual disability, considering the standard error of measure	18	5
2. Documented evidence of no pre-18 limitations in adaptive functioning	10	2
3. Documented evidence of a pre-18 IQ score that does not indicate intellectual disability, considering the standard error of measure and no pre-18 limitations in adaptive functioning	3	2
4. Current documentation and/ or testing failed to support a diagnosis of intellectual disability – in these cases, DDS performed a social history and arranged for the person to have a psychological assessment	4	3
5. No evidence of DC residency	1	
6. Under the age of 18	2	
TOTAL	38	12

33. What was the average age of individuals denied eligibility?

27 in FY18

28 in FY19 as of December 31, 2018

34. Of those who were denied eligibility in FY18 and FY19 to date, how many appealed through the internal appeals process?

Four people in FY18, none in FYTD19.

How many of those denials were reversed in the internal appeals process?

One in FY18.

35. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY18 and FY19 to date?

Seven denials of eligibility were appealed to OAH in FY18, including one specific denial of eligibility for services under the Home and Community-Based Services (HCBS) Waiver program.





How many of those denials were reversed in the OAH?

None of these denials has been definitively reversed by OAH, although one case has a pending motion for reconsideration where the OAH decision would reverse the eligibility decision. Of the seven denials that were appealed, four cases were withdrawn and dismissed after DDS determined the person eligible.

36. Of those individuals denied eligibility by DDA in FY18 and FY19 to date, how many were because the applicant lacked pre-18 documentation of an intellectual disability?

Please see the response to Q31. DDA does not deny eligibility if a person is unable to supply testing performed or other documentation generated before the person turned 18 years of age. Instead, as the Q31 chart shows, in FY18 four people were denied eligibility because they did not have such documentation and, despite DDA efforts, we were not able to establish an intellectual disability through social history or current psychological assessment. The same is true of three people in FYTD19.

37. In FY18, what was the average number of days from when an application for DDA services was submitted and an eligibility decision was made? How does this compare to FY17?

Efficiently determining whether a person is eligible for DDA services has been a priority and DDS continues to make substantial progress in this area for the fourth fiscal year in a row and into FY19. In FYTD19, the average number of days from when an application for DDA services was submitted to an eligibility decision is now 36 calendar days. In FY18, it was 44 days.

For comparison:

- In FY17: 52 days
- In FY16: 95 days
- In FY15: 106 days

38. For the people found eligible for DDA services in FY18, what was the average length of time between the finding of eligibility and the completion of an Individual Support Plan (ISP)? What was the average length of time between eligibility and receipt of services identified in the ISP?

DDA has found that the average number of days stems from persons who are determined eligible and who have had the Front Door tool assessments and appropriate referral to services and supports most often do not need HCBS Waiver services. An example of this is a person referred from RSA, determined eligible for DDA, who wants to work, maximizes



RSA services, then uses DDA supported employment to continue working. Other examples are people utilizing service and supports from DC Public Schools (DCPS) and/or Health Services for Children with Special Needs (HSCSN) that meet their immediate needs. DDA finds that the length of time from ISP to use of first HCBS Waiver service means overall that people are not needing services immediately. Those who do receive them do so, on average, in 223 days.

	Calendar days	# of people
Average length of time to find eligibility to ISP	82	77
Average length of time to find eligibility to first Waiver service	223	41

39. Under Section 3(B)(10) of the DDA Intake and Eligibility Determination Procedure,¹ “[i]n the absence of a pre-18 psychological evaluation, DDA will arrange for the person to receive a current psychological assessment.” How many times did DDA make such arrangements in FY18 and in FY19 to date?

DDA arranged for psychological assessments 38 times in FY18 and 11 times in FY19 (as of January 23, 2019).

40. What is being done by DDS to coordinate the process of acquisition of adaptive equipment with DHCF and ensure that citizens receive the equipment they require in a timely manner?

DDS has regular calls with the Department of Health Care Finance (DHCF) to coordinate the delivery of services including on adaptive equipment. DDS has a contact at DHCF for providers. When there are concerns about adaptive equipment, DDS sends a physical therapist out to assess the situation and can use local funds, if needed, to ensure the person’s safety. DDS also has trained providers on adaptive equipment maintenance protocols and requires regular updates from providers about the status of people’s equipment.

41. Please provide details of recruitment efforts to bring new DDA service providers, or further enhance the capacity of current providers for people with intellectual disabilities who are also on the autism spectrum.

DDS currently has an adequate provider network and regularly interviews potential new providers. When the agency learns of a provider that has demonstrated the ability to support complex people in other states, our leadership reaches out to them and discusses whether they might be a good fit for the DC system. Additionally, DDS offers a variety of opportunities for professional development, including at a session at the annual Direct Support Professionals conference on working with people who have autism.

¹ See <https://dds.dc.gov/node/727512>.



42. How many DDA service providers currently authorized by DDS/DHCF are considered to possess expertise supporting people who are on the autism spectrum?

DDS provides supports and services based on people's individualized needs, not based on diagnosis.

43. How many people within the DDA system carry a diagnosis of autism or any related diagnoses?

DDS does not track this data. DDS uses Person-Centered processes to develop ISPs based on people's individual strengths, interests, and needs.

44. What is DDS's procedure for communicating the results of appealed Provider Certification Review (PCR) results? What is their criteria for evaluating/considering appeals? Is there a standard and if so, where is that stated?

The PCR Policy includes a process for appeals, including first an appeal to the PCR Director and then to the Deputy Director for QAPMA. This is a review of the record, including but not limited to the indicator(s) under dispute; the provider's written statement about why it believes the indicator should not have received the rating; and any documentation to support the provider's claim(s). DDS communicates the results of PCR appeals directly to the provider through e-mail and regular mail. The appeals process is described in the PCR Policy and Guide. Please see: <https://dds.dc.gov/publication/dds-transmittal-18-12-provider-certification-review-policy-and-pcr-guide>.

45. What steps has DDS/DDA taken to recruit and/or develop psychologists, psychiatrists and other clinical experts within the District of Columbia? Please provide details.

DDS increased the rates for clinicians through the 2015 HCBS IDD Waiver amendment and currently has an adequate provider network. DDS provides ongoing technical assistance to speech pathologists, occupational therapists, physical therapists, psychologists, psychiatrists, and nurses.

46. What steps has DDA taken to bring additional residential providers to the District, especially those with experience and expertise supporting people with behavioral challenges?

DDS currently has an adequate provider network and regularly interviews potential new providers. When the agency learns of a provider that has demonstrated the ability to support complex people in other states, leadership reaches out to them and discusses whether they might be a good fit for the District's system. Additionally, DDS provides ongoing training and technical assistance to psychologists on developing behavior support plans.



47. Please provide the number of incidence reports for FY18 and FY19, to date, by provider.

a. For each incidence, provide the response by DDS.

Please see the attachment Q47a Provider Incident Outcomes and Totals.

b. Please provide copies of the most recent Provider Report Cards related to incident management performance.

Please see the attachment Q47b Provider Report Card.

48. How many people who DDA supports were competitively employed in FY18 and in FY19, to date? How does this compare with FY17?

There are 411 people competitively employed as of the first quarter of FY19, approximately 20 percent of working age people supported by DDA are working, which matches the national average. This is an increase from the 309 people competitively employed in FY17; and FY16, when 256 people were competitively employed.

49. In what ways, if any, is DDA working to improve the quality and individualization of day services? Please identify any specific changes, if any, which will be implemented in FY19.

Please see the attachment Q49 Section IV of the District of Columbia Home and Community Based Services Settings Statewide Transition Plan, September 2018 Update, available on-line at: <https://dhcf.dc.gov/release/public-notice-district-columbia-home-and-community-based-services-settings-statewide>. Section IV describes key DC initiatives to increase opportunities for people receiving Waiver supports to engage in competitive integrated employment and community integration. It includes DC's approach to employment first activities; a description of training and capacity building activities for providers; and includes links to resources that are developed to support compliance with the HCBS Settings Rule requirements. This includes an update of initiatives through September 18.

In FY19, DDS is continuing existing initiatives, including supporting the day programs that have become person-centered organizations with mentoring. Those providers organizations are also invited to participate with DDS at our regular Person-Centered Organization (PCO) meetings to discuss ways to work together to improve outcomes.

In October 2018, DDS issued a new Individualized Daily Schedules policy and procedure, requiring that providers to work with each person to develop daily schedules that connect what the person's provider knows and continues to discover about the person's interests (what's important to them) with the ISP outcomes and skill-building he or she is working to



achieve (what's important for them). Additionally, for people of working age and others who express an interest in integrated employment, activities and skill-building in the Daily Schedules shall be focused on furthering the person's progress on the pathway to employment. To give providers time to create new Daily Schedules, the effective date of this policy and procedure is February 4, 2019. In FY19, DDS will review and revise, as needed, the PCR for Waiver providers and the monitoring of ICF providers to ensure implementation.

Please see: <https://dds.dc.gov/publication/dda-pol001-individualized-daily-schedules-policy-and-procedure>.

DDS also continues to work with DC Public Libraries and DC Parks and Recreations to ensure that these are welcoming locations with integrated day-time activities for people with intellectual disabilities who wish to participate. In January 19, DDS partnered with the Office of Disability Rights to offer disability awareness training to DPR and DCPL managers. Almost 50 people attended.

50. In FY18 and FY19 to date, how many people receiving DDA services were successfully supported to move from congregate day habilitation programs to Individualized Day Supports (IDS)?

96 people who received day habilitation services in FY17 also received IDS services in FY18. 50 people who received day habilitation services in FY18 are receiving IDS services in FY19 (as of February 7, 2018).

51. In FY18 and FY19 to date, how many people receiving DDA services were in pre-vocational or employment readiness programs? Of those, how many successfully moved into supported employment? Or competitive employment?

65 people who received Employment Readiness services in FY17 received Supported Employment services or were competitively employed in FY18. In FY19 (as of February 7, 2019), the number is 35.

52. In FY18 and FY19 to date, how many people receiving DDA services were competitively employed? How does this compare to the FY17?

Please see the response to Q48.

53. In FY18, how many new customized employment opportunities were created for people receiving DDA services? In FY19 to date?

DDA providers are not asked to report on which jobs could be considered customized, therefore, we do not know the number of new customized employment opportunities created for people receiving DDA services. However, based upon our required processes, it is likely



that many jobs are customized in one or more ways, including task reassignment, flexible hours or schedules; job sharing, or job modification. To support customized employment, all DDA service coordinators and DDA HCBS IDD Waiver day and employment service providers are required to be trained on Discovery, which is considered the cornerstone of customized employment. Discovery is a form of vocational assessment specially tailored for people with the most significant barriers to employment. Each person who receives HCBS IDD Waiver day or employment services has a customized employment Discovery Positive Personal Profile and accompanying Job Search/Community Participation Plans based on what they and their support team learned through the Discovery process. Please note that some jobs are customized as part of the hiring process while others are customized after someone starts and the employer/employee learn about what accommodations, modifications and support will enable someone to be successful.

54. Please provide an update on the agency's work in coordination with DC Public Schools, Office of the State Superintendent of Education, DC Public Charter Schools, and private schools to help students transition from special education services to adult disability services, continued education, employment, and independent living.

RSA continues to participate in the Secondary Transition Community of Practice with the Office of State Superintendent of Education (OSSE), the Department of Employment Services (DOES), DC Public Schools (DCPS), DC Public Charter Schools (DCPCS), Department of Youth Rehabilitative Services (DYRS), and community providers to coordinate services for transition-age students. Additionally, RSA collaborates with OSSE, DCPS, and the Charter Schools through a community provider, SchoolTalk Inc., to host a transition fair. The fair, entitled Voices of Change provides training sessions for students in employment, postsecondary education/training, and independent living services.

RSA also has an MOU with DCPS that provides staffing support to the schools for the coordination and delivery of Pre-Employment Transition Services (pre-ETS). The staff at DCPS works to compile data based on programming to reach all students who qualify for pre-ETS. RSA coordinates with DCPCS and a local non-profit, DC Special Education Co-Operative (Co-Op), to provide similar staff support to qualifying students in the Public Charter Schools. RSA has a human care agreement with the Co-Op and is working to sign Memoranda of Agreement (MOAs) with all of the Public Charter LEAs. RSA's partnership with DCPS and the Co-Op has led to an increase in self-advocacy instruction and work-based learning experiences for students.

RSA worked alongside Seeking Employment, Equality and Community for People with Developmental Disabilities (SEEC) to provide access to Project SEARCH programming at the Smithsonian, Embassy Suites / Hilton Hotels, and the National Institute of Health. Project Search is a 10-month training program for students and youth with intellectual or developmental disabilities. This is in addition to the work-based learning experiences that students participated in at the Workforce Development Center at River Terrace, in CVS /





Walgreens stores, and in partner companies throughout the District. RSA also partnered with SchoolTalk Inc. to provide support to 14 students this summer during the Summer Youth Employment Program (SYEP). RSA continues to enhance employment programming throughout the district for youth with disabilities.

Finally, RSA also participates in the State Advisory Panel on Special Education (SAPSE), which is a community advisory entity that provides advice to OSSE on implementing the IDEA.

55. How is either RSA or DDA involved in ensuring that students with disabilities in DCPS, PCS, or nonpublic schools who likely will need services after leaving school, have the appropriate current evaluations (including pre-age-18 scores as appropriate) for RSA or DDA eligibility processes as the student transitions out of school? How does DDA proceed if the school has not done an evaluation within the last year, as is the case with many transitioning youth?

RSA has a staff member who manages the DDA process for students in the transition process. She meets with DCPS and the PCS on a monthly basis to provide any update on anyone who has been referred to DDA as well as discusses any missing documentation needed for the eligibility process. RSA communicates with the LEA regarding any information, including psychological assessments, needed for the eligibility process for both RSA and DDA.

56. Young adults with intellectual/developmental disabilities often do not have a usual source of health care as they transition to adulthood. Does DDS or RSA include health care as part of their postsecondary transition planning efforts with schools?

RSA has worked collaboratively with the HSC Foundation, the National Alliance for Health, and Got Transition, alongside OSSE to discuss the inclusion of healthcare in transition planning. RSA does factor in stabilization supports for individuals with intellectual/developmental disabilities, but beyond that does not currently look at healthcare needs. However, if the individual is connected to DDA, then healthcare is addressed as a component of their ISP.

57. What steps has DDS taken to attract, train, and retain direct support workers in the disability services field?

DDS provides training for Direct Support Professionals (DSPs) and other front-line staff and managers in best practices such as person-centered thinking, discovery, and customized employment. We have worked collaboratively with the providers to develop orientation training for DSPs and on our overall provider training requirements, which are reflected in DDS policy and procedure.



Please see <https://dds.dc.gov/book/direct-support-professional-training-policy-and-procedure/dsp-training-policy>. We also partner with the providers for an annual Direct Support Professional conference.

By regulation, DDS requires that our providers participate in the National Core Indicators (NCI) Staff Stability Survey. NCI is a national program to gather a standard set of performance and outcome measures that developmental disability systems can use to track their own performance over time, to compare results across states, and to establish national benchmarks. The Staff Stability Survey is an on-line survey of provider agencies supporting adults with ID/DD in residential, employment, day services and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.

Nineteen states, plus the District of Columbia, participated in the 2017 NCI Staff Stability Survey. The survey finds that DC is #1 in the nation for lowest turnover, lowest vacancy, and pays among the highest wages for DSPs. The complete Staff Stability report is available at: https://www.nationalcoreindicators.org/upload/core-indicators/2017_NCI_StaffStabilitySurvey_Report.pdf.

58. What services does DDS provide to intellectually disabled parents of children in regards to parenting?

With the renewal of our Home and Community Based Waiver in November 2017, the District became the second state in the nation to offer Parenting Support through a Medicaid waiver. DDS had been offering this service through several years, working with the DDA Health Initiative at the Georgetown University Center for Excellence in Developmental Disabilities and, collaboratively with the CFSA and The Association for Successful Parenting. The new Waiver service was designed based upon our experience providing this service, as well as conversations with the state of Connecticut, which was the first state to implement this service. We also discussed the new service with our HCBS Settings Advisory Group and at all of our public forums on the Waiver renewal.

The new Parenting Support service offers both individual and group options, as well as supports for parents from professionals and peers. DDS learned to take this approach from participating in the National Supporting Families Community of Practice. The CoP teaches that strategies for supporting individuals and their families can be organized into three buckets: (1) discovery and navigation: having the information and tools you need to navigate life; (2) connecting and networking: making connections with peers and resources to help you navigate; and (3) goods and services: the tangible items you buy and use and the public and private organizations in your community that you access for support.

Based upon our research and conversations with families, our new Waiver service is described as follows:





Parenting Support assists people who are or will be parents in developing appropriate parenting skills. Parents will receive training that is individualized and focused on the health and welfare and developmental needs of their child, as well as building necessary parenting skills. Close coordination will be maintained with informal and other formal supports. This service is available to expectant parents, and parents with physical custody, visitation rights or parents who are pursuing reunification with their child.

This service may include training of individuals who provide unpaid support, training, companionship or supervision to persons served through the Waiver to reinforce strategies provided to the person served.

Parenting Support services are available both as a 1:1 service and in a small group setting, not to exceed 1:4. This service shall be provided in the person's home or in a variety of community based settings, based upon the person's needs and choices.

a. What is DDS's role when a client comes to the attention of CFSA about the care of the client's children? If those children are removed?

As described directly above, DDS provides a service through the HCBS IDD Waiver called Parenting Support to assist people who are or will be parents in developing appropriate parenting skills. Parents receive individualized training that is focused on the health and welfare and developmental needs of their child, as well as building necessary parenting skills. The service is available to expectant parents, parents with physical custody or visitation with their child, and parents who are pursuing reunification with their child. In FY18, DDS has enrolled two new providers and currently has an adequate provider network for this service.

b. How, if at all, does DDS or its service providers provide education or assistance to CFSA/CFSA-contracted social workers to understand the disabilities and needs of parents with disabilities in general? In individual CFSA or DDS cases?

DDS and CFSA have a standing monthly meeting where we collaborate on joint cases and strategies to support parents with disabilities. We proactively communicate more frequently on individual cases, as needed.

c. How does DDS assist parents who are clients with requests for reasonable accommodations from CFSA or about their rights under either the ADA or Section 504 of the Rehabilitation Act in their interactions with CFSA?

DDS works collectively with CFSA to assist in identifying barriers and supports to parents with disabilities. To the extent that there is a case with court involvement, the parent also has the assistance of court appointed counsel.



59. What, if any joint policies, practice standards, agreements, guidance, or the like do CFSA and DDS have regarding parents with disabilities that both agencies are involved with? Please provide a copy.

DDS and CFSA have a Memorandum of Agreement (MOA) that includes the terms of our collaboration, please see the attachment Q59 MOA DDS and CFSA. We share data through CFSA's CrossConnect system to identify joint cases, and then collaborate through a monthly joint agency meeting. The MOA also supports several early transitions, which are cases that are not supported optimally within CFSA provider system. DDA providers support the person and CFSA pays residential cost and 30 percent match for HCBS services until person ages out of CFSA.

60. Describe the coordination, if any, between DDA and the Department of Behavioral Health?

If person is in enrolled in a DBH core service agency, DDS works to facilitate the discharge of persons determined eligible for DDA who are currently hospitalized and provides community-based supports as needed.

61. Does DDA coordinate with the Department of Health Care Finance to address issues or complaints against MTM, the Medicaid transportation provider? If so, please explain the coordination.

DDS has a dedicated staff person who forwards complaints that come into DDS to MTM, which then completes an investigation. The resolution may include a provider change. If the complaint reaches the level of a Serious Reportable Incident as defined by DDS, DDA also will complete an investigation. Outcomes are provided to DHCF.

62. Is there currently a waiting list for service and supports under DDS' Home and Community

No. There is no waiting list for services and supports under DDS's HCBS Waiver.

a. If yes, how many people are on the waiting list?

Not applicable.

b. If no, how many waiver slots remain available? Are all the slots in Year Two of the recently approved Waiver currently filled?

In Waiver Year 2 there are 1,872 slots. Presently 1,806 people are being served through the Waiver.





c. Does DDS anticipate having a waiting list at any time during FY19?

At this time, DDS does not anticipate having a waiting list during FY19.

d. How will the public be notified in the event that there is a waiting list in effect?

DDS closely tracks available Waiver slots. If DDS were to project a waiting list, we would proactively host a public forum to discuss existing waiting list regulations, policy, and procedure, and discuss any questions. We would also share information via our website. DDS did this in August 2013, although we were able to avert a waiting list. At that time, we published a memorandum entitled “DDS Plans for Possible Waiting List for Waiver Supports for People with Intellectual Disabilities” and held an accompanying public forum. Please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDS%20Plans%20for%20Possible%20HCBS%20IDD%20Waiver%20Waiting%20List%20Memo_0.pdf.

63. Is DC under any enhanced form of monitoring by the Center for Medicare & Medicaid Services (“CMS”)?

No. On October 18, 2018, the Department of Health Care Finance, as the single state Medicaid agency, received a letter from the Center for Medicaid and Medicare services finding that the District had sustained quality improvement initiatives and releasing the District from enhanced monitoring effective September 1, 2018.

a. If no, is the new Waiver fully implemented?

The Waiver was renewed on time and we have promptly published implementing regulations. While the Waiver is nearly fully implemented, there are two barriers to full implementation.

First, we have had difficulty recruiting providers for our new Assistive Technology service. We have been able to recruit providers for Personal Emergency Response services, which is a service typically covered through HCBS Waiver, and which is specifically covered through the Assistive Technology service. It has been more challenging to find providers for the more innovative part of this service, offering everyday technology solutions like iPads with reminder apps, for example. DDS notes that the District is one of only a handful of states that offers this service. We developed the service based upon the few successful models in the country and we are now adjusting it so that it will work in the District. We have talked with the provider community and the HCBS Advisory Group and have drafted a Waiver amendment that should correct this problem. Learning from our successful One Time Transition service, which supports people to move from an institution to the community, the new Waiver



will allow the person's residential provider to also be an assistive technology provider for the person. We are currently working with DHCF and CMS on the need to amend the Waiver and we project an effective date of October 1, 2019 for this change.

Second, making the shift to provide greater care coordination for medically and/or behaviorally complex people who live at home with their families through High Intensity In-Home Supports, has been more time intensive than expected. We have had a number of meetings with people we support who live at home, their families, nurses, and In-Home Supports providers to collaboratively develop new standards for this service.

Finally, we note that a number of the changes we have made to Day Services are designed to be implemented over the course of the person's ISP year, so that people are making changes to their services with the support of their team, and in the way that they are used to discussing service changes. This also gives our providers time to adjust to the projected changes in enrollment.

b. If yes, is DDS coming out from threat CMS scrutiny a requirement for implementation of the new Waiver?

Not applicable.

64. How many skilled nursing providers agencies are certified to provide services under the I/DD Waiver?

DDS has nine certified skilled nursing provider agencies.

Of these agencies, how many provide ventilation care for DDA consumers?

Please note that agencies that provide ventilation care are not a subset of the skilled nursing provider agencies. DDS has twelve providers with the capacity to provide ventilation care.

65. How many I/DD Waiver provider agencies of In-Home Supports are also certified to provide Medicaid State Plan personal care aide services?

Six. All DDS Medicaid Waiver personal care aid (PCA) providers are also state plan providers, because it is an extended state plan service. That is, a person has to max out state plan hours before the Waiver would wrap around to provide additional supports. We require that Waiver providers are also state plan providers so that there is continuity of providers for the person – all that changes is the payment source.



66. How many DDA consumer[s] experienced a lapse in their DC Medicaid benefits during fiscal year 18?

Twenty-eight people supported by DDA experienced a lapse in their DC Medicaid benefits during FY18.

During the first quarter of fiscal year 2019?

Five people experienced a lapse in their DC Medicaid benefits during fiscal year 18.

67. What steps has DDA taken to resolve the lapse in DDA consumers' DC Medicaid benefits?

DDS Quality, Operations and DDA staff meet biweekly with DHCF and the Economic Security Administration (ESA) to address issues we have discovered with Medicaid recertification process. Together, we have identified a systemic solution, aligning people's recertification dates with their ISP and are about halfway through the year-long implementation of the alignment. Throughout, we talk about status of renewals and work through any issues that arise.

68. Has DDA issued a directive or procedure specifically requiring staff in DDA's public benefits unit to recertify DC Medicaid and all public benefits (e.g., SNAP, TANF, etc.) in advance of the deadline for recertification?

DDA does not have a "public benefits unit" as such. On Medicaid recertification, DDS has a written process which spells out staff responsibilities.

With regards to other public benefits, providers should assist people in applying for and maintaining eligibility as part of the habilitation work DDA pays them to perform.

69. What (if any) accountability measures has DDA put in place to ensure that staff recertify benefits timely?

Assuming that this question applies to Medicaid Recertification, when DDS staff have responsibility for aspects of Medicaid recertification work, DDS's usual performance measures and accountability approach applies.

Providers maintain primary responsibility for assisting people in recertifying for other public benefits for which they may be eligible, and their staff accountability systems should apply.



70. Does DDA provide training for staff responsible for applying for and maintaining public benefits for DDA consumers?

As mentioned in Q68 response, generally, it is providers that must assist people in applying for and maintaining eligibility as part of the habilitation work DDA pays them to perform.

71. How many I/DD Waiver participants did DDA terminate waiver services for during fiscal year 18?

In FY18, there were 47 discharges.

During the first quarter of fiscal year 19?

In FYTD (as of February 6, 2019) there were 7 discharges.

72. On what basis did DDA terminate waiver services? (provide numbers for each category of termination: e.g., failure to meet the required level of care, hospitalization, institutional placement, etc.)

In FY18, the reasons for the terminations were:

- 22 people refused services
- 13 people were institutionalized
- 8 people moved out of state
- 2 people no longer qualified for Medicaid
- 1 person chose to participate in different waiver program
- 1 person died

In FYTD19, the reasons for the terminations were:

- 2 people refused services
- 2 people were institutionalized
- 2 people moved out of state
- 1 person died

73. How many I/DD Waiver participants appealed DDA's termination of services?

One person appealed.

74. What was the outcome of the appeals? In how many appeals did DDA prevail?

The person prevailed in the sole case appealed.



75. What is the average caseload of DDA service coordinators?

The average caseload of DDA service coordinators is 30.

What is the highest number of individuals a service coordinator has on his/her caseload?

The highest number of people a service coordinator has on a caseload is 34.

How are caseloads determined?

Service Coordinators' caseloads are determined by skills, experience, location of placement, and caseload size based on DDS policy.

76. Are there current vacancies in service coordination? If so, which positions?

Please see the attachment Q2.

77. How many people requested a change in their Service Coordinators?

Two people requested a change in Service Coordinators.

a. What are the reasons for requests for change?

Typically such requests are for personality.

b. How many requests were granted?

Both requests were granted.

For those that were not, why was the request denied?

Not applicable.

78. Are DDA Service Coordinators responsible for ensuring/coordinating all DC services for DDA consumers (e.g., under the DC Medicaid State Plan and I/DD Waiver)?

People use a variety of services to meet their needs, including services through the Medicaid State Plan and the IDD Waiver. For people who receive residential services, their provider coordinates their medical care, for example doctor and dentist appointments under the state plan. People who live with their families do this independently.



79. In FY18 and FY19 to date:

- a. How many service providers in the DDA system received some form of formal sanction?**

42 providers.

How many are currently receiving some form of sanction?

15 (as of January 28, 2019). For up-to-date list please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List_19_01_28.pdf.

- b. Which service providers have been sanctioned most often?**

Volunteers of America (5)

Total Quality Residential Services (5)

- c. What are the three most common reasons a service provider receives some form of sanction?**

Failed initial PCR	40
Failure to address issues timely	9
Health & Wellness	3

- d. How many service providers were placed on the “Do Not Refer List”?**

38 providers. For up-to-date list please see:

https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List_19_01_28.pdf.

- e. What is the typical length of time a service provider is on the “Do Not Refer List”?**

Average	79
Min	14
Max	299
Median	69



- f. After a provider is removed from the “Due Not Refer List,” what is the average length of time before it assigned a new person to support?**

Referrals can be made immediately to a provider once it is removed from the referral list.

Also please see the attachment Q79f Summary of Sanctions.

- 80. Over the past year, how many people receiving DDA services were in pre-vocational employment programs? Of those, how many successfully moved into supported or competitive employment? What is DDA doing to help people progress from pre-vocational programs to competitive employment?**

See the response to Q51.

- 81. Over the past year, how many people receiving DDA services are competitively employed? Is this an increase or decrease from last year?**

See the response to Q48.

What is DDA doing to increase employment opportunities for people with intellectual and developmental disabilities?

Please see attachment 49 Section II, which describes key DC initiatives to increase opportunities for people receiving Waiver supports to engage in competitive integrated employment and community integration. It includes DC’s approach to employment first activities; a description of training and capacity building activities for providers; and includes links to resources that are developed to support compliance with the HCBS Settings Rule requirements. This includes an update of initiatives through September 2018.

- 82. What is DDA doing to coordinate with DC Public Schools and the Office of the State Superintendent of Education to help students transition from special education services to adult disability services, continued education, employment, and independent living?**

During the agency realignment in October 2017, DDS moved one community liaison to the agency’s transition unit in order to focus on working with transition youth. This realignment allows the agency to coordinate all transition services, ensuring post-secondary success for all students, including those referred to DDA. Where appropriate, staff works with the person to complete a mini person-centered assessment, called the “Front Door Tool” that asks about a person’s vision for their adult life, and includes a guided conversation on employment.



With the person's permission, this assessment is shared with sister agencies and other partners such as Healthcare Services For Children With Special Needs. Please see: <https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Front%20Door%20Tool%209-11-2016.pdf>

Additionally, RSA and DDA are active on the District's Secondary Transition Community of Practice, which focuses on improving employment and post-school outcomes for youth with disabilities. This group has committed to ensuring that youth in certificate track programs have meaningful paid work experiences prior to school exit. Through this group, cross agency public and private partners host at least one transition forum each year, with support from DDS, OSSE and DCPS.

83. DDS continues to serve as representative payee for people on the DDS Home & Community Based Services 1915(c) (HCBS) Waiver who receive Social Security benefits. How many people are served by DDS in this capacity?

Of the 2,397 (as of February 5, 2019) supported by DDA, the agency served as representative payee for a total of 1,210 people. Of that number, 312 resided in Intermediate Care Facilities (ICFs) and 898 were enrolled in HCBS Waiver in 2018.

84. Recently there were regulations published regarding new requirements for a contribution to cost of supports by DDA consumers. How many individuals are currently not paying a contribution to the cost of their supports?

When and how does DDA intend to roll-out this new process?

It is important to note that it is not a new concept that people who work or have other sources of income will be required to contribute to the costs of their residential supports the same way that people who receive Social Security benefits have been for many years. There have been public law-making and rule-making processes over three years. The Contribution to Costs law passed in 2016. Proposed Rulemaking was published in 2017. Final Rulemaking was published on November 30, 2018.

DDS has been in active conversations with stakeholders and the larger community about a draft policy and procedure to implement the law and rulemaking since October 2018 and has reviewed concepts and draft provisions of both the policy and procedure with: the HCBS Advisory Group, Project ACTION!, the FSC, the Developmental Disabilities Council, the D.C. Supporting Families Community of Practice. Related to these meetings, DDS has also accepted written feedback.

Our next step will be to hold two more Public Forums on this and one other policy and procedure, to be held at DDS and at Anacostia Public Library, in March 2019. Following that, DDS will finalize its policy and procedure, and release it once the new DDA Complaint



System is operational. The procedure will specify how people will be informed of their required contribution to costs.

Generally, the Service Coordination Planning Division will be trained on this new policy and procedure prior to its release. People who will or do receive DDA residential supports who will be required to pay contribution to costs of those residential supports will receive calculations of the amount they will have to pay at their initial or annual Individual Support Plan meetings. At those meetings, Service Coordinators will provide the person with oral and written notice of their right to appeal or request recalculation of their required contribution amount through the DDA Complaint System.

The Contribution to Costs of Residential Supports policy and procedure will not go into effect until the DSRAA Complaint System is operational.

85. What appeal rights do DDA consumers have if they are assessed a contribution to the cost of their supports and they do not agree with the assessment?

People's appeal rights will be specified in the policy and procedure, and comply with the requirement of the Final Rulemaking.

How will DDA consumers file an appeal when the complaint system required under the Disability Services Reform Amendment Act has not yet been created?

See the response to Q84.

86. How much revenue will the process, of collecting contributions to cost of supports from individuals who currently are not paying such a contribution, generate for DDA?

The Fiscal Impact Statement for the FY17 Budget Support Act of 2016 stated that the anticipated annual amount was \$200,000.

87. DDA has drafted a policy and procedure that would affect DDA consumers in residential services who wish to live alone or want to live in an apartment over DDA's rental cap.

How many current DDA consumers live alone in DDA housing?

Not including people who live alone in DDA housing due to medical needs necessitating 1:1 staffing, DDA currently supports seventy-seven people who live alone in Supported Living units.



How many live in DDA housing that is above DDA's rental cap?

Within the DDA Delivery System there are 92 settings above DDA's rental rate supporting up to 223 people.

88. DDA residential providers have indicated that it is very difficult to find appropriate housing within DDA's rental cap. How did DDA determine the rental cap? Is it updated every year to account for inflation and the high cost of living in DC? Has DDA assisted providers in identifying housing that is within the rental cap?

The DDS rental rate, which is not updated annually, was last adjusted in FY16 and was determined using the DC HUD Fair Market Rent (FMR) coupled with a percentage increase established by DDS. It is a function of residential providers to identify, locate, and secure residential properties.

89. What efforts has DDA made in assisting the providers in securing affordable accessible housing, specifically with DCHA? Is DDS partnering with Housing or any other District agency to examine voucher programs or set asides with new development throughout the District?

DDS recognizes that securing affordable housing is an issue across the entire District. DDS is and will continue to collaborate with other District agencies, including DCHD, to explore options that would assist providers in securing affordable accessible housing. DDS submitted housing information to the EOM to be used in the Housing Voucher Analysis that included DHS, DDS and DBH.

90. When will the rental caps for Human Care Agreement (HCA) recipients increase? Will they be re-considered for FY20?

The Mayor's FY20 Budget is currently being formulated. We are working to determine whether an increase is appropriate.

91. If increases to the rental caps are contemplated for FY20, how were the rates determined and by whom?

Please see the response to Q90.

92. Please describe the nature and extent of DDA outreach efforts to Long Term Care Facilities relating to timeliness and coordination of services between hospitals, group homes, and LTAC facilities?

Any time a person DDA supports becomes an inpatient, Service Coordinators coordinate with hospitals, LTACs and residential providers. DDS's Human Rights Advisory Committee



reviews all LTAC placements. DDS has published Transition of Care Guidelines to assist residential providers, Service Coordinators, and health care decision makers in obtaining the information needed to promote safe health care transitions from the hospital or long term care facility to the home setting for individuals with developmental disabilities. Please see: https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Transition%20of%20Care%20Guide_1.pdf. If a person requires a nursing home the case is then transferred to a DDS Health and Wellness nurse for oversight throughout the stay and that registered nurse follows the case through to placement back into the community. Should the person reside in a natural home, the case is then followed by a nurse practitioner for support to the person and/or family to coordinate services and supports.

93. We have noted an increase in the number of mortality investigations completed by the Columbus Organization that do not include results from an autopsy or a statement regarding cause of death from the Office of the Chief Medical Examiner. Can you explain the cause of this reduction?

Every Columbus Organization report identifies the cause and manner of death, with that information drawn from one of three sources, the death certificate (completed by a treating physician) from the Department of Health, or from an autopsy or statement from the OCME.

Rehabilitation Services Administration (RSA)

94. Please provide a current organizational chart for RSA. Please provide information to the activity level. Please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity.

Please see attachment Q1.

95. How many RSA vacancies were posted during FY18? To date in FY19? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

Please see the attachment Q2 Vacancy Report.

96. How many individuals received services from RSA in FY18 and FY19, to date?

In FY18 approximately 5,268 individuals received services from RSA. In FYTD19 4,497 individuals are receiving services from RSA.



97. What are the caseloads for the RSA rehabilitation counselors?

The average caseload for counselors across the agency is 105. The average caseload for counselors broken out by unit is as follows:

- General: 117
- Transition: 85
- BVI: 93
- Deaf and Hard of Hearing: 103

98. What tools and metrics are used by DDS to measure RSA placement success, what do those tools reveal and what is the trend?

Under WIOA, metrics are wages two quarters after case closure and whether people maintained employment two and four quarters after placement. The available tool to determine whether people maintain their employment is review of the DOES unemployment data.

99. How are inadequacies in RSA performance management being handled?

RSA did not meet its goal for successful closures in FY 2018. As indicated above, it had 610 successful closures, with a goal of 675. However, the inability to meet this goal does not reflect inadequacies in performance management; rather it reflects challenges in adapting to some of the changes required under the Workforce Innovation and Opportunities Act. Most significantly, the Department of Education has increased the standards regarding placement in integrated settings, limiting a number of placements that the agency had made in the past, particularly in some Ability One placements (i.e., contracts with the federal government to provide custodial services). Although this has decreased the overall number of placements, the quality of placements has increased. In addition, WIOA shifted the agency's performance metrics to require that we measure whether people supported by the agency are employed two quarters and four quarters after closure. Therefore, the vocational rehabilitation counselors are focusing more on ensuring that job placements are stable, before successfully closing a case. The agency has engaged the Workforce Innovation Technical Assistance Center (WINTAC) to provide on-going support to the program to improve performance measures for WIOA and provide technical assistance to strengthen the administration's performance and implement nationwide best practices in vocational rehabilitation.

100. How many individuals receiving services through DDA are also getting services from RSA?

There are 320 people receiving services from both administrations.



101. What percentage of cases in FY18 did DDS meet the 60 day target for determinations of RSA eligibility? To date in FY19?

In FY18, 98.78 percent of cases met the 60 day target for determinations of RSA eligibility. In FY19 YTD, 96.77 percent of cases meet this requirement.

102. What percentage of cases in FY18 did DDS meet the 90 day target for Individual Plan for Employment (IPE) development? To date in FY19?

In FY18, 97.22 percent of cases met the 90 day target for developing an IPE. In FY19 YTD, 97.19 percent of cases meet this requirement.

103. How many individuals attained employment for 90 days or more in FY18? To date in FY19?

In FY18, 610 individuals attained employment for 90 days or more. In FY19 YTD, 60 individuals have attained employment for 90 days or more.

104. The top languages spoken, aside from English, in DC are: Spanish, French, Amharic/Ethiopian, German, and Chinese.

a. How many FTEs are employed by RSA that speak each of these languages?

RSA has four bilingual staff who speak Spanish, i.e., one VR counselor, one Supervisor, one Employment Specialist and one Intake person. The agency is currently recruiting for an additional bilingual VR counselor. RSA has printed materials available in Mandarin/Cantonese; Korean; Spanish; Amharic; and Tigrinya.

b. Do those FTEs interact with individual clients?

Yes, all four work in direct services and interact with individual people.

105. On average, how long do Vocational Rehabilitation (VR) counselors remain employed at RSA?

On average, VR counselors work at RSA for approximately 9.5 years.

106. How many RSA case closures were there in FY18? How many were unsuccessful case closures?

In FY18, RSA closed 1,186 cases. Of these closures, 610 were successful closures and 576 were unsuccessful.



107. How many vocational evaluations were funded by RSA in FY18? To date, in FY19?

RSA funded 154 vocational assessments in FY18. RSA also now has in-house capacity to conduct these evaluations. In addition to the funded vocational assessments, 89 additional vocational assessments were provided by the RSA vocational evaluator. In FYTD19, there have been two vocational assessments funded.

108. How does RSA ensure clients are getting the proper job training before being referred for placement/supported employment services?

During the process of developing an IPE, each counselor completes a comprehensive assessment to identify the individual's unique strengths, resources, priorities, concerns, abilities and capabilities, career interests, and transferable skills. At this time, the person's education history, work history, job interests, and local labor market information is explored and reviewed to determine individual vocational skills and service support needs to attain an identified employment goal. In addition to completing a comprehensive needs assessment, vocational assessments may be conducted to obtain a more in-depth analysis of a person's need for additional training (i.e. vocational skills, job readiness, or post-secondary training) based on the demands and requirements for a specific employment outcome.

If a need is identified for job readiness skills training, vocational training, or post-secondary education based on the requirements of the employment goal noted on the IPE, opportunities for required training will be explored to support the individual in obtaining the necessary training and/or credentials prior to referring for job placement or supported employment services. In instances where formal vocational training or post-secondary education is not needed, RSA hosts in-house job club meetings monthly to include job preparation workshop topics such as resume building, soft skill development, and applying for jobs. Additionally, individuals are often referred to the Department on Employment Services American Job Centers to participate in available job preparation workshops and for support in searching and applying for jobs. Once it is determined that the individual meets the requirements for the desired employment goal, RSA moves forward the referral for job placement (JP) or supported employment (SE) services, as appropriate.

Further, for individuals categorized as having the most significant disabilities they may be receiving supported employment (SE) or evidence-based supported employment (EBSE) services. The practice model for our SE and EBSE program is place and train. Individuals referred for these services are to be placed in competitive, integrated employment that best matches their skills, interests, abilities, and support needs and then receive on-the-job training to learn the specific job skills related directly to their job position in order to excel and advance in employment. This allows individuals with the most significant disabilities to receive job specific training in a meaningful work environment, as transferring skills learned in a classroom or artificial work setting to a specific job position and work environment may be challenging for individuals who qualify for SE and EBSE services.



109. Please provide an update on RSA’s activities to expand vocational and pre-employment transition services (“PETS”) to students with disabilities, pursuant to the Workforce Innovation and Opportunity Act (WIOA).

RSA continued to expand the delivery of Pre-Employment Transition Services (Pre-ETS) and reached a total of 2,608 students in this past school year. RSA’s Pre-ETS work is specific to the following required activities:

- Career Exploration
- Job Readiness Training
- Counseling on Postsecondary Readiness and Exploration
- Work-Based Learning Experiences
- Self-Advocacy Instruction

RSA remains an active participant of the DC Workforce Investment Council’s Career Pathways Taskforce and the Youth Employment Committee. On both the taskforce and the committee, RSA provides updates on the work being done by the Vocational Rehabilitation program and works collaboratively with the other agency partners to provide access to District programming for individuals with disabilities. RSA has led many discussions about paid work-based learning experiences and the outcomes associated as a result of on-going programming.

Additionally, this year RSA worked in partnership with the Department of Employment Services (DOES) to connect students with disabilities to their year round programming to ensure all students had access. RSA referred nearly 100 students to DOES for their Career Preparation program and worked to ensure that participating students had the necessary supports needed to ensure their success. This is in addition to the on-going support RSA provided to DOES for students to participate in the Summer Youth Employment Program.

RSA also continued its work with training providers. RSA hosted a vocational training fair for youth to attend, and also sponsored additional fairs through the DC Special Education Co-Operative (Co-Op) to provide students with information on vocational training programs. The Co-Op hosted two major events for students with disabilities, the Next Steps Fair and the Alternative Spring Break program, which provided over 150 students the opportunity to explore training programs managed within the district and get connected prior to graduating from high school.

RSA has also participated in roundtables and meetings on Youth Entrepreneurship, Healthcare and Transition Planning, the Olmstead Plan for Community Integration, Supporting Families Community of Practice, the Secondary Transition Community of Practice, and the Think College Summit. RSA is also represented on the State Advisory Panel on Special Education, with the representative chairing the transition and graduation committee.



a. How many students, broken down by school, were provided each of the following services in FY18 and FY19 to date:

Please see the attachments Q109a item 1 Pre-ETS Data Breakdown and Q109a item 2 Pre-ETS School-Based Activities. Questions i through vii, below, are Pre-ETS services and the answers to them are reflected there.

- i. job exploration counseling**
- ii. internship or job sampling experience**
- iii. work-based learning experience**
- iv. counseling on higher education opportunities**
- v. workplace readiness training**
- vi. instruction in self-advocacy**
- vii. alignment of IEP transition goals with IEP employment goals**

b. Where are the Workforce Development Coordinators, pursuant to or related to DDS's MOU with DCPS, located? How many schools are each assigned to?

Please see the attachment Q109b DSI (Division of Specialized Instruction) Transition Programming School Assignments.

c. Describe the content of each monthly PETS [Pre-ETS] training session.

Please see the attachment Q109. For 2017-18 school year, the following themes represent the monthly Pre-ETS training sessions:

- **Disability Awareness (self-advocacy)**
Students will engage in activities to demonstrate how self-advocacy skills can be applied to the workplace environment.
- **Employee Protocol (workplace readiness training)**
Students will develop an understanding of established protocol including Requesting Leave of Absence, Resignation, Who to Contact and troubleshoot solutions to challenges that may arise regarding protocol adherence.
- **Skillful Communication (workplace readiness training)**
Students will develop an understanding of the role of communication in the workplace, specifically the use of words, tone, and non-verbal language.
- **Growth Mindset/Avoiding Insubordination (WBLE)**
Student will explore the implications of positive attitude in the workplace and troubleshoot solutions to what could potentially be perceived as insubordinate behaviors.



- **Self-Regulation (self-advocacy)**
Students will engage in self-reflection and learn steps to increase their confidence level in real-world settings. They will learn tools to self-monitor in order to solve potential issues in school and in the workplace environment.
- **Time Management (workplace readiness training)**
Students will identify ways to improve their time/task management skills
- **Workplace integrity (WBLE)**
Students will increase their understanding of workplace integrity. They will work through scenarios in order to determine the appropriate action to handle ethical dilemmas pertaining to the workplace.
- **Adaptability (self-advocacy)**
Students will engage in activities to hone competencies to increase adaptability skills when faced with change.
- **Teamwork (workplace readiness training)**
Students will develop an understanding of the role of teamwork in the workplace, specifically the use of collaboration, communication, and management.

d. What challenges has DDS identified for its monthly meetings with DCPS?

The primary challenge identified in the monthly meetings is the collection and sharing of data. RSA continues to face challenges with receiving timely records from students and parents in order to complete the eligibility requirements. As a result, we have been working with DCPS to find ways to streamline information coming to RSA.

Unfortunately, due to a restructuring, DCPS now has limited people charged with collecting information for students to be referred to RSA, which has impacted the timeliness of students being determined eligible. However, DCPS remains committed to providing any necessary information needed as timely as possible. We continue to troubleshoot this challenge by tapping into school-based staff for support as well.

A second, on-going challenge is the collection of data for Pre-ETS, which DCPS has limited RSA's access to due to FERPA. DCPS has indicated that in accordance with FERPA, they cannot share student level data with RSA, despite the existence of a data sharing MOA. RSA has worked to develop a release of information for families to sign so data can be shared with RSA. This has seemingly mitigated some of the challenges, but is dependent on the release being returned from families in order for RSA to have access to the data. RSA and DCPS continue to have ongoing discussions regarding this challenge and are seeking alternative solutions.



110. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS stated that "RSA has made connections with over 20 vocational education programs throughout the DC area." Please provide a list of those connections, including any vocational education programs that have been added in fiscal year 2018 and fiscal year 2019 to date.

In FY18, RSA clients attended the following vocational education programs:

1. Art Institute of Washington
2. ASM Educational Center, Inc.
3. Aveda Institute
4. Bennett Career Institute, Inc.
5. Bladensburg Barber School
6. Carlos Rosario International PCS
7. Catholic Charities Training Program
8. CDL Training Center for NOVA
9. CDS Tractor Trailer Training
10. Gold Shield Security Consultants
11. Destined for Greatness / Amala Lives Institute
12. Dudley Beauty College
13. General Assembly Space, Inc.
14. George Washington University – Event Planning Training
15. Innovative Institute, Inc.
16. La Cocina VA
17. Lincoln Technical Institute
18. National Conservatory of Dramatic Arts
19. Omega Studios
20. Potomac Massage Institute
21. Southeast Welding Academy
22. The French Institute
23. University of Maryland – IT Training Certificate
24. VMT Education Center
25. Westlink Career Institute, LLC

RSA also added this vocational program: Jewish Foundation for Group Homes.

Is this list shared with school staff and transition-age youth?

Yes, this list is shared with transition-age youth when they are considering postsecondary training. This is part of the development of the Individualized Plan for Employment. Students who need additional training to realize their goal for employment are provided opportunities to explore these training programs as part of their plan. RSA does not provide this list directly to the schools.





If not, what resources does RSA provide transition age youth about the non-college post-secondary options in the DC area?

RSA has funded and continues to support the www.DCTransition.org website, which provides school personnel, students, parents/caregivers, and community members' access to information to support in the transition process. Additionally, RSA, in partnership with OSSE, has supported the development and distribution of the "What Comes Next? Transition Resource Guide." Both of these resources provide a plethora of information regarding non-college postsecondary education options for students.

111. How does DDS explain the discrepancy between the number of transition-age youth in the District with disabilities and the number of transition-age youth who accessed RSA services in fiscal year 2018 and fiscal year 2019.

Eligibility for VR services requires that a person has a disability, and that the disability poses a substantial impediment to employment. Under WIOA, RSA has a responsibility to provide pre-ETS services, however, not all of those students will qualify for VR services. Students and their families make informed decisions as to whether or not they would like to be connected to RSA. RSA works directly with the schools to ensure that students have access to the RSA application, should they choose to be referred. Additionally, RSA has reached increasingly high numbers of students through the Pre-ETS programming. For FY18, 2,608 students were reached by RSA through pre-ETS, which constitutes 78% of the overall population of students who are eligible for this programming. RSA continues to ensure that all students who want to be connected with RSA have the referral form and the knowledge to do so, however RSA also recognizes that not all transition-age students require support from RSA, in the form of Vocational Rehabilitation programming. Some students only require the support they receive through pre-ETS programming at their school, which does not require they submit an application for Vocational Rehabilitation services.

112. What criteria is used to determine if an individual "demonstrates the aptitude and ability to succeed in college level work"? 29 DCMR § 110.8?

When a person who is working with their VR counselor to develop or amend their IPE and expresses interest in pursuing college, the vocational counselor uses three tools to examine their aptitude and ability for success. The first, and most frequently used, is eCASAS, which is an exam that measures the educational functioning level (EFL) for the person. Based on the person's scores, the counselor is able to then examine how the individual performs with basic English Language and Mathematics. If a person scores on the lower end, this could be indicative of a need for remedial coursework that the individual needs to pursue in order to enhance their skills. If so, his or her VR counselor would refer the individual to free, comparable services available in the District that would assist them in increasing their EFL.



Counselors also request either a psychoeducational assessment or a vocational assessment, usually in conjunction with the eCASAS to explore what the person's level of support would be needed, should they pursue college-level work. These two tools are designed to provide counselors with professional recommendations based on the person's readiness for that level of studies. This also provides opportunities to examine what accommodations would be needed for the person to be successful in the postsecondary educational environment. All of this depends on the person's IPE goal and whether or not college level work is necessary for the person to be employed. Once all of these factors have been weighed, then a counselor can determine the person's aptitude and ability to be successful in the postsecondary environment.

Please include any documents used in this process. 29 DCMR § 110.3.

VR counselors use the Postsecondary Consultation Worksheet. See RSA's Post-Secondary Education and Training Procedure, available at <https://dds.dc.gov/node/1078972>.

In fiscal year 2018 and fiscal year 2019 to date, how many individuals were determined to NOT have the aptitude or ability to succeed in college level work?

RSA does not capture a list of people who do not pursue postsecondary education and/or training, however if a person is determined to not meet the educational requirements initially, RSA does work with the person to pursue free adult educational programming for further support. Additionally, RSA works with the person to make sure that when an IPE goal is set, it is ultimately realistic. Thus, if the person's desired employment goal requires college-level work, whether that is realistic is looked at as part of person's goal-setting process.

How was that decision communicated to the individual?

If RSA determines a person is not ready for college-level work and will not be supported to go to college at the present time, RSA communicates that decision in a formal decision letter. The letter informs the person of their right to appeal by having the case reviewed by a second agency official.

113. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS indicated that "RSA plans to utilize current service providers..." to provide pre-employment transition services. Please provide a list of all service providers providing pre-employment transition services, as well as the scope of services each provider provides.

Please see the attachment Q113 RSA Providers List.



114. In FY18 and FY19 to date, how many vocational assessments did RSA complete for transition-age youth?

RSA funded 154 vocational assessments in FY18. RSA now has in-house capacity to conduct these evaluations, and 89 additional vocational assessments were provided by the RSA vocational evaluator. In FYTD19, there have been two vocational assessments funded. Total: 245.

115. What trainings did RSA provide to parents of students, via work with OSSE, DCPS, or Public Charter Schools, so that VR counselors are able to actively participate early enough in transition planning? Please include date and location.

Please see the attachment Q115 Parent Contact Transitioning Youth and Outreach.

a. How many referrals did RSA receive from DCPS and Public Charter Schools (and nonpublic schools in which either DCPS or PCS have placed a student) in FY18 and FY18 to date? Please break down by school from which the referral was received.

1. FY18 - 585 (DCPS: 225 PCS: 220 Non Pub/Agency: 140)

2. FYTD19 - 123 (DCPS: 41 PCS: 59 Non Pub/Agency: 23)

Please also see the attachment Q115a Referrals by School.

b. How many of those referrals resulted in an application and then student eligibility for RSA services? What was the average length of time between referral from school and eligibility decision?

FY18 - 386 (DCPS: 138; PCS: 145; Non Pub/Agency: 103)

FYTD19 - 91 (DCPS: 10; PCS: 13; Non Pub/Agency: 7)

Average length of time between referral and eligibility: 54 days

c. For referrals not found eligible, what were the reasons and how many fit into each reason category?

Referrals not found eligible in FY18: 184

- All other reasons: 78
- No impediment to employment: 4
- Refused services or further services: 19
- Unable to locate or contact: 83



- d. How many and what percentage of students identified as eligible for RSA services have a complete, comprehensive IPE prior to graduation or other exit from school?**

Of the 386 students who were determined eligible for VR services in FY18, 327 had an IPE developed within the fiscal year.

How many VR specialists/counselors dedicated to student transition does DDS have? How many schools are assigned to each VR specialists/counselor? How many days per week does each school receive VR specialist attendance (broken out by school)? What is each transition VR specialist's caseload? How many VR specialists/counselors are fluent in a language other than English?

There are 13 VR counselors at RSA dedicated to transition age youth and students. Please see the attachment Q109b DSI Transition Programming Unit School Assignments (which lists VR counselors for schools). Each transition counselor has an average of 85 cases on their caseload. We have one transition counselor and one transition employment specialist who are fluent in Spanish.

- e. How many invitations to attend IEP/transition planning meetings did RSA/VR specialists/counselors receive from DCPS or PCS schools in FY17 and to date in FY18? Please break down by school from which the invitation was received. How many of these meetings did the VR specialists/counselor attend? Please break down by school.**

Although the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), requires the Local Education Agency (LEA) to invite outside agencies who may provide services to students with disabilities to the Individualized Education Program (IEP) team meeting, RSA did not monitor the number of invitations to attend IEP/transition planning meetings. However, Vocational Rehabilitation (VR) Counselors are assigned to schools and collaborate with Workforce Development Coordinators on transition planning. Schools hold monthly informational meetings with students to discuss services that can be provided should they become eligible. The VR Counselor and Workforce Development Coordinator also hold individual planning meetings with adult students upon request to discuss the student's Transition Plan which is included in the Individualized Education Program (IEP), and the Individualized Plan for Employment (IPE). If at any time the IEP and the IPE list varying goals, a formal IEP team meeting is held to revise one or both documents to reflect the student's needs.



116. In DDS' Responses to FY17-18 Performance Oversight Questions, DDS reported that RSA received 610 referrals received from DCPS and Public Charter Schools during the 2016-2017 academic year. Only 284 of these youth were found eligible for services. For each of the remaining 326 students, please identify the reasons the youth were not found eligible, and list the number of each youth that were not find eligible for each reason.

According to the data, 287 youth were found eligible for services. The three youth may have been found eligible after last year's submission. For the remaining youth, below is the break down as to why they were not found eligible for services:

- 4 youth had no disabling condition
- 29 youth refused further service
- 1 youth transferred to another VR agency
- 1 youth could not benefit from services
- 105 youth withdrew their application
- 112 youth were unable to be located or contacted
- 71 youth were closed for 'all other reasons'

Furthermore, only 228 of the 284 youth had a completed IPE prior to exiting school. Why did the remaining 56 not have a completed IPE in place prior to exiting school?

According to the data, 239 of the 284 students who were found eligible had an IPE developed. IPE development is dependent on when the youth apply for services. RSA has 60 days to determine eligibility and the 90 days to develop an IPE. Therefore, if the youth applies later in the year, an IPE may not be developed until the summer or next school year. For the 45 youth who did not have an IPE developed, it was due to their case being closed prior to the development. Below are the reasons for closure:

- 7 youth refused services
- 34 youth were unable to be located or contacted
- 1 youth died
- 3 youth were closed for 'all other reasons'

Please provide the same data for the 2017-18 academic year.

Of the 386 students who were determined eligible for VR services in FY18, 327 had an IPE developed within the fiscal year.



117. How many post-secondary educational and training programs tailored to people with intellectual disabilities did RSA fund in FY18 and in FY19, to date? What were the names and locations of those programs?

RSA funded Project Search at the Smithsonian, NIH, and Embassy Suites hotel to promote job sampling in order to gain and maintain competitive, integrated employment. RSA is funding ten students with intellectual or developmental disabilities in post-secondary programs. Additionally, RSA has one student attending the Mason LIFE program, one student attending Beacon College, two students attending Landmark College, and two students attending the MOST Training program. The MOST (meaningful opportunities for successful transition) program provides vocational training and social skill development for students on the autism spectrum.

118. How is RSA working to use advances in technology to help people with disabilities obtain and maintain jobs or gain employable skills?

Advances in assistive technology (AT) have made it possible for people with disabilities to obtain and maintain employment in a significant way. RSA leverages these technological advances by providing appropriate technical assessments and AT trainings. RSA uses in-house AT and Mobility and Orientation specialists as well as external providers for AT assessments and supports.

Last school year, RSA has implemented an innovative AT pilot program at our Project Search sites. RSA has continued funding this initiative, and expanded it to include the Workforce Development Center at River Terrace Education Center. This AT program provides students with access to an iPad and to the Work Autonomy App to provide students with support with completion of their tasks while on the worksite.

The Director of the DC AT Center is now a member of State Rehabilitation Council in order to advise the agency; also DDS has a representative on the AT Advisory Council.

119. What efforts have been made to increase the number of RSA vendors in FY18 and FY19, to date?

RSA has an adequate network of providers. RSA posted a solicitation for vendors specializing in helping persons with sensory impairments gain and maintain employment, including increasing the number of assistive technology providers (for both provision of equipment and AT training) and orientation and mobility specialists, helping people who are blind increase their skills to enable them to increase their independence. RSA is also revising the solicitation for general vocational services, in an effort to increase the number of providers servicing clients.



120. What are RSA's efforts to increase its working relationships with potential employers?

RSA has a lead Business Relations Specialist who is tasked with developing new employer relationships as well as strengthening the existing ones. These relationships have often resulted in increased employment opportunities for the people we serve. Efforts made to build new and improve upon existing employer relations during FY18 include:

- Round tables conducted by DCHR and Colonial Parking
- Mock interviews and feedback provided through DCHR for upcoming and existing job opportunities
- Employment First Presentation with Washington Metropolitan Transit Authority
- Panel discussions with Kaiser Permanente, MedStar Washington Hospital Center, and UDC

Disability awareness education training was also provided through RSA to over 14 employer representatives to educate potential employers within the District on the importance of and benefits to hiring individuals with disabilities to improve relationships with potential employers.

In addition to the lead Business Relations Specialist, RSA has four employment coordinators who are engaged in developing employer relationships based on the job interests of referrals received. Three of the employment coordinators serve the general VR and Sensory units and one is assigned to the Transition unit. RSA has existing MOAs with partner agencies such as DOES. RSA continued to provide funding in FY18 for the hiring of a Disability Employment Coordinator at DCHR who is tasked with helping individuals with disabilities access employment opportunities with DC government agencies.

121. To what extent is RSA researching job development trends to identify jobs that people with certain types of disabilities are or could be well-suited for, if they receive appropriate supports and services?

RSA works in collaboration with the Workforce Investment Council (WIC) and uses labor market data to research trends for the DC metro area for designated high demand industry career fields (i.e. hospitality, healthcare, IT, construction, and security). RSA believes that people with disabilities can perform jobs suited to them with appropriate accommodations in the same manner as persons without disabilities.



122. Please describe RSA’s efforts within the past year to implement the District’s “Employment First” initiative. When will the “contribution of care” policy, a key component of the “Employment First” initiative be released?

DDS continues to lead a number of Employment First efforts and collaborations across the District. To coordinate efforts DDS leads an Employment First Leadership Team, which includes members the Departments of Employment Services, Health Care Finance (Medicaid) and Behavioral Health; Office of the State Superintendent of Education; and DC Public Schools; and Workforce Investment Council. The group meets regularly to collaborate and share updates, innovations and resources.

DDS continues to be the grantee on behalf of the District in the Department of Labor’s Employment First State Leadership Mentoring Program (EFSLMP), through DOL’s Office of Disability Employment Policy. Through support from EFSLMP in FY18, DDS was able to conduct an Association of Community Rehabilitation Educators (ACRE) train-the-trainer program so that people could become trainers in the nationally recognized competencies and help build the capacity of the system to continue this training.

Twenty-eight (28) people completed all of the requirements to train others in the DDS system on the ACRE competencies, which included 4 staff from DDS, one from DCPS and one from DOES. Twenty-two provider staff also completed all of the requirements and can now train others.

Our EFSLMP support for FY19 is to strengthen the agreements between and among RSA, DBH, DOES and OSSE to promote co-enrollment and access to services across systems for people who are eligible for support from multiple systems. There will be no provider selection process in FY19. Rather, DDS will support the people who were trained in FY18 to offer ACRE training to community provider staff during the course of FY19.

DDS partners with DC Human Resources (DCHR) to work towards the District becoming a model employer of people with disabilities. The Aspiring Professionals program is a paid internship program that places people with disabilities in positions throughout the DC government in positions where the person has a real possibility of being hired.

In the first cohort of the Aspiring Professionals Program Facts/Successes, 21 RSA job seekers were selected to participate in the program, including two at DDS. Nineteen (19, or 90%) of RSA job seekers successfully completed the internship and 12 (twelve or 63%) gained employment in District government at Grades 7 to 11 since completing their internships.

Additionally, DDS continues to fund a position within DCHR so that there is a staff person with expertise and focused attention on recruiting, hiring, and retaining employees with disabilities throughout the DC government and providing technical assistance to DC agencies regarding employment of people with disabilities.



Finally, DDS continues to lead efforts on the District's Partnerships in Employment Systems Change grant, called DC Learners and Earners, which supports systems change for youth with disabilities up to the age of 30. This is a federally-funded Project of National Significance that is bringing public and private partners together to collaborate on improving post-school outcomes for youth with disabilities regardless of the systems in which they are receiving support.

Contribution to Costs

The Final Rule for the Contribution to Costs [CARE] of Residential Supports was published in the D.C. Register, 29 DCMR § 13100 et seq., set forth at 65 DCR 013201 (Nov. 30, 2018). DDS drafted a policy and procedure that has been subject to robust stakeholder review, including the self-advocacy group Project ACTION!, the Home and Community Based Advisory Committee, the Developmental Disabilities Council, the D.C. Supporting Families Community of Practice, and the FSC, as well as from individuals. DDS has accepted both oral and informal written comments on the policy and procedure draft from self-advocates, parents, advocates including both Quality Trust for Individuals with Disabilities and Disability Rights D.C., and providers, including the D.C. Provider Coalition. DDS will hold a public forum on this in March 2019. DDA proposes that for people new to receiving DDA residential supports, their required contribution to costs payments will begin soon after they enter residential services. DDA proposes that for people already receiving DDA residential supports, an estimated contribution to costs will be calculated at their next ISP meeting (or six-month ISP review meeting), their final contribution to costs will be calculated six months later, with payments beginning the following month.

DDS notes that this rulemaking is related to our Employment First initiative in that it creates a way for people who work to contribute to the costs of their supports. However, it is not considered a key component of the initiative.

123. The Rehabilitation Act, as amended by WIOA, requires vocational rehabilitation programs, such as RSA, to serve people with the most significant disabilities first when there are not enough resources to serve everyone is eligible for vocational rehabilitation services. This process is called an “Order of Selection,” and DDS’ approach to it is described in its Order of Selection Policy.²

a. Is RSA anticipating entering into an Order of Selection in this FY? If so, why? If so, how will RSA manage the waiting list?

At this time, RSA does not anticipate entering into Order of Selection.

² See <https://dds.dc.gov/node/887832>.



- b. How many people are currently in Category I (“individuals with most significant disabilities”)?**

2,408

- c. How many people are currently in Category II (“individuals with significant disabilities”)?**

1,280

- d. How many people are currently in Category III (“individuals with non-significant disabilities”)?**

52

- 124. Studies have shown that people with disabilities, and particularly people with intellectual and developmental disabilities, have a far higher unemployment rate than people without disabilities. What is RSA doing to help people with disabilities find work in integrated, competitive employment settings - *i.e.*, in traditional workplace settings working with people without disabilities?**

RSA is following the mandate as set forth by the WIOA which requires jobs meet specific criteria for competitive and integrated employment (CIE). RSA has a unit and counselors dedicated to supporting individuals with intellectual and developmental disabilities through supported employment services and working collaboratively with DDA. Working in coordination with DDA service coordinators has allowed for better engagement with clients and providers. As an agency, RSA has limited Ability One placements and informed all providers and internal job placement supports of the need to focus on competitive and integrated employment placements as mandated through WIOA. RSA is collaborating with the State Employment Leadership Network (SELN) to create a checklist for capacity building that can be utilized by RSA staff to review placements and effectively determine if the placement secured is competitive and integrated as defined by WIOA. Additionally, RSA is communicating with the Youth Technical Assistance Center (Y-TAC) and the Workforce Innovation Technical Assistance Center (WINTAC) teams to implement the established technical assistance agreement for Customized Employment training to RSA staff and providers.

- 125. How are RSA and DDA making use of the District’s revised Medicaid Waiver to increase employment opportunities for people with disabilities?**

RSA and DDA coordinate to provide wrap around supported employment programs for people with intellectual disabilities. This starts at intake, with the joint questionnaire that explores people’s interest in employment and seeks to connect applicants with RSA supports



immediately. Once a person is receiving Waiver supports, if they are still getting assistance with finding a job through RSA, DDA can provide Employment Readiness services. Once a person secures a job, RSA will support the person until they are stabilized in the job, for up to 24 months. For people who need long-term supports, DDA provides supported employment services through the Waiver. To ensure continuity of supports for the person, DDS requires that DDA Employment Readiness and Supported Employment providers are also RSA providers

- 126. In 2015 RSA reported, “The agency hired a project manager for transition services. This person began reaching out to the Student Disability support Offices at local colleges and universities in July 2014. We expect that we will have relationships established with the Disability Offices in all local colleges and universities by March 2015.” Do you have relationships established with the Disability Offices in local colleges and universities? Which colleges and universities?**

In May 2015, DDS created a new position – contract administrator/employment coordinator – to manage the agency’s relationships with post-secondary and vocational training providers, shifting the responsibility for this work from the prior program manager. In this capacity, the staff member maintains contacts and relationships with 14 local public and private colleges and universities and community colleges: University of the District of Columbia (UDC), UDC Community College, The Universities at Shady Grove, American University, The Catholic University of America, Gallaudet University, Georgetown University, George Mason University, George Washington University, Howard University, Trinity Washington University, Montgomery College, Prince Georges Community College, and Northern Virginia Community College.

To help RSA counselors quickly access the information, they have an updated interactive table (most recently updated on January 24, 2019), listing the websites/website links for the 14 local colleges and universities and community colleges and the schools’ disability services offices. This facilitates information sharing so people can make informed choices related to resources and support, including accommodations to help them succeed in their educational programs. This information also is available on the DDS website at <https://dds.dc.gov/service/vocational-rehabilitation-services> (links available under heading “Informed Choice”).

Additionally, DDS regularly collaborates with the University of the District of Columbia (UDC) and UDC Community College and their disability services offices. Employees from UDC and UDC Community College routinely participate in information fairs at DDS for clients and counselors, and DDS employees reciprocate by participating at events held at UDC Community College’s main campus.



127. A common complaint from RSA clients is the lack of responsiveness from VR counselors. What is being done to remedy this problem?

In February 2018, DDS implemented the IQ customer service system in order to review customer service concerns. A review of all complaints from FY2018 and 1st quarter of FY2019 demonstrates that lack of responsiveness from VR counselors is not a common complaint. Please see below:

FYTD19 – 4
FY18 Q4 – 8
FY18 Q3 – 3
FY18 Q2 – 7
FY18 Q1 – 11

Nonetheless, customer service, including responsiveness, remains an important priority for the agency.

128. Does RSA have a guidance document or booklet for applicants and/or clients of RSA explaining the eligibility and IPE process and the services available from RSA? If not, why not?

Yes, RSA has a brochure to walk individuals through the process for services from RSA. In addition, there is a frequently asked questions document that addresses common questions regarding RSA services as well as a brochure for employers on hiring people with disabilities. These resources are available through intake and outreach. The agency also has a video on-line that walks through the process; the video is in English, Spanish and ASL, available at: <https://dds.dc.gov/page/rsa-eligibility-and-intake-process>.

129. RSA clients have complained that they are not provided with copies of their IPEs or evaluations completed by RSA vendors. What efforts are being taken to ensure that RSA clients have completed copies of their IPEs and are provided copies of their own evaluations in a timely manner to ensure they are exercise informed choice?

At time of application, all clients are provided their rights and responsibilities and informed that they can request copies of any or all documentation within their case file at any time. RSA counselors have been have been instructed, as record of best practice, to provide copies of the IPEs once signed by all involved parties. With regards to evaluations, copies can be provided upon request. However, if the requested evaluation is deemed by the counselor to have information that may be of potential harm to the client, the client is referred to the provider who completed the evaluation for a review consultation prior to releasing copies. This is done in order to ensure the client is provided with correct information and his/her questions are appropriately addressed.



130. Are persons in need of supports offered a choice of providers? Are providers being ranked or promoted in some way?

For DDA, people are offered a choice of providers at their ISP meeting for DDA. DDA maintains a current list of all providers on the website as well as posts each HCBS Waiver provider's most recent PCR scores on our website, but does not rank or promote them. Please see: <https://dds.dc.gov/book/current-waiver-providers-list> and <https://dds.dc.gov/page/provider-certification-review>, respectively. Additionally, providers who are subject to sanctions may be placed on the Do Not Refer list, and would not be eligible for new referrals at that time. Please see <https://dds.dc.gov/publication/provider-sanctions-list>.

For RSA, people are offered a choice of providers at their IPE meeting. RSA maintains a list of available providers and the services available, but also does not rank or promote them. Please see: <https://dds.dc.gov/publication/rsa-providers-service>. Providers have been encouraged to provide RSA with information about their agency and the services offered to provide to clients.

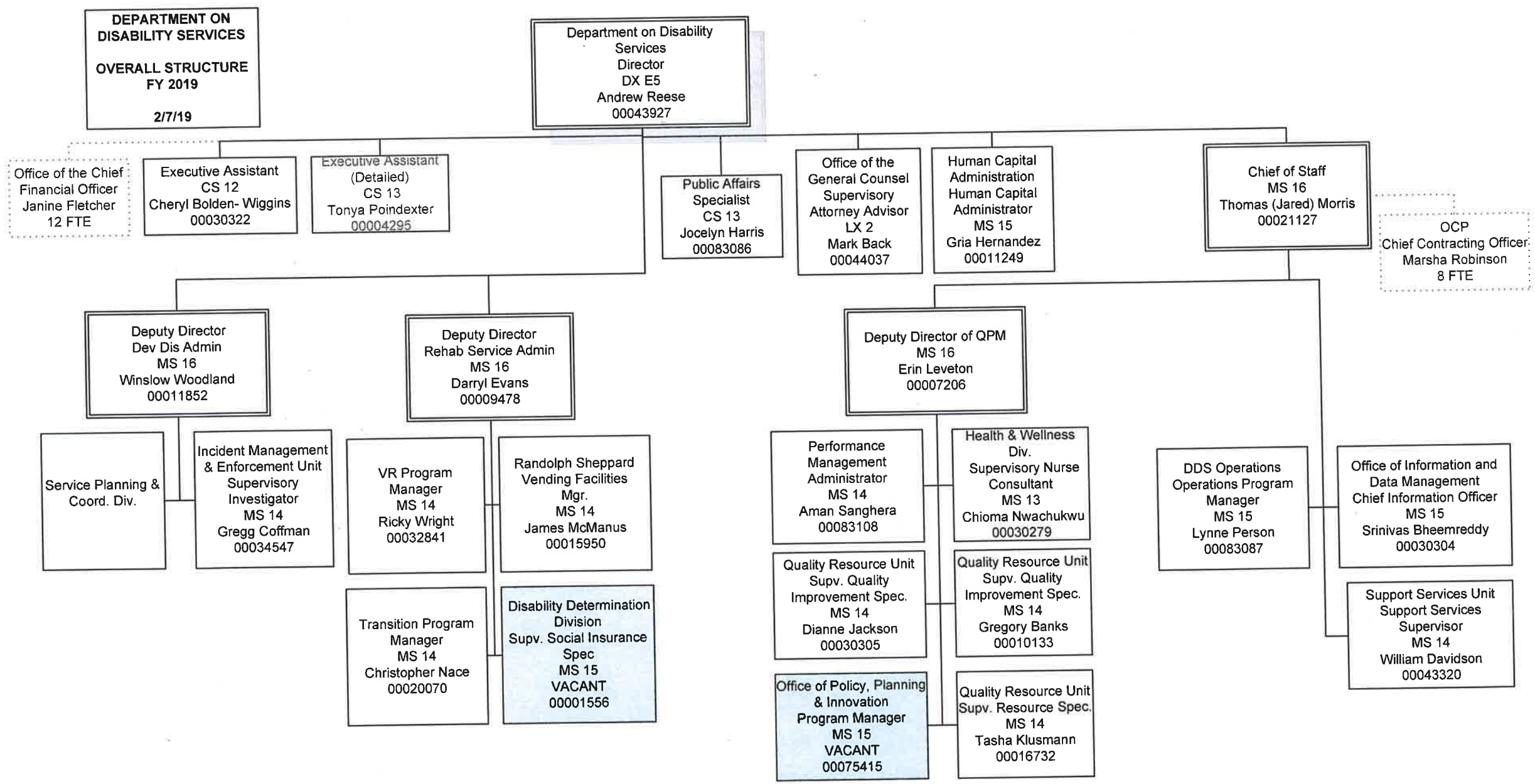


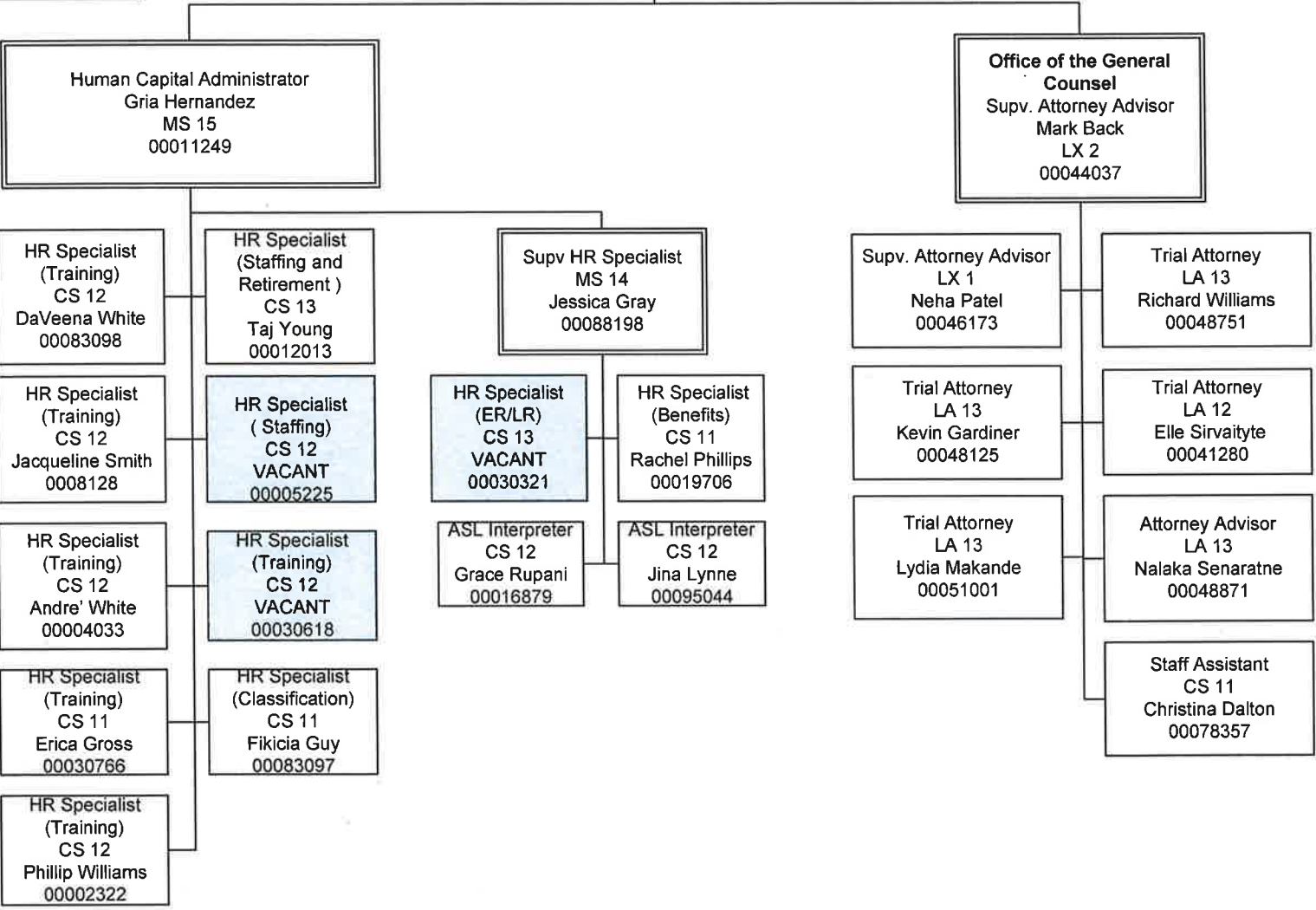
CHART 1

Department on Disability Services
Human Capital Administration,
Office of the General Counsel

FY 2019

2/7/19

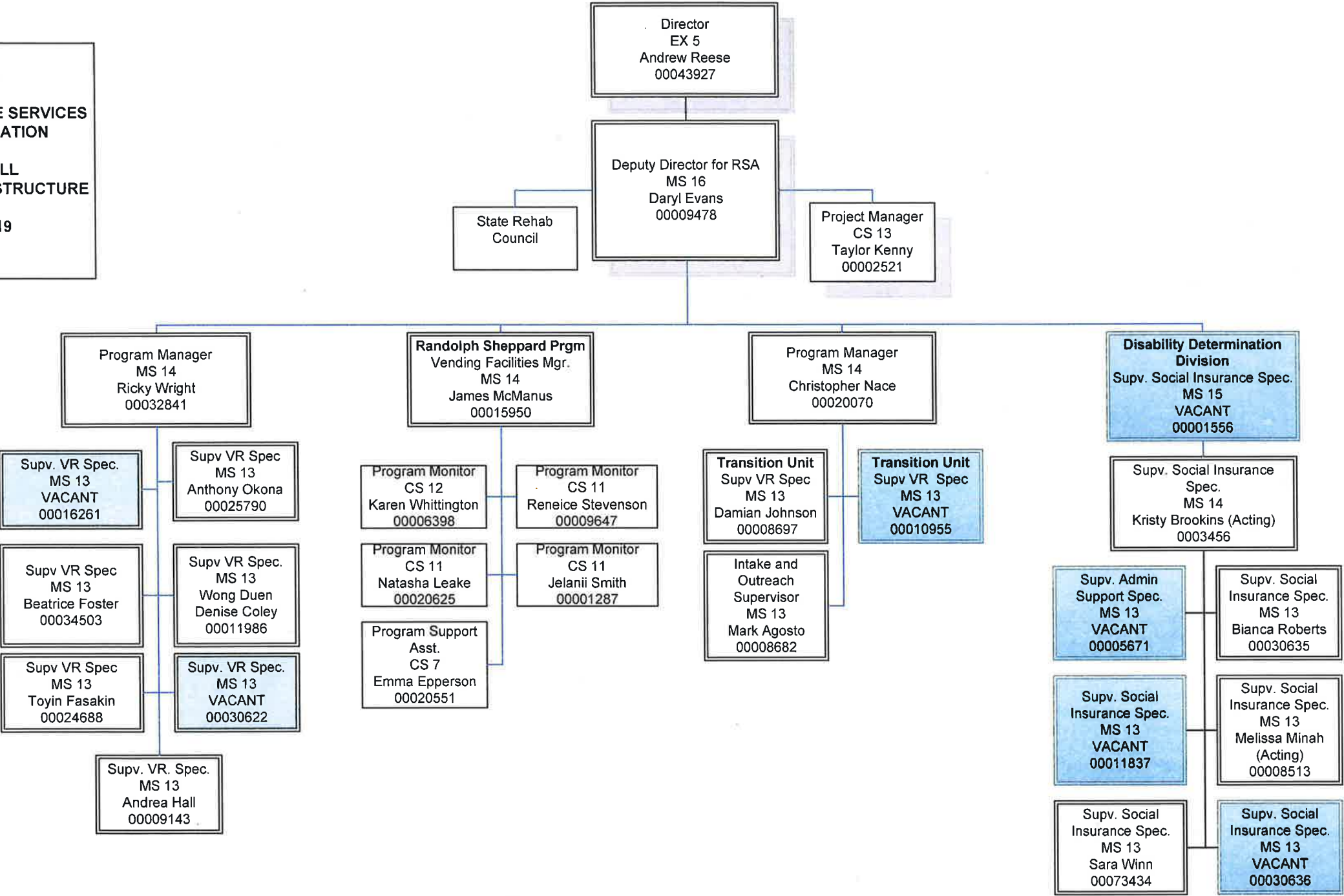
Department on Disability Services
Director
EX 5
Andrew Reese
00043927



DDS
REHABILITATIVE SERVICES
ADMINISTRATION

OVERALL
MANAGEMENT STRUCTURE

2/7/2019



**DDS
REHABILITATION
SERVICES**

**Programs
VR Services Division**

FY 2019

2/7/19

Director
EX 5
Andrew Reese
00043927

Deputy Director for RSA
MS 16
Daryl Evans
00009478

Vocational Rehabilitation
Program Manager
MS 14
Ricky Wright
00032841

Supv. VR Spec.
MS 13
VACANT
00024996

Supv VR Spec
MS 13
VACANT
00030622

Business Relations
Spec.
CS 13
Sylvia Bailey- Charles
00030603

Supv VR Spec
MS 13
Eveliz Rosado-Martinez
(Acting)
00016261

Supv VR Spec
MS 13
Anthony Okona
00025790

Supv VR Spec
MS 13
WongDuen Denise Coley
00011986

Supv VR Spec
MS 13
Beatrice Foster
00034503

Supv VR Spec.
MS 13
Andrea Hall
00009143

Supv. VR. Spec.
MS 13
VACANT
00024688

VR Spec
CS 12
VACANT
00016300

Business
Relations
Spec.
CS 12
Mary Koehler
00044641

VR Spec
CS 11
Christina
Mobley
00030617

VR Spec
CS 9
Lauren Fadem
00011924

VR Spec
CS 12
VACANT
00020205

VR Spec
CS 12
VACANT
00004839

VR Spec
CS 11
Catherine Smith
00000657

VR Spec
CS 11
Germesa Ellis
00021853

Rehab. Assistant
CS 8
Sharma Williams
00030628

VR Spec
CS 12
Raymond Kinlaw
00030614

VR Spec
CS 12
Drew Franklin
00015653

VR Spec
CS 11
Angelique
McKee
00023970

Rehab Asst
CS 8
VACANT
00016093

VR Spec
CS 11
Pamela Fields-
Jenkins
00007652

Business
Relations
CS 12
Abimbola
Akingbade
00012389

VR Spec
CS 11
Tikeya Milburn
00009383

VR Spec
CS 11
Chineze
Omekam
00030606

VR Spec
CS 12
Inga Lyons
00030626

VR Spec
CS 11
Joyce Johnson
00030705

Rehab Asst.
CS 8
Samantha
Lewis
00030350

VR Spec.
CS 9
Awet Russom
00024960

VR Spec
CS 12
Danae
Williams
00030616

VR Spec
Evaluator
CS 12
Ashley Orr
00010763

VR Spec.
CS 11
Nebyat Daniel
00030605

VR Spec.
CS 11
VACANT
00020019

VR Spec
CS 12
Michael Handon
00025279

VR Spec
CS 11
Nelson Toney
00025002

VR Spec.
(Bilingual)
CS 11
VACANT
00008792

Rehab Asst.
CS 8
Sharon
Williamson
00022531

VR Spec
CS 11
Melissa
McCollough
00044631

Employment
Coordinator
Spec.
CS 11
Jeran Moultrie
00000714

VR Spec.
CS 9
Alecia Trunk
00009440

Blind Rehab Spec.
CS 12
Deogratias Kawounde
00030349

VR Spec.
CS 12
Lavonne Chambers
00026394

Rehab Asst.
CS 8
Shanise Hancock
00033222

Orientation and
Mobility Spec.
CS 12
William Engler
00071931

VR Specialist
CS 11
Candice Jordan
00020991

VR Spec.
CS 11
Beatrice
Waithaka
00003024

VR Spec
CS 12
Enjouli McGoogan
00009261

Program. Support
Asst.
CS 8
Darnise Henry
Bush
00025185

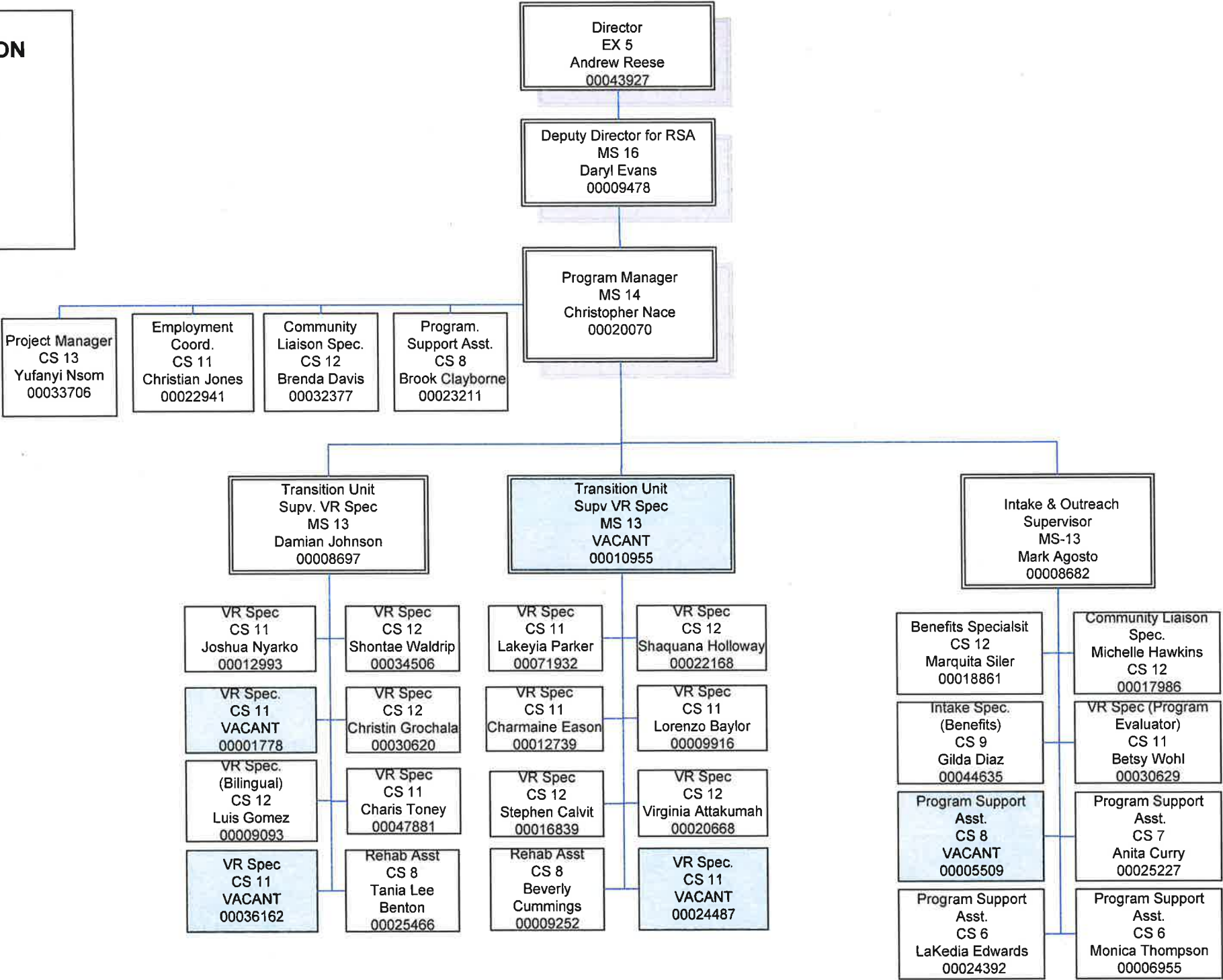
VR Spec.
CS 11
Deirdre
Burchette
00032571

DDS
REHABILITATION
SERVICES

VR Services

FY 2019

2/7/19



DDS

RSA

DISABILITY DETERMINATION DIV.

FY 2019

2/7/19

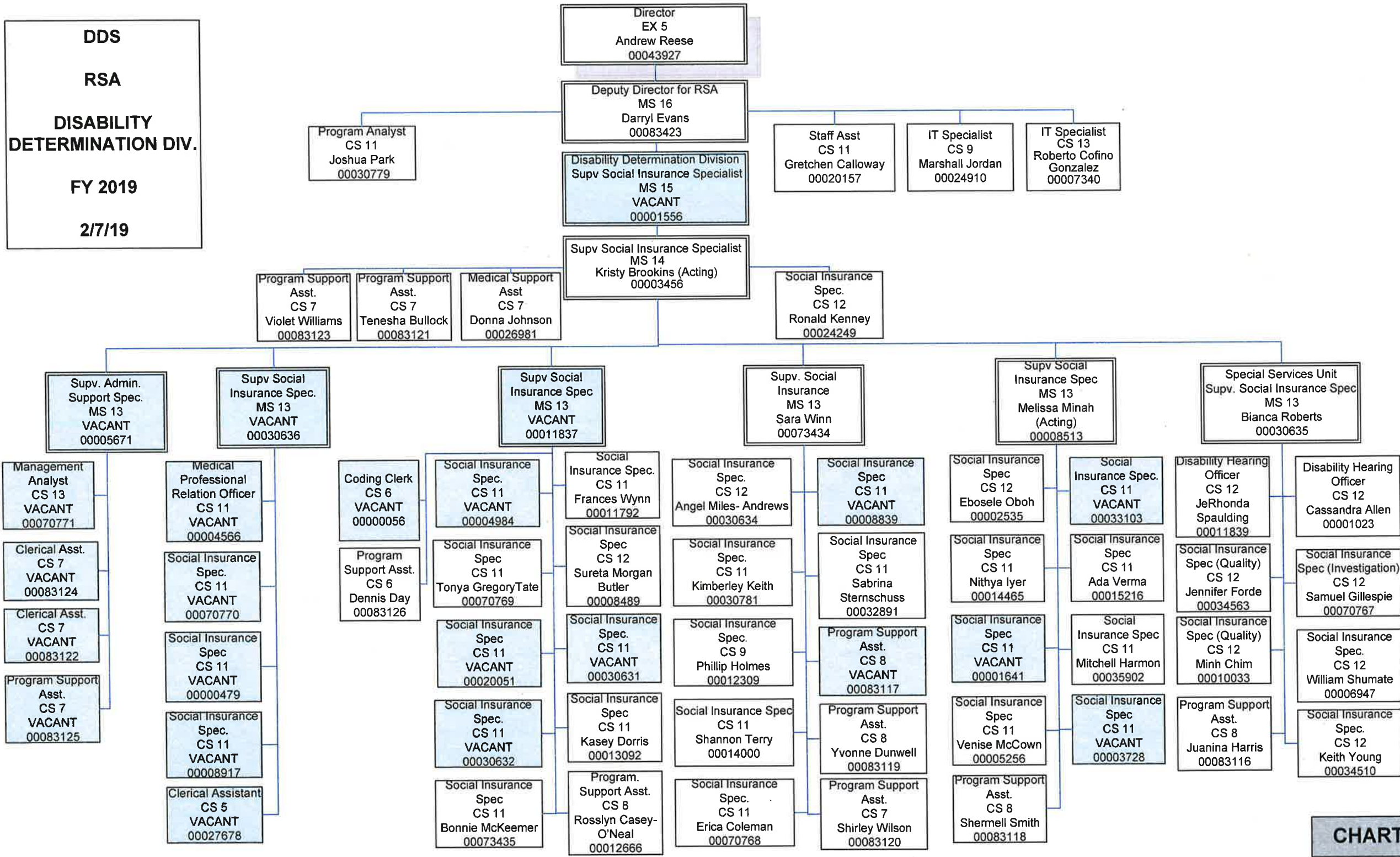
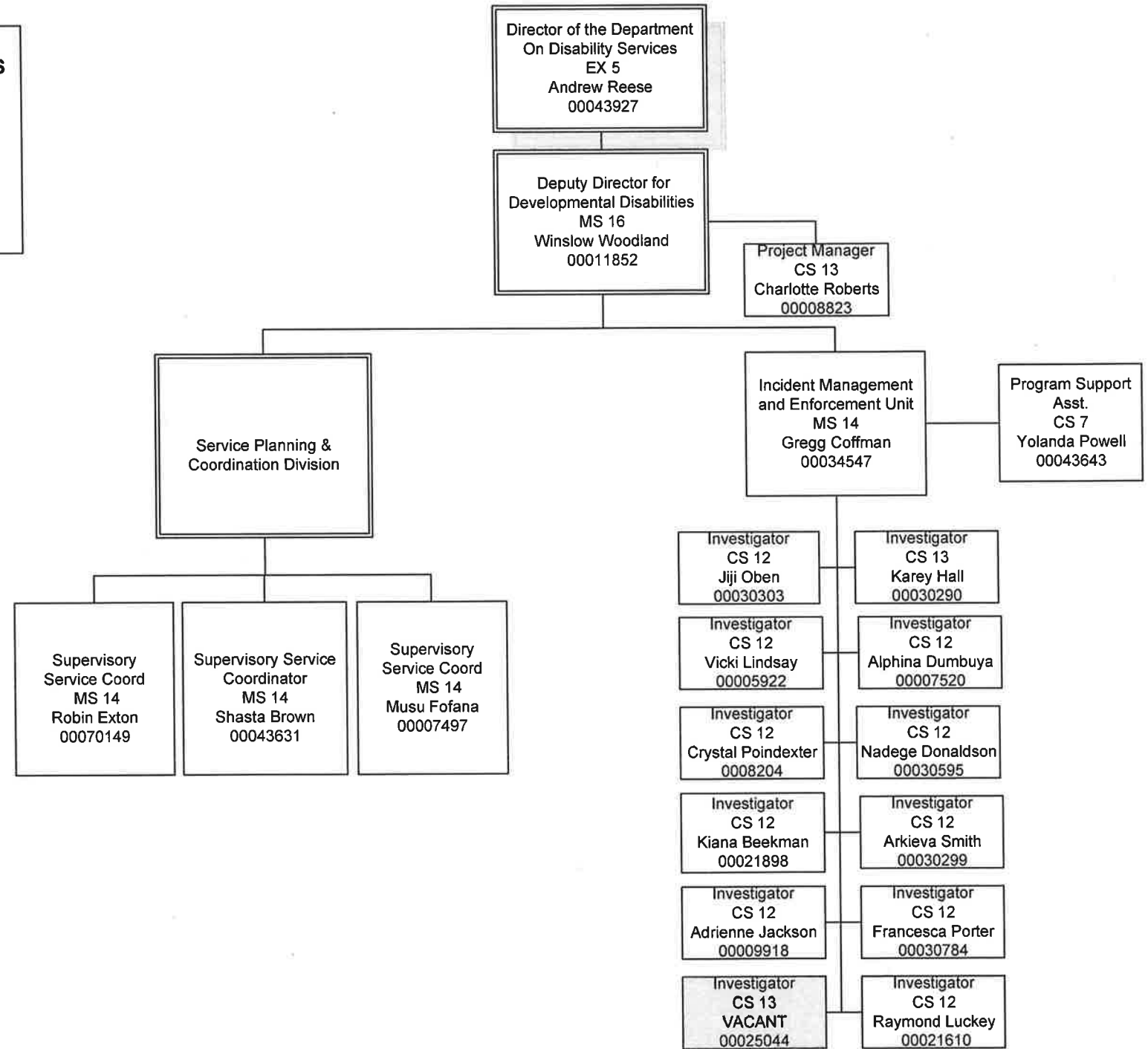


CHART 6

**DDS
DEVELOPMENTAL DISABILITIES
ADMINISTRATION**

**OVERALL
MANAGEMENT STRUCTURE
FY 2019**

2/7/19

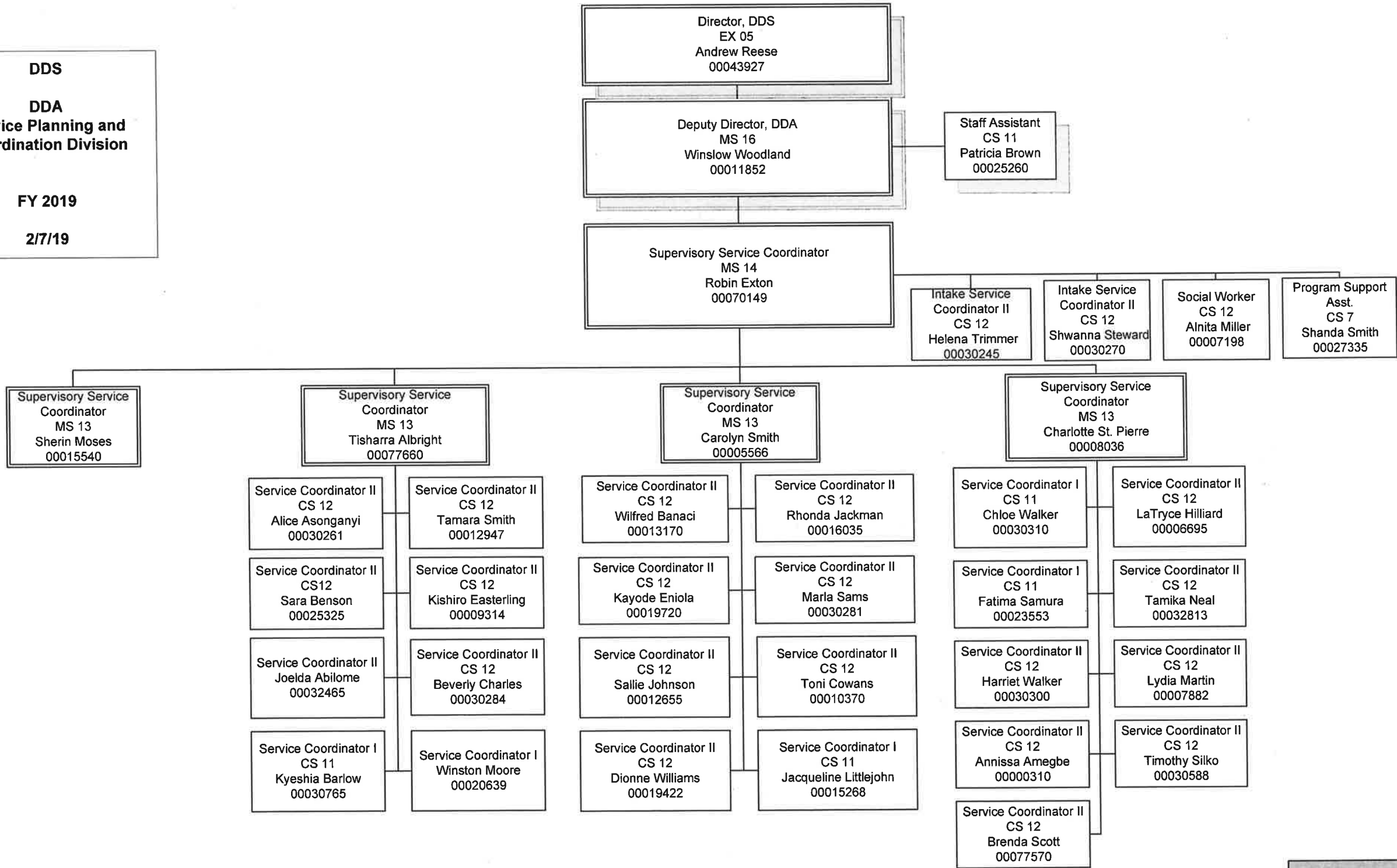


DDS

DDA
Service Planning and
Coordination Division

FY 2019

2/7/19

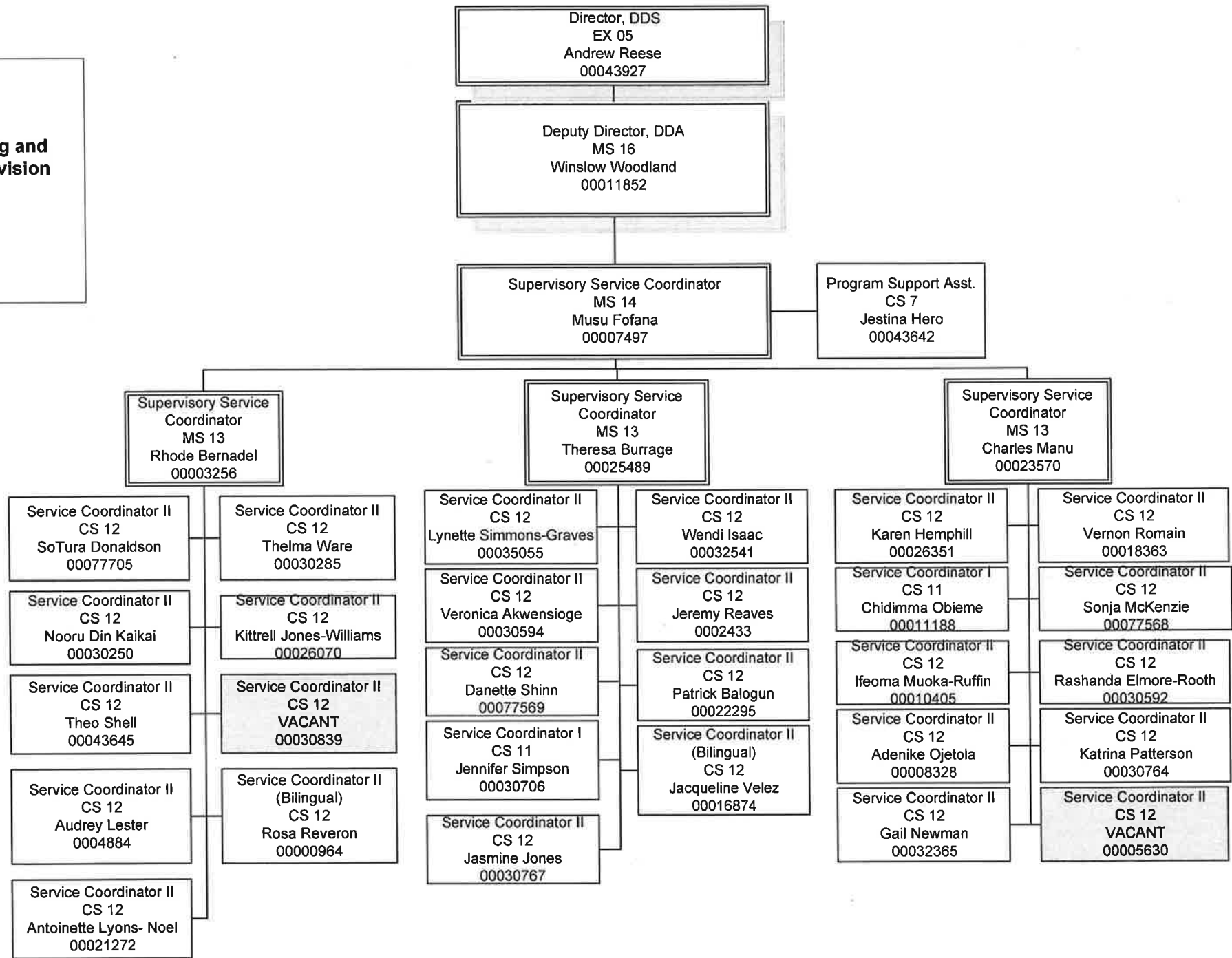


DDS

DDA
Service Planning and
Coordination Division

FY 2019

2/7/19



DDS
DDA
Service Planning and
Coordination Division
FY 2019
2/7/19

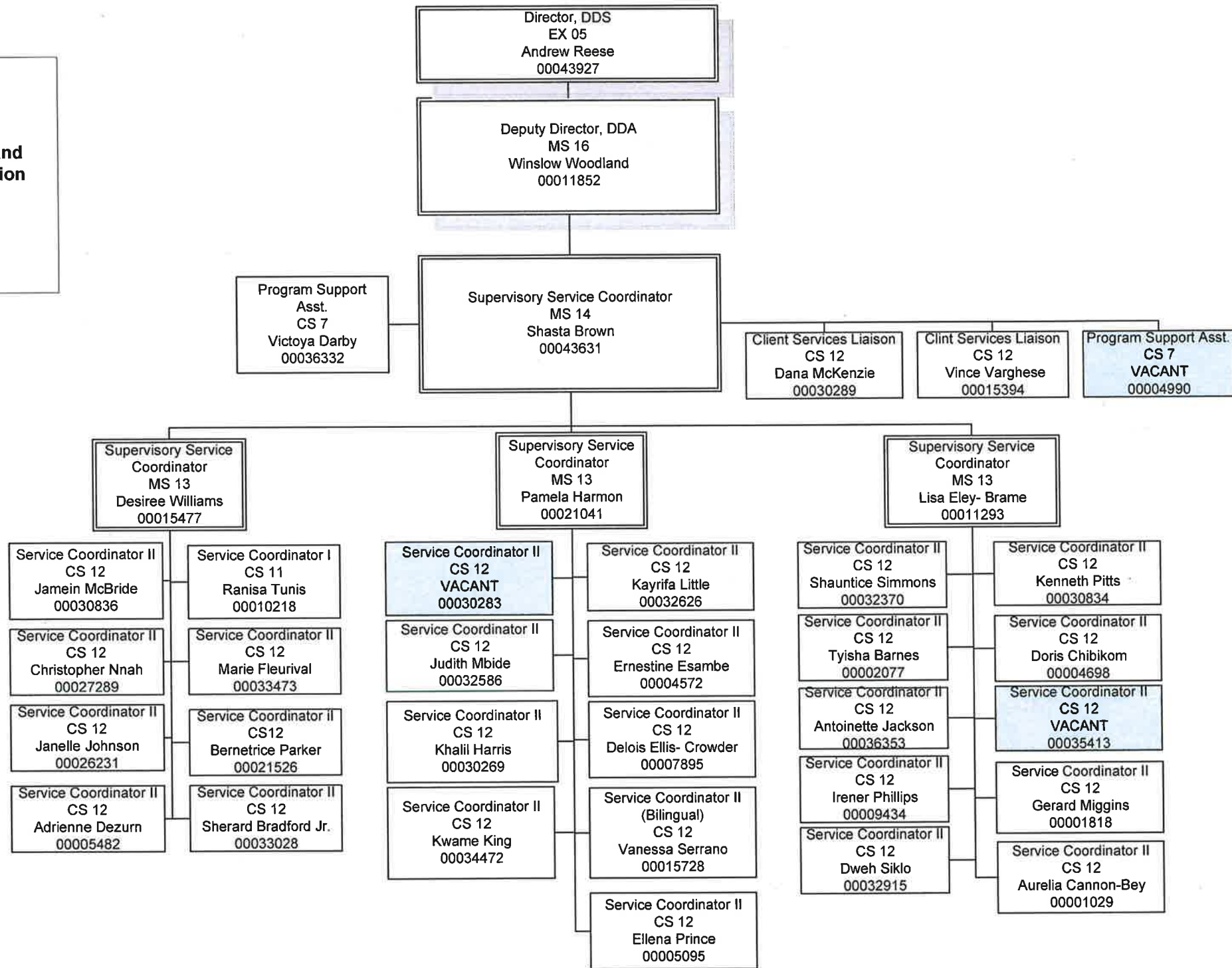


CHART 10

DDS
Overall
Office of the Deputy Director of
Quality Assurance
Performance Management
Administration
(QAPMA)
FY 2019
2/7/19

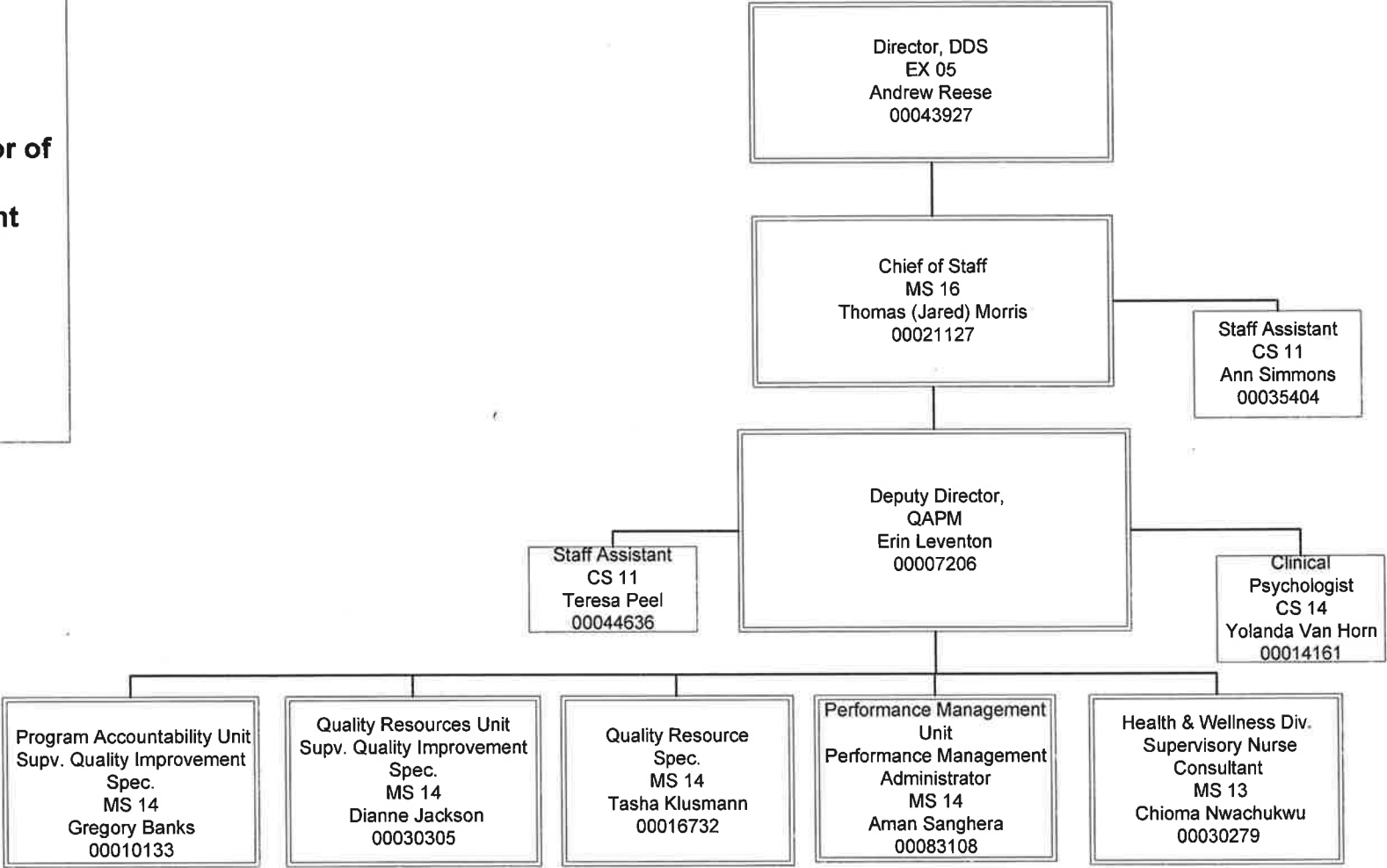


CHART 11

**DDS
Office of the Deputy
Director of QAPMA**

FY 2019

2/7/19

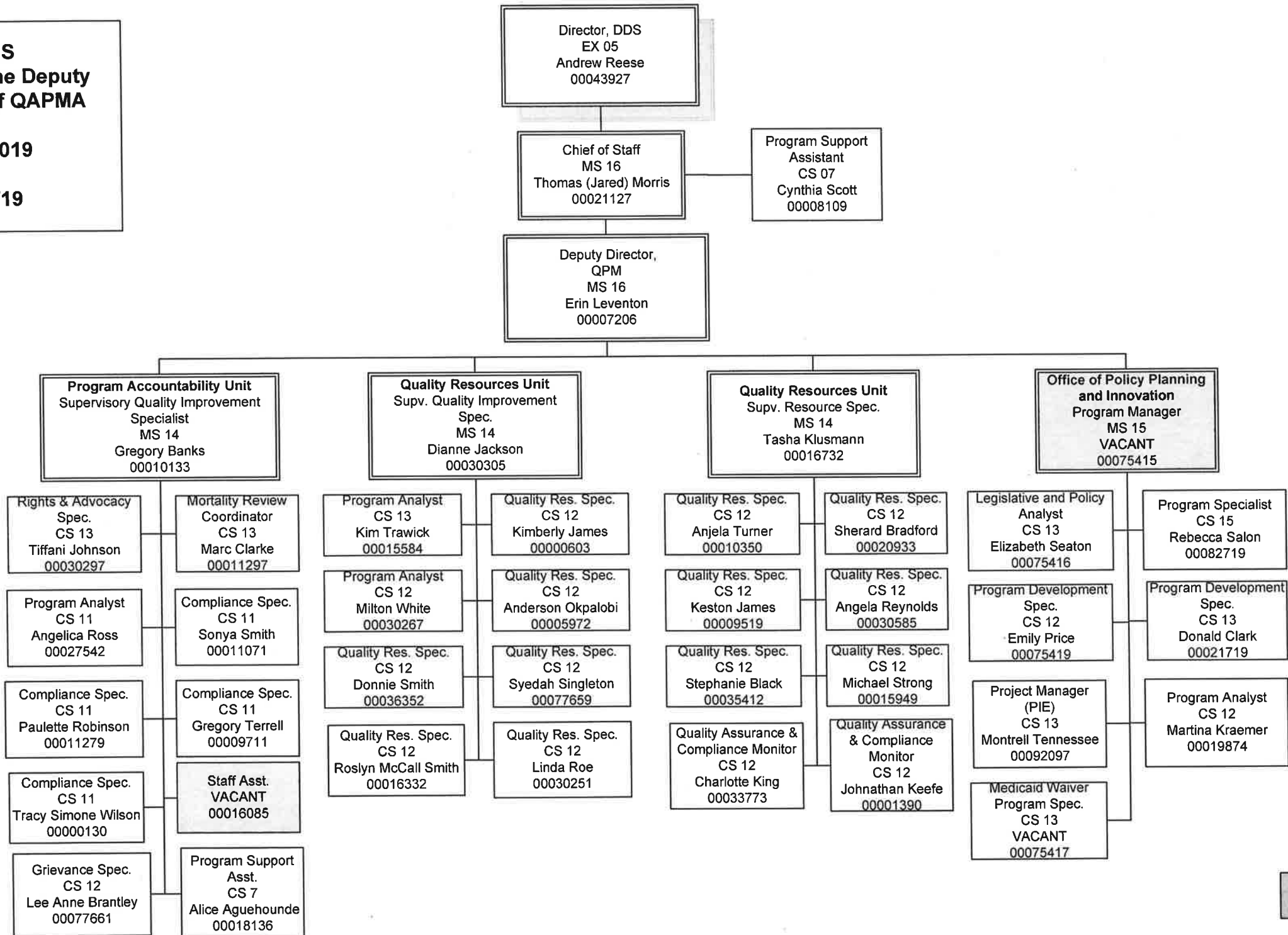


CHART 12

DDS
Office of the Deputy Director of
QAPMA

FY 2019

2/7/19

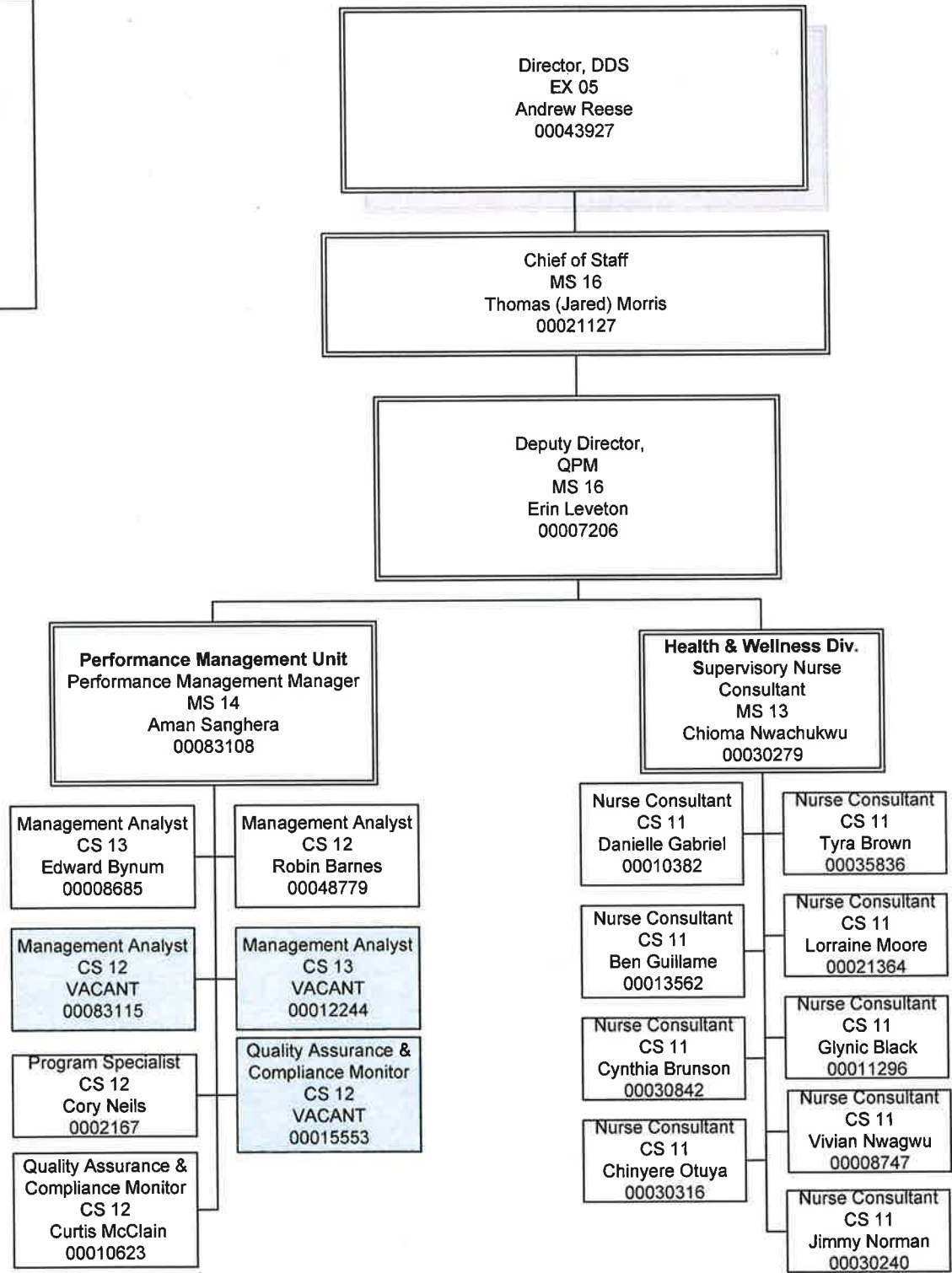


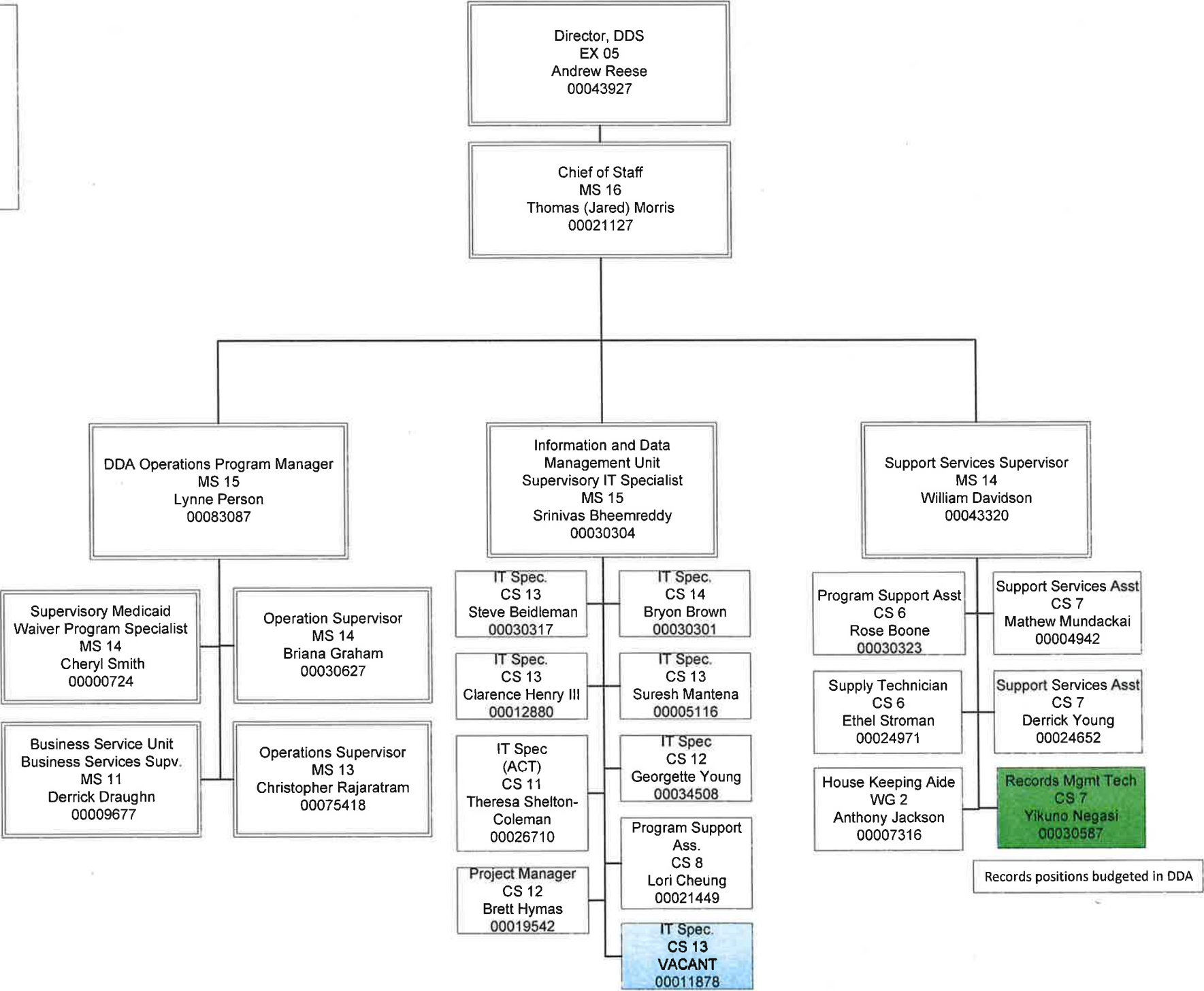
CHART 13

DDS

Office of the
Chief of Staff

FY 2019

2/7/19



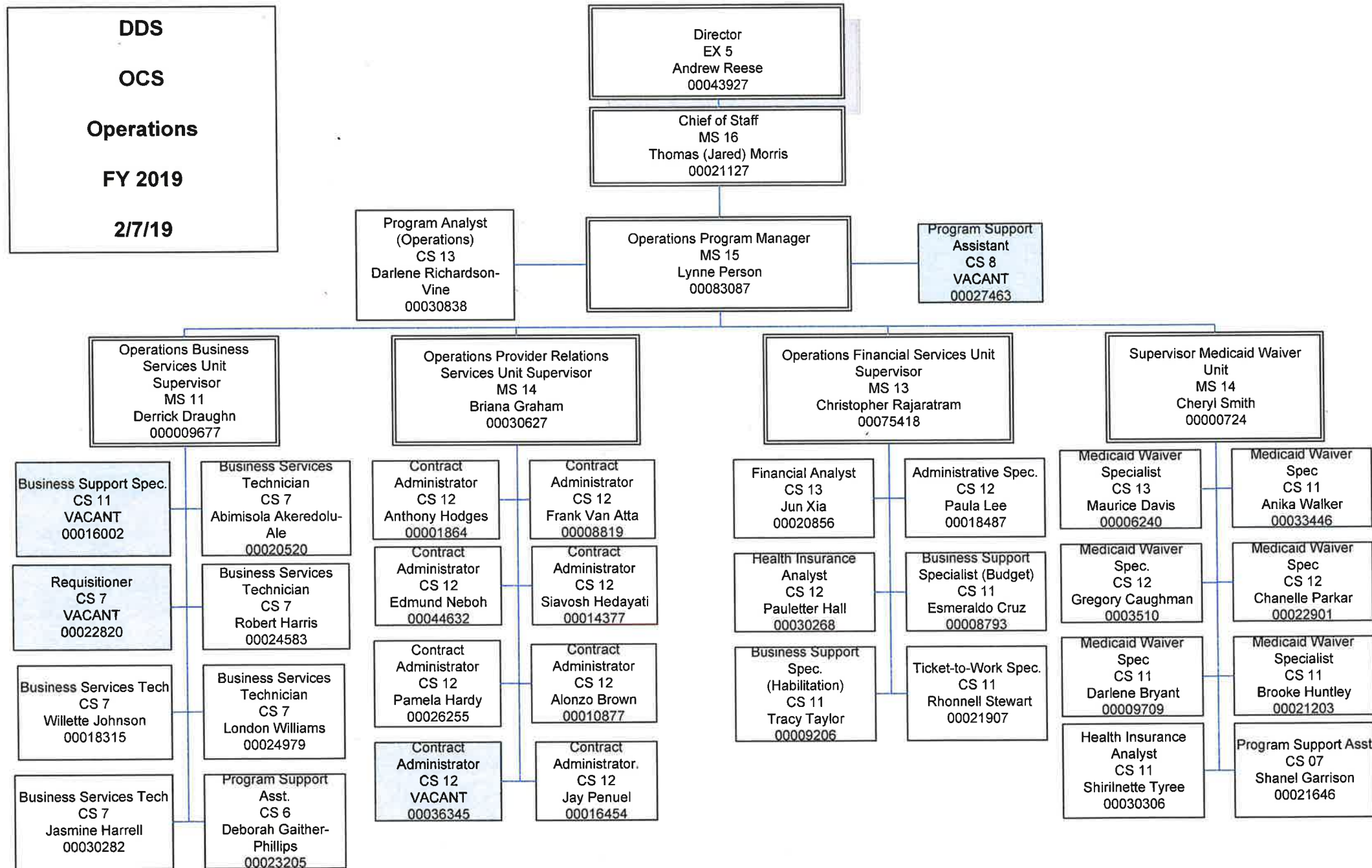


CHART 15

Q1a

DEPARTMENT ON DISABILITY SERVICES VACANCY REPORT FY18-FYTD19								
Admin	Work Unit	Job Title	Grade	VACANCIES (FY18)	POSTING (FY18)	VACANCIES (FYTD19)	POSTING (FYTD19)	Comments/Status
DDA	Service Coordination	Supervisory Service Coordinator	13	1	1	0	0	position was filled on 12/10/2018
DDA	Service Coordination	Supervisory Service Coordinator	13	1	1	0	0	position was filled on 01/20/2019
DDA	Service Coordination	Supervisory Service Coordinator	13	1	1	0	0	position was filled on 06/24/2018
DDA	Service Coordination	Service Coordinator II	12	0	0	1	0	position has been vacant for 1 month - no recruitment activity at this time
DDA	Service Coordination	Service Coordinator II	12	1	0	0	0	position was filled on 05/29/2018
DDA	Service Coordination	Service Coordinator I	11	1	0	1	1	position has been vacant for 1 year and 3 months - will be filled on 02/2019
DDA	Service Coordination	Service Coordinator I	11	1	0	1	1	position has been vacant for 9 months - will be filled on 02/2019
DDA	Service Coordination	Service Coordinator I	11	1	0	0	0	position was filled on 04/17/2018
DDA	Service Coordination	Service Coordinator I	11	1	0	0	0	position was filled on 04/17/2018
DDA	Service Coordination	Service Coordinator I	11	1	0	0	0	position was filled on 01/22/2018
DDA	Service Coordination	Service Coordinator I	11	1	0	0	0	position was filled on 01/22/2018
DDA	Service Coordination	Service Coordinator II	12	1	0	1	0	position has been vacant for 6 months - no recruitment activity at this time
DDA	Service Coordination	Program Support Assistant	07	1	0	1	0	position has been vacant for 8 months - no recruitment activity at this time
DDA	Office of the Deputy Director	Deputy Director	16	0	1	0	0	position was filled on 06/10/2018
DDA	IMEU	Supervisory Investigator	14	1	1	0	0	position was filled on 04/01/2018
DDA	IMEU	Investigator	13	0	0	1	1	position has been vacant for 2 months - was reclassified and will be filled in 02/2019
				13	5	6	3	
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 1 year and 5 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	09	1	0	0	0	position was filled on 08/06/2018

DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19

DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 1 year and 6 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 2 years and 8 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 2 years and 9 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 2 years and 4 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 2 years and 4 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 2 years and 1 month - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 1 year and 9 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded

DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19

DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 3 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	11	1	0	1	0	position has been vacant for 3 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Social Insurance Specialist	12	1	0	1	0	position has been vacant for 9 months - position of record for a temporary promoted employee
DDD	Disability Determination	Medical Professional Relations Officer	11	1	0	1	0	position has been vacant for 1 year and 5 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Supervisory Social Insurance Specialist	15	1	0	1	0	position has been vacant for 5 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Supervisory Social Insurance Specialist	14	0	0	0	0	position being used for a temporary position
DDD	Disability Determination	Supervisory Social Insurance Specialist	13	0	0	0	0	position being used for a temporary position
DDD	Disability Determination	Supervisory Social Insurance Specialist	13	1	0	1	1	position has been vacant for 10 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Supervisory Social Insurance Specialist	13	1	0	1	0	position has been vacant for 5 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Supervisory Administrative Support Specialist	13	1	0	1	0	position has been vacant for 3 years - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded

Question 2

DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19

DDD	Disability Determination	Management Analyst	13	1	0	1	0	position has been vacant for 5 years - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Administrative Support Specialist	09	1	0	1	0	position has been vacant for 1 year - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Clerical Assistant (OA)	07	1	0	1	0	position has been vacant for 5 years - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Program Support Assistant	07	1	0	1	0	position has been vacant for 5 years - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Clerical Assistant (OA)	07	1	0	1	0	position has been vacant for 5 years - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Clerical Assistant (OA)	05	1	0	1	0	position has been vacant for 10 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
DDD	Disability Determination	Coding Clerk	06	1	0	1	0	position has been vacant for 8 months - currently on hold pending the Social Security Administration's approval. The position is 100% federally funded
				24	0	23	1	
COS	Operations Division	Business Support Specialist	11	0	0	1	0	position has been vacant for 2 months - no recruitment activity at this time
COS	Operations Division	Program Support Assistant	08	1	0	1	1	position has been vacant for 6 months - will be filled in 02/2019
COS	Operations Division	Contract Administrator	12	1	1	0	0	position filled on 10/28/2018
COS	Operations Division	Contract Administrator	12	1	1	1	1	position has been vacant for 3 weeks - in recruitment process

**DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19**

COS	Operations Division	Requisitioner	09	0	0	1	0	position has been vacant for 2 weeks - position reclassified, in recruitment process
COS	Operations Division	Business Services Technician	07	1	1	0	0	position filled on 11/13/2018
COS	Operations Division	Business Services Technician	07	1	1	0	0	position filled on 11/13/2018
COS	Operations Division	Administrative Specialist	12	1	0	0	0	position filled on 01/20/2019
COS	Operations Division	Business Services Supervisor	11	1	0	0	1	position filled on 01/20/2019
COS	Operations Division	Operations Supervisor	14	0	0	0	1	position filled on 11/13/2018
COS	Information and Data Unit	Information Technology Specialist	13	0	0	1	0	position has been vacant for 4 months - position was reclassified, no recruitment activity at this time
COS	Information and Data Unit	IT Project Manager	12	1	1	0	0	position filled on 05/28/2018
COS	Information and Data Unit	IT Specialist (Customer Support)	12	1	1	0	0	position filled on 11/13/2018
COS	Office of the Chief of Staff	Chief of Staff	16	1	1	0	0	position filled on 08/06/2018
COS	Office of the Deputy Director	Deputy Director for QAPMA	16	1	1	0	0	position filled on 10/28/2018
COS	Health and Wellness	Supervisory Nurse Consultant	13	1	1	0	0	position filled on 12/26/2017
COS	Quality Unit	Staff Assistant	09	1	1	1		position has been vacant for 1 year and 2 months - no recruitment activity at this time
COS	Quality Unit	Supervisory Quality Improvement Specialist	14	1	1	0	0	position filled on 10/28/2018
COS	Quality Unit	Quality Resource Specialist	12	1	1	0	0	position filled on 10/28/2018
COS	Performance Management Unit	Performance Management Manager	14	1	1	0	0	position filled on 09/04/2018
COS	Performance Management Unit	Management Analyst	12	1	1	1	1	position has been vacant for 3 weeks - in recruitment process
COS	Performance Management Unit	Management Analyst	13	0	0	1	1	position has been vacant for 3 weeks - in recruitment process
COS	Performance Management Unit	Quality Assurance and Compliance Monitor	12	0	0	1	0	position has been vacant for 3 weeks - position is currently being reclassified
COS	State Office of Policy, Planning and Innovation	Grievance Specialist	12	1	0	0	0	position filled on 08/06/2018
COS	State Office of Policy, Planning and Innovation	Program Development Specialist	13	1	1	0	0	position filled on 11/12/2017

**DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19**

COS	State Office of Policy, Planning and Innovation	Program Development Specialist	13	1	1	0	0	position filled on 11/12/2017
COS	State Office of Policy, Planning and Innovation	Program Development Specialist	12	1	1	0	0	position eliminated in FY-19
COS	State Office of Policy, Planning and Innovation	Program Development Specialist	12	1	0	0	0	position eliminated in FY-19
COS	State Office of Policy, Planning and Innovation	Program Development Specialist	12	1	0	0	0	position eliminated in FY-19
COS	State Office of Policy, Planning and Innovation	Project Manager	13	1	1	0	0	position filled on 11/13/2018
COS	State Office of Policy, Planning and Innovation	Program Manager	15	0	0	1	1	position has been vacant for 4 months - in recruitment process
COS	State Office of Policy, Planning and Innovation	Medicaid Waiver Program Specialist	13	0	0	1	1	position has been vacant for 4 months - in recruitment process
				24	18	11	8	
OD	Human Capital Administration	Human Resources Specialist (Training)	12	1	1	1	0	position has been vacant for 3 months - no recruitment activity at this time
OD	Human Capital Administration	Human Resources Specialist (ER&LR)	13	1	0	1	1	position has been vacant for 2 months - in recruitment process
OD	Human Capital Administration	Human Resources Specialist (Staffing)	12	0	0	1	0	position has been vacant for 1 month - no recruitment activity at this time
OD	Human Capital Administration	ASL Interpreter	13	1	1	0	0	position filled on 06/11/2018
OD	Human Capital Administration	ASL Interpreter	13	0	0	0	1	position filled on 01/07/2019
OD	Human Capital Administration	Supervisory Human Resources Specialist	14	1	1	0	0	position filled on 08/19/2018
OD	Office of the General Counsel	Attorney Advisor	13	0	0	0	1	position filled on 11/13/2018
OD	Office of the General Counsel	Trial Attorney	12	1	1	0	0	position filled on 04/30/2018
OD	Office of the Director	Program Support Assistant	07	1	0	0	0	position was filled on 04/30/2018
OD	Office of the Director	Deputy Director of Administration	16	1	0	1	0	position has been vacant for 6 months - position will be reclassified
				7	4	4	3	
RSA	VR Services	Supervisory Vocational Rehabilitation Specialist	13	1	0	1	1	position has been vacant for 9 months - in recruitment process

**DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19**

RSA	VR Services	Supervisory Vocational Rehabilitation Specialist	13	1	0	0	0	position being used for a temporary position
RSA	Office of Deputy Director	Deputy Director	16	1	1	0	0	position filled on 08/19/2018
RSA	Office of Deputy Director	Project Manager	13	1	1	0	0	position filled on 06/29/2018
RSA	VR Services	Supervisory Vocational Rehabilitation Specialist	13	1	0	1	1	position has been vacant for 10 months - position was reclassified, in recruitment process
RSA	VR Services	Supervisory Vocational Rehabilitation Specialist	13	0	0	1	0	position has been vacant for 2 weeks - no recruitment activity at this time
RSA	VR Services	Supervisory Vocational Rehabilitation Specialist	13	1	1	0	0	position filled on 06/10/2018
RSA	VR Services	Program Manager	14	1	1	0	0	position filled on 10/01/2018
RSA	VR Services/Transition	Program Manager	14	1	1	0	0	position filled on 09/02/2018
RSA	VR Services/Transition	Supervisory Vocational Rehabilitation Specialist	13	0	0	1	1	position has been vacant for 4 months - in recruitment process
RSA	VR Services	Rehabilitation Assistant	08	0	0	1	0	position has been vacant for 2 months - no recruitment activity at this time
RSA	VR Services	Rehabilitation Assistant	08	1	1	0	0	position filled on 06/24/2018
RSA	VR Services/Transition - Intake	Program Support Assistant	08	0	0	1	0	position has been vacant for 1 month - no recruitment activity at this time
RSA	VR Services/Transition - Intake	RSA Intake and Outreach Supervisor	13	1	1	0	0	position filled on 09/16/2018
RSA	VR Services	Vocational Rehabilitation Specialist	09	0	0	1	1	position has been vacant for 3 months - in recruitment process
RSA	VR Services	Vocational Rehabilitation Specialist	12	1	1	0	1	position filled on 02/04/2019
RSA	VR Services	Vocational Rehabilitation Specialist	12	1	0	1	1	position has been vacant for 8 months - in recruitment process
RSA	VR Services	Vocational Rehabilitation Specialist	12	1	0	1	1	position has been vacant for 1 year - in recruitment process
RSA	VR Services	Vocational Rehabilitation Specialist	12	1	1	1	1	position has been vacant for 8 months - in recruitment process
RSA	VR Services	Vocational Rehabilitation Specialist	12	0	0	1	1	position has been vacant for 1 month - in recruitment process
RSA	VR Services	Vocational Rehabilitation Specialist	12	1	1	0	0	position filled on 10/28/2018
RSA	VR Services/Transition	Vocational Rehabilitation Specialist	12	1	1	0	0	position filled on 06/10/2018

DEPARTMENT ON DISABILITY SERVICES
VACANCY REPORT FY18-FYTD19

RSA	VR Services	Vocational Rehabilitation Specialist	11	0	0	1	0	position has been vacant for 3 months - position of record for a temporary promoted employee
RSA	VR Services/Transition	Vocational Rehabilitation Specialist	11	1	1	1	1	position has been vacant for 9 months - in recruitment process
RSA	VR Services/Transition	Vocational Rehabilitation Specialist	11	0	0	1	1	position has been vacant for 3 months - in recruitment process
				17	12	14	11	
				85	84	58	26	

Department on Disability Services
Approved Budget and Actual Spending
FY18 and FY19

Question 4: Please provide a chart showing the agency's approved budget and actual spending, by program by activity for FY 2018 and FY 2019, to date

Program/Activity	FY18 Approved Budget	FY18 Revised Budget	FY18 Actuals	FY19 Approved Budget	1Q FYTD19 Expenditures
(1000) Agency Management					
(1010) Personnel	786,743	573,923	687,460	811,045	142,259
(1015) Training And Employee Development	549,855	549,855	699,197	780,425	174,728
(1020) Contracts And Procurement	436,638	0	443,165	447,575	81,938
(1030) Property Management	5,528,253	4,721,267	6,291,768	6,343,383	1,349,056
(1040) Information Technology	1,584,303	1,410,052	1,570,764	1,972,226	329,053
(1060) Legal Services	1,120,591	1,120,591	1,062,276	1,205,196	115,592
(1090) Performance Management	3,163,975	3,311,652	3,113,590	2,738,201	626,937
(1120) Consumer Rights And Protection	194,224	194,224	213,908	214,272	2,414
Total Agency Management	13,364,582	11,881,564	14,082,128	14,512,323	2,821,977
(100F) Agency Financial Operations Program					
(110F) Budget Operations	371,866	338,033	320,636	386,696	75,667
(120F) Accounting Operations	560,631	580,045	586,151	588,032	129,766
(130F) Associate Chief Financial Officer	288,814	296,823	290,551	291,798	47,956
(140F) Agency Fiscal Officer	571,136	579,207	565,694	595,286	88,486
Total Agency Financial Operations Program	1,792,447	1,794,108	1,763,032	1,861,813	341,874
(6000) Developmental Disabilities Admin					
(6035) DDA Service Planning And Coordination	39,887,508	42,418,175	39,524,441	39,322,759	3,584,384
(6060) Quality Assurance	9,722,756	11,745,730	10,592,295	12,274,917	1,668,183
(6080) DDA Consumer Resources And Operations	68,515,216	72,515,216	74,366,972	70,734,150	650,115
Total Developmental Disabilities Admin	118,125,480	126,679,121	124,483,708	122,331,826	5,902,683
(7000) Rehabilitation Services					
(7025) RSA Vocational Rehabilitation Services	16,156,256	15,916,701	16,179,885	15,809,992	2,487,670
(7030) RSA Blind And Visual Impairment Services	4,088,356	3,146,329	2,908,002	3,442,680	430,494
(7060) Quality Assurance	787,334	659,500	625,542	707,973	149,890
(7090) RSA Operations	1,788,862	1,069,519	1,054,242	1,276,397	203,240
Total Rehabilitation Services	22,820,809	20,792,050	20,767,670	21,237,043	3,271,295
(8000) Disability Determination Division					
(8055) Disability Determination Services	12,052,845	10,418,761	10,418,761	13,066,032	994,385
Total Disability Determination Division	12,052,845	10,418,761	10,418,761	13,066,032	994,385
Unassigned			(3,549)		1,474,447
Total Agency (All Funds)	168,156,163	171,565,605	171,511,750	173,009,035	14,806,662

NOTE: The ~\$1.47M in 1Q FY19 YTD expenditures reflects payroll that was not allocated across Programs as of 12/31/2018. Corrected in January, 2019

Department on Disability Services (DDS)
MOU / Intra-District Transfers
FY18 & FYTD19

Question 5: Please provide a complete accounting for all intra-District transfers received by or transferred from the agency during FY18 or FY19 year to date.

FY18

Amount	Seller Agency	Buyer Agency	Service
9,111	DC Department of Human Resources (DCHR)	Department on Disability Services (DDS)	Suitability & Compliance
17,135	DC Public Library (DCPL)	Department on Disability Services (DDS)	National Foundation for the Blind Newsline Services
24,903	Department of General Services (DGS)	Department on Disability Services (DDS)	Other Facility related costs example: Occupancy, Energy, etc.
27,557	Office of the Secretary (OS)	Department on Disability Services (DDS)	Records Management
30,621	Department of Public Works (DPW)	Department on Disability Services (DDS)	Fixed Cost - Fleet
34,394	Office of the Chief Technology Officer (OCTO)	Department on Disability Services (DDS)	Office 365
92,196	DC Department of Human Resources (DCHR)	Department on Disability Services (DDS)	Disability Employment Specialist
128,958	DC Office of Aging (DCOA)	Department on Disability Services (DDS)	Independent Living Services
135,843	Child and Family Services Agency (CFSA)	Department on Disability Services (DDS)	Parenting education and support for parents w/ intellectual disabilities
185,148	Office of the Chief Financial Officer (OCFO)	Department on Disability Services (DDS)	Single Audit
278,367	Office of the Chief Technology Officer (OCTO)	Department on Disability Services (DDS)	Three heat patching licenses for non OCTO servers, 1 TB additional bronze storage/backup; IT Assessments; RTS
278,914	Department of General Services (DGS)	Department on Disability Services (DDS)	Security
351,958	Office of the Chief Technology Officer (OCTO)	Department on Disability Services (DDS)	Telecom
443,143	Office of Contracting and Procurement (OCP)	Department on Disability Services (DDS)	Procurement Personnel, Funds, & Responsibilities
516,251	DC Public Schools (DCPS)	Department on Disability Services (DDS)	Pre-ETS
546,156	Office of Contracting and Procurement (OCP)	Department on Disability Services (DDS)	Pcard
4,707,094	Department of General Services (DGS)	Department on Disability Services (DDS)	Rent
68,168,891	Department of Health Care Finance (DHCF)	Department on Disability Services (DDS)	IDD HCBS Waiver Program
75,976,638			

FY18

Amount	Seller Agency	Buyer Agency	Service
219,935	Department on Disability Services (DDS)	Child and Family Services Agency (CFSA)	Care for S.J. & A.S.
49,677	Department on Disability Services (DDS)	Office of Disability Rights (ODR)	Newsline Services
269,612			

FY19 Executed to Date

Amount	Seller Agency	Buyer Agency	Service
17,300	Department on Disability Services (DDS)	Office of Disability Rights (ODR)	Newsline Services
97,588	DC Department of Human Resources (DCHR)	Department on Disability Services (DDS)	Disability Employment Specialist
66,263	Department of Employment Services (DOES)	Department on Disability Services (DDS)	Workforce Innovation and Opportunity Act
481,151	Office of Contracting and Procurement (OCP)	Department on Disability Services (DDS)	Procurement Personnel
56,377	Child and Family Services Agency (CFSA)	Department on Disability Services (DDS)	(TASP) Parenting education and support for parents w/ intellectual disabilities
718,679			

FY19 Executed to Date

Amount	Seller Agency	Buyer Agency	Service
191,253	Department on Disability Services (DDS)	Child and Family Services Agency (CFSA)	Placement for 4 youth

**Department on Disability Services
Reprogrammings
FY18 and FYTD19**

Question 6: Please identify any reprogrammings received by or transferred from DDS during FY 2018 and to date in FY 2019. Please provide a description of the purpose of the transfer and which DDS programs, activities and services were impacted

Reprogramming Amount	From (Agency/ Activity/Program)	To (Agency/ Activity/Program)	Description
\$ 499,000	JM0/6000/6035/Developmental Disabilities Admin / DDA Service Planning and Coordination	JZ0/8000/8041/Youth and Family/ New Beginnings	To fund Home and Community based services (IDD HCBS Waiver).

Department on Disability Services
Fixed Costs
FY 2018 and FY 2019

Question 8: Please provide DDS' fixed costs budget and actual dollars spent for FY 2018 and to date in FY 2019, and include the following information:

A. Source of funding

0100 - LOCAL FUNDS

GAAP Category Title	CSG\TITLE	FY 2018 Approved Budget	FY 2018 Actuals	Variance FY18 Approved Budget Vs. Actual	FY 2019 Budget	FY2019 YTD Expenditures
NON-PERSONNEL SERVICES	0030- ENERGY, COMM. AND BLDG RENTALS	0	0	0	11,872	320
	0031- TELEPHONE, TELEGRAPH, TELEGRAM, ETC	113,797	120,807	7,010	0	0
	0032- RENTALS - LAND AND STRUCTURES	2,528,572	2,528,572	(0)	2,545,895	615,711
	0034- SECURITY SERVICES	93,061	93,061	0	0	0
	0035- OCCUPANCY FIXED COSTS	24,924	24,903	(21)	0	0
NON-PERSONNEL SERVICES		2,760,354	2,767,342	6,988	2,557,767	616,031
0100		2,760,354	2,767,342	6,988	2,557,767	616,031

0200 - FEDERAL GRANT FUNDS

GAAP Category Title	CSG\TITLE	FY 2018 Approved Budget	FY 2018 Actuals	Variance	FY 2019 Budget	FY2019 YTD Expenditures
NON-PERSONNEL SERVICES	0030- ENERGY, COMM. AND BLDG RENTALS	0	0	0	0	0
	0031- TELEPHONE, TELEGRAPH, TELEGRAM, ETC	148,854	148,854	0	180,780	34,186
	0032- RENTALS - LAND AND STRUCTURES	1,039,723	0	(1,039,723)	1,025,608	246,285
	0034- SECURITY SERVICES	171,726	159,011	(12,715)	131,936	0
	0035- OCCUPANCY FIXED COSTS	0	0	0	122,192	0
NON-PERSONNEL SERVICES		1,360,303	307,865	(1,052,438)	1,460,516	280,470
0200		1,360,303	307,865	(1,052,438)	1,460,516	280,470

0250 - FEDERAL MEDICAID FUNDS

GAAP Category Title	CSG\TITLE	FY 2018 Approved Budget	FY 2018 Actuals	Variance	FY 2019 Budget	FY2019 YTD Expenditures
NON-PERSONNEL SERVICES	0031- TELEPHONE, TELEGRAPH, TELEGRAM, ETC	82,298	82,298	0	160,573	438
	0032- RENTALS - LAND AND STRUCTURES	1,138,799	2,178,522	1,039,723	1,500,000	369,427
	0034- SECURITY SERVICES	26,843	26,843	0	131,936	0
NON-PERSONNEL SERVICES		1,247,939	2,287,662	1,039,723	1,792,509	369,865
0250		1,247,939	2,287,662	1,039,723	1,792,509	369,865

GAAP Category Title	CSG\TITLE	FY 2018 Approved Budget	FY 2018 Actuals	Variance	FY 2019 Budget	FY2019 YTD Expenditures
NON-PERSONNEL SERVICES	0030- ENERGY, COMM. AND BLDG RENTALS	0	0	0	11,872	320
	0031- TELEPHONE, TELEGRAPH, TELEGRAM, ETC	344,948	351,958	7,010	341,353	34,624
	0032- RENTALS - LAND AND STRUCTURES	4,707,094	4,707,094	(0)	5,071,503	1,231,423
	0034- SECURITY SERVICES	291,629	278,914	(12,715)	263,872	0
	0035- OCCUPANCY FIXED COSTS	24,924	24,903	(21)	122,192	0
NON-PERSONNEL SERVICES		5,368,595	5,362,869	(5,727)	5,810,792	1,266,366
Summary		5,368,595	5,362,869	(5,727)	5,810,792	1,266,366

B. Explanation for changes

FY2018 Variance: Fixed costs came in ~\$6K below the approved budget

FY2019 Variance: All costs are on track as of 1Q FY2019

Name of Provider	Award Date	Expiration Date	Approved Budget	Actual Budget	Funding Source Federal	Funding Source Intra District	Funding Source Local	Competitively Bid, Human Care Agreement, Sole Source, or Exempt	Purpose	Contract Deliverables	Contract outcomes	Corrective action taken or techn	Admin/P program	Contract Administrator	Oversight/Monitoring plan for the contract
A Digital Solutions Inc.	1-Oct-18	30-Sep-19	\$20,582.44	\$20,582.44	x		x		DDS/DDA A Digital Solution (Provider Fair) 2017/DDS/NWD Printing	Provide printing of training and marketing materials for the District's activities	Increase outreach and training to NWD Partners and stakeholders		SCOPH	Alonso Brown	Improved access to a broader array of services for people/families.
A.W. Holdings, LLC d/b/a Benchmark Human Services	01-Dec-15	30-Nov-18	\$ 76,000	\$74,637.89			x	HCA	Out of State Residential Expenses	Residential treatment services	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
ABC Technical Solutions Inc	01-Mar-16	28-Feb-19	\$ 15,000	\$ 15,000	x		x	Competitively Bid	Computers and Accessories	Computer	College Student supplies		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Abundant Life Residential Services	01-Oct-12	31-Mar-18	\$ 96,000	\$ 95,580			x	HCA	Residential Expenses.	Leases	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Abundant Life Residential Services	31-Mar-18	30-Mar-19	\$123,871.24	\$110,364.23			x	HCA	Residential Expenses.	Leases	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Academy of Hope	20-Jun-16	19-Jun-19	\$44,383.10	\$40,300.00	x		x	Competitively Bid	Career Assessments	Assessment Report	Determine person's ability to retain employment		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Agape, Inc.	01-Oct-12	31-Mar-18	\$61,913.75	\$59,219.45			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Agape, Inc.	30-Mar-18	29-Mar-19	\$60,000.00	\$59,219.45			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Amazing Love Health Services, LLC	15-Apr-16	14-Apr-19	\$ 150,000	\$ 150,000	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Lynne Person	Improved access to a broader array of services for people/families.
America Works of Washington DC	15-Oct-14	30-Sep-19	\$ 218,900	\$ 218,900	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Ameritel Corporation	1-Oct-18	30-Sep-19	\$36,108.97	\$33,970.75	x		x	Exempt	DDS/AMP Maintenance on Canon Copiers FY17	Maintenance and Repair	Continuous operation		DDA	Tasha Klusmann	Improved access to a broader array of services for people/families.
Anchor Mental Health	15-Jul-15	14-Jul-19	\$ 294,000	\$ 294,000			x	HCA	Evidence-Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Andean Consulting Solutions International	24-Apr-14	24-Apr-18	\$ 15,500	\$ 15,500	x			Competitively Bid	Interpretation and/or Translation Services	Interpreters	Allow accessibility for persons with to receive services		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Andean Consulting Solutions International	24-Apr-14	24-Apr-19	\$ 4,800	\$ 4,800			x	Competitively Bid	Interpretation and/or Translation Services Obtained under OHH Contract	Interpreters	Allow accessibility for persons with to receive services		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Angel Loving Care Group Home	01-Oct-12	30-Sep-17	\$ 45,000	\$ 39,375			x	HCA	Residential Habilitation, Supported Living and Host Home Related Residential Expenses	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Angel Loving Care Group Home	13-Oct-17	12-Oct-19	\$32,934.46	\$23,841.90			x	HCA	Residential Habilitation, Supported Living and Host Home Related Residential Expenses	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Anna Health Care Inc.	01-Oct-12	31-Mar-18	\$ 190,500	\$ 86,524			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Anna Health Care Inc.	01-Apr-18	31-Mar-19	\$202,533.05	\$169,425.33			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Apex Healthcare Services, Inc.	26-Sep-14	30-Sep-19	\$ 48,000	\$ 7,903			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Arc of DC, Inc.	15-Mar-16	14-Mar-19	\$ 32,500	\$ 32,500			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Arc of Tampa Bay, Inc.	27-Oct-15	26-Oct-19	\$ 71,900	\$ 11,687	x			HCA	Out of State Residential Expenses	Residential treatment services	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Art and Soul Solutions, Inc.	01-Oct-15	30-Sep-19	\$ 4,000	\$ 4,000	x			Competitively Bid	Tutoring and Academic Support Services	Academic support	Enhance Employment Skills		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Art Enables	08-Nov-17	07-Nov-19	\$ 45,000	\$ 45,000			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Associated Community Services, Inc.	01-Oct-14	30-Sep-19	\$ 790,000	\$ 728,407			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Behavioral & Education Solutions, P.C.	08-Mar-13	07-Mar-18	\$3,520.00	\$3,420.00	x		x	HCA	Psychologists for RSA Clients	Psychological Exam results	Component of determining Eligibility to receive services		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Benedictine School	01-Oct-14	30-Sep-19	\$ 34,000	\$ 5,671			x	HCA	Out of State Residential Expenses	Residential treatment services	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
BLANK, Inc.	01-Apr-15	31-Mar-19	\$17,000.00	\$17,000.00			x	Competitively Bid	Graphics and Signage	Blind Vendor Support	Ability to operate vending services		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Blossom Services, Inc.	17-Jan-18	16-Jan-19	\$ 106,319	\$20,000.00			x	HCA	Residential Habilitation, Supported Living, and Host Home related Residential Expenses for District of	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Bread for the City	01-Apr-15	31-Mar-19	\$ 45,000	\$ 21,122			x	HCA	Physician Extender Service	Provider Service review	Review overall services provided to person		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Brier Patch Shredding & Recycling, LLC	23-Jun-16	22-Jun-19	\$5,000.00	\$3,250.00	x			Competitively Bid	Shredding Services	Regular Scheduled Shredding	Reduced access to secure information		DDA	Tasha Klusmann	Improved access to a broader array of services for people/families.
C.G. Dixon & Associates, Inc	01-Oct-15	30-Sep-19	\$ 21,000	\$ 21,000	x			Competitively Bid	Career Assessments	Assessment Report	Determine person's ability to retain employment		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
C.P.R. Medical Transportation	01-Oct-15	30-Sep-19	\$ 65,500	\$ 65,500	x		x	Competitively Bid	Transportation Services	Staff Transportation	Allow staff that possess a disability that prevents them from driving to work in the field		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Canon Financial Services	1-Oct-18	30-Sep-19	\$21,184.64	\$18,536.56	x			Exempt (Assignment)	DDS-Leasing Copiers-Canon Financial Serv (Assignment from Metropolitan Office Supplies for	Maintenance and Repair	Continuous operation		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Capital Care, Inc.	02-Jan-18	01-Jan-19	\$ 1,558,995	\$ 516,289			x	HCA	Residential Habilitation, Supported Living, and Host Home Related Residential Expenses for District of	Leases	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Capital Care, Inc.	15-Jun-16	14-Jun-19	\$ 15,500	\$ 15,500	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Capital Services & Supplies, Inc	22-Nov-17	21-Nov-19	\$18,000.00	\$18,000.00			x	Competitively Bid	DCSS- Moving Services	Relocation Supplies and Service	Relocation and Delivery of RSVP Equipment		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Capital Services and Supplies	1-Oct-18	30-Sep-19	\$30,000.00	\$30,000.00	x		x	Competitively Bid	Office Services Supplies	Supplies and equipment	Staff to perform daily tasks		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Capitol Hill Supportive Services Programs, Inc.	01-Sep-15	31-Aug-19	\$ 19,900	\$ 17,818			x	HCA	Day Habilitation	Infrastructure to provide service	Allow persons with the most significant disabilities to participate in day programs		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Capitol Hill Supportive Services Programs, Inc.	01-Oct-12	31-Mar-18	\$ 69,160	\$ 30,504			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Capitol Hill Supportive Services Programs, Inc.	29-Mar-18	28-Mar-19	\$82,000.00	\$70,787.26	x		x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Capitol Hill Supportive Services Programs, Inc.	15-Aug-15	14-Aug-19	\$ 15,800	\$ 15,800	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Center on Deafness	01-Feb-13	31-Jan-18	\$ 131,400	\$ 54,360			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Center on Deafness	30-Mar-18	29-Mar-19	\$151,110.00	\$131,400.00			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Centerplate/NBSE	1-Oct-18	30-Sep-19	\$4,367.02	\$4,367.02	x			Exempt	DDS Provider Fair Centerplate FY2017	Food	quality and quality ordered		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.

Centerplate/NBSE	1-Oct-18	30-Sep-19	\$29,280.00	\$26,352.00	x			Exempt	DDS/RSA Washington Convention Center Authority FY2017 - Centerplate Catering	food	quality and quality ordered		DDS	Anthony Hodges	Improved access to a broader array of services for people/families.
CHW Solutions, Inc.	20-Apr-17	19-Apr-19	\$ 15,800	\$ 15,800			x	Competitively Bid	Medical Consultation	Eligibility Reviews	Review records or conduct exam on persons applying for RSA services		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Colorado Center for the Blind	1-Oct-18	30-Sep-19	\$10,000.00	\$7,449.46	x			Below Competition Threshold	RSA/Colorado Center for the Blind FY2017	Academic support	Enhance Employment Skills		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Columbia Lighthouse for the Blind	30-Dec-16	29-Dec-19	\$ 15,000	\$ 15,000	x			HCA	Assistive Technology Services & Devices	Assessment Report	Determine assistive technology to support reasonable accommodations		RSA	Lynne Person	Improved access to a broader array of services for people/families.
Columbia Lighthouse for the Blind	30-Jul-18	09-Jul-19	\$ 3,100	\$ 3,100	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Columbus Medical Services	01-Oct-15	30-Sep-19	\$ 224,500	\$ 224,500	x			Competitively Bid	Mortality Investigations	Death Investigation Report	Identify deficiencies in the system of care that may lead to death		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Community Connection, Inc.	15-Jul-15	14-Jul-19	\$ 325,500	\$ 325,500	x			HCA	Evidence-Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Community Multi-Services, Inc.	01-Jun-14	31-May-18	\$ 1,140,000	\$1,306,103.56			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Complete Psychological Services, PC	01-Jul-15	30-Jun-19	\$30,000.00	\$8,537.50	x		x	HCA	RSA Psychologist	Psychological Exam results	Component of determining Eligibility to receive services		RSA	Lynne Person	Improved access to a broader array of services for people/families.
Contemporary Family Services	01-Aug-15	31-Jul-19	\$120,000.00	\$72,579.00	x		x	HCA	Evidence-Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Council on State Administration	1-Oct-18	30-Sep-19	\$9,044.17	\$9,044.17	x			Exempt	DDS/RSA Council of State Administrators of Vocational Rehab Membership FY18	Technical Assistance from	Annual dues and technical assistance paid to National Association of State Directors of		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Crystal Springs, Inc.	30-Jul-15	29-Jul-19	\$ 170,000	\$ 139,781			x	HCA	Out of State Residential Service	Residential treatment services	Living in the least restrictive setting		DDA	Anthony Hodges	Improved access to a broader array of services for people/families.
Curtis Equipment, Inc.	06-Nov-18	5-Nov-19	\$70,000.00	\$70,000.00			x	Competitively Bid	Commercial Kitchen Equipment Supplier	Blind Vendor Support	Ability to operate vending services		RSVP	Anthony Hodges	Improved access to a broader array of services for people/families.
David P. Sniezek, MD	22-Dec-14	21-Dec-19	\$ 4,000	\$ 4,000	x			below Competition threshold	Medical Professional Services	Medical record review	Review records or conduct exam on persons applying for RSA services		RSA	Lynne Person	Improved access to a broader array of services for people/families.
DC Cares Center, Inc.	01-Oct-12	31-Mar-18	\$ 365,000	\$ 127,203			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
DC Cares Center, Inc.	29-Mar-18	29-Mar-19	\$280,370.00	\$203,692.06			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
DC Center for Independent Living, Inc.	01-Apr-13	31-Mar-19	\$ 49,300	\$ 28,284	x			Competitively Bid	Comprehensive Independent Living Skills	IL Plan	Teach person how to function and adapt to surroundings that will create independence		RSA	Anthony Hodges	Improved access to a broader array of services for people/families.
DC Health Care, Inc.	08-Jul-15	07-Jul-19	\$ 500,000	\$ 388,871			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
DC Public Charter School Cooperative (Known as DC Special Education Cooperative)	28-Jul-15	27-Jul-19	\$ 250,000	\$ 250,000	x			Competitively Bid	Secondary Transition Coordination Services	Transition events	State Plan required service to begin identifying RSA services to HS students.		RSA	Lynne Person	Improved access to a broader array of services for people/families.
DC Public Charter School Cooperative (Known as DC Special Education Cooperative)	01-Jul-17	30-Jun-19	\$ 120,000	\$ 120,000	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Lynne Person	Improved access to a broader array of services for people/families.
DC Residential Services	01-Oct-12	31-Mar-18	\$ 320,000	\$ 157,256			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
DC Residential Services	28-Mar-18	27-Mar-19	\$143,637.30	\$281,160.20	x		x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Winslow Woodland	Improved access to a broader array of services for people/families.
Deaf Access Solutions, Inc.	15-Aug-15	14-Aug-19	\$ 13,100	\$ 13,100			x	HCA	Sign Language Interpreter	Interpreters	Allow accessibility for persons with to receive services		RSA	Lynne Person	Improved access to a broader array of services for people/families.
Deaf-Reach, Inc.	01-May-15	14-Aug-19	\$ 7,500	\$ 7,500	x			HCA	Evidence Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment		RSA	Anthony Hodges	Improved access to a broader array of services for people/families.
Deaf-Reach, Inc.	01-Aug-15	31-Jul-19	\$27,794.55	7,500	x		x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Anthony Hodges	Improved access to a broader array of services for people/families.
Diana J. Wall, Psy.D.	01-Mar-14	28-Feb-19	\$ 5,000	\$ 5,000	x			HCA	Psychologist for RSA	Psychological Exam results	Component of determining Eligibility to receive services		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Document Managers/Digi-Doc	01-Mar-16	28-Feb-19	\$ 15,000	\$ 15,000			x	Competitively Bid	Computers and Accessories	Computer	College Student supplies		RSA	Lynne Person	Improved access to a broader array of services for people/families.
DuPont Computers, Inc.	01-Mar-16	28-Feb-19	\$ 40,000	\$ 40,000			x	Competitively Bid	Computer and Accessories	Computer	College Student supplies		RSA	Lynne Person	Improved access to a broader array of services for people/families.
Eckington House Mental Health Services, LLC	29-Mar-18	28-Mar-19	\$124,300.00	\$62,137.74			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Elizabeth Anne Jones	01-Dec-15	09-Nov-19	\$25,000.00	\$12,000.00	x		x	Competitively Bid	Career Assessment	Assessment Report	Determine person's ability to retain employment		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Emergency 911 Security	28-Nov-17	27-Nov-19	\$12,500.00	\$12,188.18			x	Competitively Bid	SECURITY SYSTEMS UPGRADE FOR BUILDINGS, DOORS AND GATES	Blind Vendor Support	Ability to operate vending services		RSVP	Anthony Hodges	Improved access to a broader array of services for people/families.
Federal Express	1-Oct-18	30-Sep-19	\$800.00	\$568.73	x			Exempt	DDs/AMP PM Delivery	Mail services	Delivery and receipt		DDS	Lynne Person	Improved access to a broader array of services for people/families.
Fescum Incorporated	01-May-14	31-Mar-19	\$ 320,000	\$ 53,468			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Finsby Care, Inc.	01-Oct-12	31-Mar-18	\$ 255,000	\$ 116,440			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Finsby Care, Inc.	29-Mar-18	28-Mar-19	\$264,407.00	\$221,401.78			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
First Metropolitan Community Services, Inc.	22-Jun-14	21-Jun-19	\$ 64,000	\$ 47,415			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Frontline Community Services, Inc.	01-Apr-17	31-Mar-19	\$ 1,310,000	\$ 1,309,233			x	HCA	Residential Habilitation, Supported Living, and Host Home Occupancy Related Residential Expenses for	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Full Circle Employment Solutions, LLC	01-Aug-15	31-Jul-19	\$ 39,000	\$ 39,000	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
Gallaudet University	1-Oct-18	30-Sep-19	\$9,700.00	\$9,700.00	x		x	Below Competition Threshold	SCOPPI NWD Intake Summit	Host inter-agency conference	Capacity building in person centered thinking for staff and providers		SCOPPI	Pamela Hardy	Improved access to a broader array of services for people/families.
Gentle Touch	01-Dec-13	31-Mar-18	\$ 225,000	\$ 31,031			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Darryl Evans	Improved access to a broader array of services for people/families.
Gentle Touch	01-Oct-18	30-Sep-19	\$316,736.40	\$250,956.79	x		x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Joshua Park	Improved access to a broader array of services for people/families.
Georgetown University Center for Child and Human Development	01-Sep-14	31-Aug-19	\$ 1,392,876	\$ 1,276,008			x	Sole Source	DDA Quality Assurance Health Initiative	Medical Service Oversight for	Ensure people receive satisfactory medical care		DDA	Joshua Park	Improved access to a broader array of services for people/families.
Georgetown University Center for Child and Human Development	18-Jun-15	17-Jun-19	\$29,117.50	\$29,097.50	x		x	Competitively Bid	No Wrong Door - Leadership Council on Cultural and Linguistic Competence and Disability	Capacity building in cultural and	Provide input into Project Plan to communicate initial contact data across various agencies and		SCOPPI	Joshua Park	Improved access to a broader array of services for people/families.
Global Resources and Support LLC	15-Mar-17	14-Mar-19	\$ 66,000	\$ 66,000	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Joshua Park	Improved access to a broader array of services for people/families.
Grace & Mercy Health Services	15-Dec-14	15-Dec-19	\$5,000.00	\$1,183.00			x	Competitively Bid	Personal Care Assistant	PCA	Inclusion for persons with the most significant disabilities		RSA	Joshua Park	Improved access to a broader array of services for people/families.
Harper Career Services, LLC	24-Jun-15	23-Jun-19	\$14,031.65	\$2,332.00	x		x	Competitively Bid	Career Assessment	Assessment Report	Determine person's ability to retain employment		RSA	Srinivas Bheem	Improved access to a broader array of services for people/families.
Health Resources Service Intake Center	01-Mar-17	28-Feb-19	\$ 41,100	\$ 41,100	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Lynne Person	Improved access to a broader array of services for people/families.

Hi-Tech Solution, Inc.	01-Mar-16	28-Feb-19	\$ 20,000	\$ 20,000			x	Competitively Bid	Computers and Accessories	Computer	College Student supplies		RSA	William Davidson	Improved access to a broader array of services for people/families.
IMA Professional Services of DC, PC	01-Mar-16	28-Feb-19	\$4,035,488.16	\$3,934,789.47	x			Competitively Bid	Medical Records Reviewers and Core CE Providers	Medical record review	Review records or conduct exam on persons applying for RSA services		DDD	Srinivas Bheem	Improved access to a broader array of services for people/families.
Inclusion Research Institute	03-Feb-14	02-Feb-19	\$99,247.34	\$99,246.75	x		x	Competitively Bid	NCI Surveys	Various reports to ODESA, CORF	Identify and measure core indicators of performance of state developmental disabilities		SCOPPI	Lynne Person	Improved access to a broader array of services for people/families.
Individual Advocacy Group, Inc.	17-Apr-14	30-May-19	\$ 920,000	\$ 149,195			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
IronFree Village	01-Jul-16	30-Dec-19	\$ 44,000	\$ 7,184			x	HCA	Out of State Residential Expenses	Residential treatment services	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Innovative Concepts, Inc.	10-Jan-18	09-Jan-19	\$ 106,000	\$ 26,144			x	HCA	Residential Habilitation, Supported Living and Host Home Related Residential Expenses	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Innovative Life Solutions, Inc.	01-Oct-12	31-Mar-18	\$ 980,000	\$ 463,906			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	William Davidson	Improved access to a broader array of services for people/families.
Innovative Life Solutions, Inc.	29-Mar-18	28-Mar-19	\$1,941,146.33	\$947,927.82			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Srinivas Bheem	Improved access to a broader array of services for people/families.
Integrated Community Services, Inc.	01-Oct-12	31-Mar-18	\$ 676,500	\$ 111,850			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	William Davidson	Improved access to a broader array of services for people/families.
Integrated Community Services, Inc.	31-Mar-18	30-Mar-19	\$708,334.81	\$665,095.54			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	William Davidson	Improved access to a broader array of services for people/families.
Interdynamics, Inc.	15-Dec-14	18-Dec-19	\$ 30,000	\$ 30,000			x	HCA	RSA Psychologist	Psychological Exam results	Component of determining Eligibility to receive services		RSA	William Davidson	Improved access to a broader array of services for people/families.
INTUIT, Inc.	1-Oct-18	30-Sep-19	\$4,300.00	\$4,300.00	x			Below Competition Threshold	Quickbooks Enterprise Silver Edition 2017	Accounting Software	Accounting software to maintain SSI accounts for DDA Consumers		DDO	Srinivas Bheem	Improved access to a broader array of services for people/families.
J.M. Davis Consulting Group, LLC	03-Aug-17	02-Aug-19	\$ 25,000	\$ 25,000			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Lynne Person	Improved access to a broader array of services for people/families.
Jewish Foundation	01-Oct-16	30-Sep-19	\$34,602.24	\$34,053.00	x		x	HCA	out of state Residential Services	Residential treatment services	Living in the least restrictive setting		DDA	Erin Leveton	Improved access to a broader array of services for people/families.
Joseph Gorin, PsyD & Associates	01-Jul-13	31-May-18	\$18,000.00	\$7,760.00	x		x	HCA	Psychologist for RSA	Psychological Exam results	Component of determining Eligibility to receive services		RSA	William Davidson	Improved access to a broader array of services for people/families.
Joyful Health Care, Inc.	29-Mar-18	28-Mar-19	\$ 31,000	\$ 12,636			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Srinivas Bheem	Improved access to a broader array of services for people/families.
Joyful Health Care, Inc.	01-Oct-12	31-Mar-18	\$45,134.14	\$43,966.80			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Joshua Park	Improved access to a broader array of services for people/families.
L Arche, Inc.	01-Oct-14	30-Sep-19	\$207,966.16	\$173,210.08			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Lynne Person	Improved access to a broader array of services for people/families.
Laser Art, Inc.	1-Oct-18	30-Sep-19	\$30,000.00	\$30,000.00	x			Competitively Bid	Office Services Supplies	Supplies and equipment	Staff to perform daily tasks		DDO	Lynne Person	Improved access to a broader array of services for people/families.
Laura N. Fisher dba/MBA Non-Profit Solutions	15-Mar-14	14-Mar-19	\$ 111,400	\$ 111,400	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	William Davidson	Improved access to a broader array of services for people/families.
LBM Systems, LLC	1-Oct-18	30-Sep-19	\$5,073.53	\$5,073.53	x			Exempt	LBM Software Maintenance forAXAR- DDD	Software updates/main tenance	Annual Support & Update service for AXAR		DDO	William Davidson	Improved access to a broader array of services for people/families.
Libera, Inc.	01-Aug-14	31-Jul-19	\$306,958	\$ 235,258	x			Exempt	Technical Support and License Agreement for Web Based Case Management System for RSA	Various DOE required reports	Case management system that houses the report client service utilization		RSA	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Liberty Healthcare Corporation	01-May-14	30-Apr-19	\$ 2,010,000	\$ 593,874	x			Competitively Bid	DDS Clinicians/Therapists	Medical Service Oversight for	Ensure people receive satisfactory medical care		DDA	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Liberty Healthcare Corporation	01-Oct-16	30-Sep-19	\$1,751,832.00	\$1,751,832.00	x		x	Competitively Bid	Provider Certification Reviews	Provider Service review	Evaluate Waiver providers		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Lifeline, Inc.	01-Oct-12	31-Mar-18	\$ 430,000	\$ 213,006			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Lifeline, Inc.	29-Mar-18	28-Mar-19	\$507,431.05	\$437,824.13			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
LJ Joseph P. Kennedy Institute	01-Aug-15	31-Jul-19	\$ 45,000	\$ 45,000	x			HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Marjul Homes, Inc.	01-Dec-14	30-May-19	\$ 111,000	\$ 73,253			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
MBI Health Services, LLC	01-Jul-15	30-Jun-19	\$ 119,310	\$ 19,870			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
MBI Health Services, LLC	31-Dec-18	30-Dec-19	\$ 409,500	\$ 260,692			x	HCA	Vocational Services-Supported Employment, Job Placement, Evidence-Based Supported	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Frank Van Atta	Improved access to a broader array of services for people/families.
Melmark, Inc.	01-Jun-13	30-Jun-19	\$ 340,000	\$ 276,380			x	HCA	Out of State Residential Services	Residential treatment services	Living in the least restrictive setting		DDA	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Metro Homes, Inc.	01-Oct-12	31-Mar-18	\$ 900,000	\$ 124,208			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Metro Homes, Inc.	30-Mar-18	29-Mar-19	\$755,272.06	\$806,565.59			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Metropolitan Office Products	21-Dec-16	16-Jan-19	\$36,880.00	\$29,450.36	x			Competitively Bid	Multi-Function Printer Copiers	Maintenance and Repair	Continuous operation		DDO	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Metropolitan Washington Ear	01-Oct-12	30-Sep-19	\$ 49,677	\$ 49,677			x	Exempt	Audiological Services-NewsLine	IL Plan	Teach person how to function and adapt to surroundings that will create independence		RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Micro Pact-Iron Data	PO	30-Sep-19	\$283,801.96	\$278,871.96	x			Exempt	DDD Software maintenance	Software updates/main tenance	Software updates/maintenance		DDO	Edmund Nebosh	Improved access to a broader array of services for people/families.
MT&G Enterprise, LLC	01-Oct-14	30-Sep-19	\$ 385,000	\$ 68,010			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Slavosh Hedayati	Improved access to a broader array of services for people/families.
Multi-Therapeutic Services, Inc.	01-Oct-14	30-Sep-19	\$ 765,000	\$ 764,992			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
My Own Place	01-Jan-14	31-May-19	\$ 1,180,000	\$ 282,626			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
National Associates, INC Personnel	23-Jun-15	20-Jun-19	\$ 500,000	\$ 99,000	x			Competitively Bid	Administrative Support for Trial Work Clients	Admin Support	Provide opportunity for work experience for people that have barriers to employment		RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
National Associates, INC	01-Oct-12	30-Sep-18	\$263,927.54	\$214,759.47	x		x	Competitively Bid	Long Term Temporary Administrative Support (NAJ) FY17	Various staff	Meet the needs of the agency		Edmund Nebosh		Improved access to a broader array of services for people/families.
National Children's Center, Inc.	01-Jul-14	30-Jun-19	\$ 2,010,000	\$ 1,539,430			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
National Children's Center, Inc.	01-Jun-15	31-May-19	\$ 6,000	\$ 6,000			x	Competitively Bid	Vocational and Technical Trades Training and/or Certification Programs	Academic support	Enhance Employment Skills		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
National Children's Center, Inc.	01-Dec-15	30-Nov-19	\$ 29,000	\$ 29,000			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
NATL ASSOC OF ST DIR OF DEV DI	1-Oct-18	30-Sep-19	\$ 68,000	\$14,550.00	x			Exempt	DDS/DDA State Employment Leadership Network (SELN) FY2017	Technical Assistance from	Annual dues and technical assistance paid to National Association of State Directors of		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Obsidian Analysis, Inc.	1-Oct-18	30-Sep-19	\$100,000.00	\$100,000.00	x			Competitively Bid	DDS/AMP Direct Emergency Management	Assistance with emergency	Training and materials for DDS staff and providers on emergency mgmt.		DDO	Pamela Hardy	Improved access to a broader array of services for people/families.
Obverse, Corp.	26-Jan-15	25-Jan-19	\$ 85,000	\$ 63,206			x	Competitively Bid	Service Coordination	Contracted/T emp Service Coordination	Pursuant to court order to maintain level of qualified professional service		DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.

Pathways to Housing DC	05-Aug-15	31-Jul-19	\$ 135,000	\$ 135,000				x	HCA	Evidence Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Pendergraft Akston Consulting Services	15-Sep-15	14-Sep-19	\$ 87,000	\$ 87,000				x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Personalized Career Services, LLC	15-Dec-15	14-Dec-18	\$22,270.18	\$18,846.21	x				Competitively Bid	Career Assessments	Assessment Report	Determine person's ability to retain employment	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Piedmont Independence SQ LLC	1-Oct-18	30-Sep-19	\$5,000.00	\$542.01	x				Exempt	Minor Building Maintenance	Services provided by building owner	Repair doors, replace filters, etc...	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
Pitney Bowes	1-Oct-18	30-Sep-19	\$18,980.44	\$17,552.32	x				Exempt	DDS/DDDPitney Bowes Rental and Maintenance for FY17 Account 15623718861	Mailing sorter maintenance/ rental	Purchase of mailing machine and annual maintenance	DDS	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Premier Office & Medical Supply DBA: Premier Suppliers	1-Oct-18	30-Sep-19	\$10,892.96	\$10,892.96	x				Competitively Bid	FY17 DDS/DDO Office Desk Risers w/ attachable 2 monitors	Desk risers	Desk risers	DDS	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Professional Inventory Control Systems (Randall Jean Stattel)	01-Oct-13	30-Sep-18	\$8,000.00	\$8,000.00				x	Competitively Bid	Retail Inventory Services	Blind Vendor Support	Ability to operate vending services	RSVPF	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Project ReDirect, Inc.	01-Oct-12	31-Mar-18	\$ 680,000	\$ 298,347				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Project ReDirect, Inc.	01-Apr-18	31-Mar-19	\$730,434.06	\$713,564.65	x			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Project ReDirect, Inc.	01-Mar-14	28-Feb-19	\$ 80,000	\$ 80,000	x				HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
PSI Services III, Inc.	07-Nov-17	06-Nov-19	\$ 47,000	\$ 47,000				x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Psychiatric Rehabilitation Services, Inc. (PRS)	20-Aug-15	19-Aug-19	\$ 120,000	\$ 120,000				x	HCA	Evidence Based Supported Employment	Employment for DBH referred	Provide services to persons that have psychological barriers to employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Public Performance Management	1-Oct-18	30-Sep-19	\$416,654.66	\$416,304.66	x				Competitively Bid	FY17-DDS DCS IT PURCHASE	Purchased DOS IT equipment	Received all equipment we are in processing of replacing computers and other equipment	DDS	Siavosh Hedayati	Improved access to a broader array of services for people/families.
R&I Consulting Group, LLC dba Club Z! In Home Tutoring Services	05-Apr-16	04-Apr-19	\$ 6,400	\$ 6,400				x	Competitively Bid	Tutoring and Academic Support Services	Academic support	Enhance Employment Skills	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
RCM of Washington, Inc.	01-Oct-14	30-Sep-19	\$ 886,000	\$ 146,676				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
RCM of Washington, Inc.	15-Aug-15	14-Aug-19	\$5,000.00	\$5,000.00	x			x	Exempt	DDS/DDA DSP Coalition Membership FY 17	Technical Assistance from	Annual dues and technical assistance	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
RCM of Washington, Inc.	01-Oct-18	30-Sep-19	\$ 181,000	\$ 178,500				x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Relias Learning Libac	22-Nov-13	21-Nov-18	\$ 10,000	\$ 9,513				x	Exempt	On-line Training for DSP Supervisors and Managers	Training modules	report of staff trained	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
RSCR West Virginia, Inc.	01-Jul-15	30-Jun-19	\$ 246,150	\$ 160,078				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
School Talk, Inc.	15-May-16	14-May-19	\$ 600,000	\$ 495,000	x				HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Seaberry Design and Communications	24-May-16	23-May-19	\$97,352.00	\$97,352.00	x				Competitively Bid	NWD Branding and Marketing Materials	Provide marketing/printing and	Increase outreach and training to NWD Partners and stakeholders	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
SEEC	13-Oct-17	12-Oct-19	\$ 180,000	\$ 180,000	x			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Sivic Solutions Group, LLC	1-Oct-18	30-Sep-19	\$114,000.00	\$114,000.00	x				Exempt	FY17 DDS-DCR and RMTS - Sivic Solutions Group (DCFO Contract)	Provide indirect cost rate and	Indirect cost rate and random moment time study services	CFO	Edmund Nebosh	Improved access to a broader array of services for people/families.
Soul Source, Inc.	15-Sep-15	14-Sep-19	\$65,000.00	\$57,303.75	x			x	HCA	Sign Language Interpreter	Interpreters	Allow accessibility for persons with to receive services	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
St. John s Community Services	01-Dec-13	28-Feb-19	\$ 2,090,000	\$ 312,738				x	HCA	Residential Services	Leases	Living in the least restrictive setting	DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
St. John s Community Services	01-Aug-15	31-Jul-19	\$ 138,000	\$ 58,000	x			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful employment	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Stanley T. Smith, DDS, PC	15-Dec-14	18-Dec-19	\$5,000.00	\$3,064.00				x	Below Competition Threshold	Medical Professional - Dentist	Medical record review	Review records or conduct exam on persons applying for RSA services	RSA	Frank Van Atta	Improved access to a broader array of services for people/families.
Star Office Products, Inc.	1-Oct-18	30-Sep-19	\$30,000.00	\$29,998.99	x				Competitively Bid	FY17-DDS- Office Supplies	General Office Supplies	Items needed to perform daily task	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
Superior Couriers, LLC	22-Nov-17	21-Nov-19	\$10,400.00	\$10,200.00	x				Competitively Bid	Courier Services for DOD	Delivery Service	Receipt of medical reports	DDO	Edmund Nebosh	Improved access to a broader array of services for people/families.
Support Development Associates, LLC	15-Dec-15	15-Jan-19	\$108,043.47	\$4,000.00	x				Sole Source	Person-Centered Practice Series	General Technical Assistance	Capacity building in person centered thinking for staff and providers	SCOPPI	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Supreme Healthcare Services, LLC	01-Dec-17	30-Nov-19	\$ 185,000	\$ 27,245				x	HCA	Residential Habilitation, Supported Living, and Host Home Occupancy Related Residential Expenses for	Leases	Living in the least restrictive setting	DDA	Pamela Hardy	Improved access to a broader array of services for people/families.
Supretch, Inc.	1-Oct-18	30-Sep-19	\$6,583.90	\$6,583.90	x				Below Competition Threshold	FY17 DDS Computers	Computers are purchased for No Wrong	No Wrong door unit using these computers	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
Symbol Foundation for Community Services, Inc.	01-Apr-17	31-Mar-19	\$ 510,000	\$ 239,878				x	HCA	Residential Habilitation, Supported Living, and Host Home Occupancy Related Residential Expenses for	Leases	Living in the least restrictive setting	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
TCS Associates	21-Jan-15	20-Jan-19	\$ 10,500	\$ 10,500				x	HCA	Assistive Technology Assessments and Training	Assessment Report	Determine assistive technology to support reasonable accommodations	RSA	Pamela Hardy	Improved access to a broader array of services for people/families.
TCS Interpreting	01-Oct-15	30-Sep-19	\$ 18,100	\$ 3,100				x	HCA	Sign Language Interpreter	Interpreters	Allow accessibility for persons with to receive services	RSA	Edmund Nebosh	Improved access to a broader array of services for people/families.
The Hamilton Group, Inc.	1-Oct-18	30-Sep-19	\$9,999.25	\$9,999.25	x				Below Competition Threshold	FY17 DOD/DDO Window/Custom Envelopes	DDO Envelopes to send to	DDO Envelopes to send to claimants	DDS	Edmund Nebosh	Improved access to a broader array of services for people/families.
The MECCA Group, LLC	01-Mar-14	28-Feb-18	\$120,000.00	\$98,401.99	x			x	HCA	RSA Psychologist	Psychological Exam results	Component of determining Eligibility to receive services	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Tison and Diaz Solutions, Inc	27-Dec-13	25-Dec-18	\$30,000.00	\$2,000.00	x				Competitively Bid	Vocational Assessments	Assessment Report	Determine person's ability to retain employment	RSA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Total Care Services, Inc.	01-Oct-12	31-Mar-18	\$ 507,000	\$394,077.88				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Edmund Nebosh	Improved access to a broader array of services for people/families.
Total Care Services, Inc.	01-Apr-18	30-Sep-19	\$ 381,000	\$ 253,404				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Siavosh Hedayati	Improved access to a broader array of services for people/families.
Total Healthcare Solutions, LLC	15-Dec-14	15-Dec-18	\$410,000.00	\$381,000.00				x	Competitively Bid	Adaptive Equipment Mgmt. Services	Repair assistive technology or	Ensure equipment is operable	DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Total Healthcare Solutions, LLC	20-Jun-13	19-Jun-18	\$708,975.20	\$658,114.60	x			x	Competitively Bid	Medical Evidence of Record (MER) Retrieval for DOD	Medical record retrieval	Retrieve records needed to conduct exam on persons applying for DOD services	DDO	Karen Whittington	Improved access to a broader array of services for people/families.
Total Healthcare Solutions, LLC	02-Jul-18	31-Jan-19	\$441,000.00	\$441,000.00	x			x	Competitively Bid	Medical Evidence of Record (MER) Retrieval for DOD	Medical record retrieval	Retrieve records needed to conduct exam on persons applying for DOD services	DDO	Karen Whittington	Improved access to a broader array of services for people/families.
Total Quality Residential Services, Inc.	29-Jun-15	28-Jun-19	\$ 85,529	\$3,970.97				x	HCA	Residential Expenses	Leases	Living in the least restrictive setting	DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Tricore Systems, LLC	1-Oct-18	30-Sep-19	\$19,335.00	\$19,335.00	x				Competitively Bid	DDS Card Reader - Tricore Systems (DGS Contract Task Order)	Security door locks	Executive staff access only	DDS	Karen Whittington	Improved access to a broader array of services for people/families.
University Legal Services	31-Mar-14	30-Mar-19	\$ 400,364	\$ 3,000				x	HCA	Assistive Technology Assessments and Training	Assessment Report	Determine assistive technology to support reasonable accommodations	RSA	Karen Whittington	Improved access to a broader array of services for people/families.

Valentine Community Services, LLC	01-Oct-12	31-Mar-18	\$212,436.70	\$198,046.12			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Valentine Community Services, LLC	27-Mar-18	26-Mar-19	\$ 240,000	\$ 205,681			x	HCA	Residential Services	Leases	Living in the least restrictive setting		DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Vincent Greenwood, Ph.D./Washington Center for Cognitive Therapy	01-Apr-13	31-Mar-18	\$89,552.00	\$89,552.00	x		x	HCA	Psychologists for RSA Clients	Psychological Exam results	Component of determining Eligibility to receive services		RSA	Karen Whittington	Improved access to a broader array of services for people/families.
Volunteers of America Chesapeake, Inc.	23-Nov-15	22-Nov-19	\$ 415,000	\$ 6,629			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Ward & Ward Mental Health Services, Inc.	01-Jun-15	31-May-19	\$ 1,300,500	\$ 671,485			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Wash Convention Center Authority	1-Oct-18	30-Sep-19	\$9,785.00	\$7,575.00	x			Exempt	DDS/RSA Washington Convent Center Authority FY2017	Community Provider Fair/Conferece	Adequate space and equipment		DDS	Karen Whittington	Improved access to a broader array of services for people/families.
Wholistic Home & Community	18-Jan-13	31-Mar-18	\$ 1,160,000	\$ 192,757			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Karen Whittington	Improved access to a broader array of services for people/families.
Wholistic Home & Community	27-Mar-18	26-Mar-19	\$1,185,418.50	\$1,131,295.48			x	HCA	Residential Expenses	Leases	Living in the least restrictive setting		DDA	Mark Agosto	Improved access to a broader array of services for people/families.
Woods Services, Inc.	01-Jul-17	30-Jun-19	\$ 786,000	\$ 786,000			x	HCA	Out of State Residential Services	Residential treatment services	Living in the least restrictive setting		DDA	Mark Agosto	Improved access to a broader array of services for people/families.
Words of Life Development Center, LLC	15-Jan-13	14-Jan-19	\$30,000.00	\$13,851.50	x		x	HCA	Psychologist for RSA	Psychological Exam results	Component of determining Eligibility to receive services		RSA	Mark Agosto	Improved access to a broader array of services for people/families.
Work Opportunities Unlimited Contracts, Inc.	01-Aug-15	31-Jul-19	\$ 249,400	\$ 249,400			x	HCA	Vocational Services-Supported Employment, Job Placement, Work Adjustment, Discovery	Employment	Provide services to persons that typically have barriers or impediments to successful		RSA	Erin Leveton	Improved access to a broader array of services for people/families.
Yellow Cab Company of DC, Inc.	10-Sep-15	09-Sep-19	\$ 58,000	\$ 38,900			x	Competitively Bid	Taxi Service For DDS Employees in the DC Metropolitan Area	Staff Transportation	Allow staff that possess a disability that prevents them from driving to work to be in the		DDS	Mark Agosto	Improved access to a broader array of services for people/families.
Zapcar, Inc.	20-Mar-14	19-Mar-19	\$ 100,500	\$ 65,000	x			DPW Task order	Car Rental Services 25 First St, 4th	Staff Transportation	Allow staff that don't drive to work to be in the field with persons		DDS	Mark Agosto	Improved access to a broader array of services for people/families.

Contract Modifications

Vendor	Purpose of Contract	Purpose of Modification	Date	Original Amount	Modification Amount	Difference
IMA Professional Services of DC, PC	Medical Records Reviewers and Core CE Providers for DDD	RSA Supplemental Agreement to include RSA, OY1, M00004	1/2/2018	\$ 4,575,300.00	\$ 4,669,948.50	\$ 94,648.50
		OY2		\$ 4,712,600.00	\$ 4,907,576.00	\$ 194,976.00
		OY3		\$ 4,854,000.00	\$ 5,054,826.00	\$ 200,826.00
		OY4		\$ 4,999,500.00	\$ 5,206,347.00	\$ 206,847.00
		Total M00004		\$ 19,141,400.00	\$ 19,838,697.50	\$ 697,297.50
Liberty Healthcare Corporation	DDS Clinicians/Therapists	Reduced work hours for one (1) Occupational Therapist (OT) position and one (1) Physical Therapist (PT) position, the elimination of one (1) Nutritionist position and the elimination of one (1) Clinical Psychologist position.	4/12/2018	\$ 2,175,137.60	\$ 1,417,510.92	\$ (757,626.68)
Liberty Healthcare Corporation	Provider Certification Review	Delete CLINs 2005, 2006, 3005, 3006, 4005 and 4006 (No record of executed modification)	12/7/2018	\$ 1,751,832.00	\$ 1,580,854.00	\$ (170,978.00)
Georgetown University Center for Child and Human Development	DDA Quality Assurance Health Initiative	Original contract amount of \$1,238,680 modified in M00006 by \$127,445.00 is changed in OY3	1/7/2018	\$ 1,336,125.00	1,366,125.00	\$ 30,000.00

Department on Disability Services (DDS)

MOUs

FY2019

Year	Agencies	Service	Buyer/Seller	Date Expires	Status
FY 19	DDS/Department of Human Resources	Suitability	Buyer	30-Sep-19	Completed
FY 19	DDS/Office of Contracting and Procurement (OCP)	OCP Staff	Buyer	30-Sep-19	Completed
FY 19	DDS/Child and Family Services Agency (CFSA)	See attached (Q59): CFSA Parenting Services	Buyer	30-Sep-19	Completed
FY 19	DDS/Child and Family Services Agency (CFSA)	Waiver Services for CFSA community youth (JC, JJ, AS, JB)	Seller	30-Sep-19	Completed
FY 19	DDS/Department of Health Care Finance (DHCF)	Waiver	Buyer		In process
FY 19	DDS/DC Workforce Investment Council	AJC Resource Sharing	Buyer	30-Sep-19	Completed
FY 19	DDS/RSA/Department of Human Resources	DCHR to hire Disability Employment Specialist	Buyer	30-Sep-19	Completed
FY 19	DDS/RSA/District of Columbia Public Schools	Pre-ETS	Buyer	1-Dec-20	Completed
FY 19	DDS/RSA/Office of Disability Rights	Washington Ear	Seller		In process
FY 19	DDS/RSA/District of Columbia Public Library	Access to NFB Newsline	Buyer	30-Sep-19	Completed
FY 19	DDS/RSA/Office On Aging	Support for Senior Centers for people who are Blind or Deaf	Buyer	30-Sep-19	Completed



dchr

D.C. DEPARTMENT OF HUMAN RESOURCES

MEMORANDUM OF UNDERSTANDING

Between Department on Disability Services, and
the D.C. Department of Human Resources

Fiscal Year 2019

I. INTRODUCTION

This Memorandum of Understanding (MOU) is entered into between the District of Columbia Department on Disability Services (the Buyer) and the District of Columbia Department of Human Resources (the Seller), collectively known as the Parties.

II. PROGRAM GOALS AND OBJECTIVES

The Seller administers the suitability screening process, which assesses whether appointees, employees, and volunteers are suitable for District employment. The Seller will provide the Buyer with suitability-related services for its appointees, employees, and volunteers who are subject to enhanced suitability screenings. The objective of the suitability screenings is to determine whether each specific appointee, employee, or volunteer is suitable for the relevant covered position, consistent with Title 6-B, Section 400 *et seq.*, of the District of Columbia Municipal Regulations (D.C. Mun. Regs.).

III. SCOPE OF SERVICES

In pursuit of the shared goals of the Parties to carry out the program goals and objectives expeditiously and economically, the Parties hereby agree to the following:

A. Responsibilities of the Seller

1. The Seller shall provide suitability screening services for the Buyer. The Seller shall, at a minimum, provide the projected enhanced suitability screenings indicated in the chart in Section VI(A)(3) of this MOU.
2. The Seller shall ensure that suitability screenings are conducted in a manner consistent with prevailing District and federal law for each of the Buyer's appointees, employees, and volunteers who are subject to suitability screenings.
3. For each appointee, employee, and volunteer who undergoes an enhanced suitability screening, the Seller shall make a suitability determination in accordance with D.C. Mun. Regs. tit. 6-B, § 400 *et seq.* Each suitability determination shall be provided to the Buyer through an electronic means established by the Seller.

B. Responsibilities of the Buyer

1. The Buyer shall compensate the Seller for providing suitability services and shall advance to the Seller \$12,678.36 for the services indicated in the chart in Section VI(A)(3).
2. The Buyer shall provide, and ensure the Seller receives, all documentation reasonably necessary to carry out the Seller's responsibilities under this MOU.
3. The Buyer agrees to be bound by the provisions contained in D.C. Mun. Regs. tit. 6-B,

§ 400 *et seq.* Moreover, the Buyer agrees that for purposes of that chapter, the Seller serves as the Program Administrator.

IV. DURATION OF MOU

- A. The period of this MOU shall be from October 1, 2018, through September 30, 2019 ("Fiscal Year 2019"), unless terminated in accordance with Section XI prior to the expiration.
- B. The Parties may extend the term of this MOU by exercising a maximum of one (1) option period. The option period may consist of a year, a fraction thereof, or multiple successive fractions of a year. The Buyer shall provide notice to the Seller of its intent to renew an option period prior to the expiration of this MOU.
- C. The exercise of an option period is subject to the availability of funds at the time of the exercise of the option.

V. AUTHORITY FOR MOU

This MOU is authorized by D.C. Official Code § 1-301.01(k) (2016 Repl.). The MOU is entered into to carry out the provisions of D.C. Mun. Regs. tit. 6-B, § 400 *et seq.*, in accordance with any other applicable District and federal laws, regulations, and policies.

VI. FUNDING PROVISIONS

A. Cost of Services

- 1. Total cost for services under this MOU shall not exceed **\$12,678.36** for Fiscal Year 2019. Funding for services shall not exceed the actual cost of the goods and services.
- 2. The estimated cost of this MOU is based upon the projected service costs outlined in the table below. These projections are only estimates and do not account for all suitability services that may be provided under this MOU. For example, the Buyer may request weekend service collections which may result in overtime fees. However, the total resulting service cost shall not exceed the maximum amount of this MOU established in subsection (A)(1) above.
- 3. In the event a Party terminates this MOU, payment to the Seller shall be held in abeyance until all required fiscal reconciliation, but no later than September 30th of the current fiscal year.

COST OF SERVICES					
Agency Population: 375					
DDS	Positions	Criminal Checks	Drug Screening	Alcohol Testing	Credit Checks
Number of Positions That Require Checks	Safety	0	0	0	
	Protection	285	285	285	
	Security	85			85
	Volunteers	0			
	Summer Hires	0	0	0	
Total Number of Positions Multiplied by Agency Turnover Rate: 0.061					
	Positions	Criminal Checks	Drug Screening	Alcohol Testing	Credit Checks
Projection	Appointees	22	17		5
	Recerts/Randoms	173	0	0	
	Total Projected	195	17	0	5
Projected Cost of Services					
	Type of Cost	Criminal Checks	Drug Screening	Alcohol Testing	Credit Checks
Service Cost	Unit Cost	\$30.00	\$44.50	\$34.00	\$10.00
	Personnel Cost	\$28.49	\$27.43	\$0.00	\$0.00
	Subtotal	\$58.49	\$71.93	\$34.00	\$10.00
	Total Projected	x 195	x 17	x 0	x 5
	Total Cost	\$11,405.55	\$1,222.81	\$0.00	\$50.00
	Grand Total	\$12,678.36			

B. PAYMENT

1. Payment for the services described shall be made through an Intra-District advance by the Buyer to the Seller based on the total amount of this MOU.
2. Pursuant to the Financial Review Process ("FRP") mandated by the Office of the Chief Financial Officer, all services provided through Intra-District funding shall be reported monthly in the Department on Disability Services' FRP submission to the Office of Budget and Planning.
3. The Seller shall submit quarterly reconciliations that shall include the amounts billed for that period. The invoices shall include: (1) a list of services and their costs; and, (2) a list of labor costs including hourly rates for all laborers.
4. Advances to the Seller for the services to be performed shall not exceed the amount of this MOU.

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5. The Seller shall receive the advance and bill the Buyer through the Intra-District process only for those services actually provided pursuant to the terms of this MOU. The Seller shall return any excess advance to the Buyer at least thirty calendar (30) days prior to the end of the current fiscal year.
6. The Parties' Directors, or their designees, shall resolve all adjustments and disputes arising from services performed under this MOU. In the event the Parties are unable to resolve a financial issue, the matter shall be referred to the Office of Financial Operations and Systems, in writing, for final resolution.

VII. ANTI-DEFICIENCY CONSIDERATIONS

The Parties acknowledge and agree that their respective obligations to fulfill financial obligations of any kind pursuant to any and all provisions of this MOU, or any subsequent agreement entered into by the Parties pursuant to this MOU, are and shall remain subject to the provisions of: (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351; (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2015 Repl. & 2017 Supp.); (iii) D.C. Official Code § 47-105 (2015 Repl.); and, (iv) D.C. Official Code § 1-204.46 (2016 Repl.), as may be amended, regardless of whether a particular obligation has been expressly so conditioned.

VIII. COMPLIANCE AND MONITORING

As this MOU is funded by District of Columbia funds, the Seller may be subject to scheduled and unscheduled monitoring reviews to ensure compliance with all applicable requirements.

If the services of an agent, contractor, consultant or other third party will be utilized to execute the processes described in this MOU, then the Parties shall abide by the provisions of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code § 2-351.01, *et seq.*) (2016 Repl.) to procure those services.

IX. RECORDS AND REPORTS

The Seller shall maintain records and receipts for the expenditure of all funds provided pursuant to this MOU for a period of no less than three (3) years from the date of expiration or termination of this MOU and, upon the request of Department on Disability Services or another District of Columbia government agency with legal authority to request review, make these documents available for inspection by duly authorized representatives of the Buyer and other officials as may be specified by the District of Columbia.

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X. CONFIDENTIAL INFORMATION

The Parties to this MOU will use, restrict, maintain, disclose, safeguard and dispose of all information related to services provided under this MOU in accordance with all relevant federal and local statutes, regulations, and policies. Information received by either Party in the performance of responsibilities associated with this MOU shall remain the property of the Buyer.

XI. TERMINATION

Either Party may terminate this MOU in whole or in part by giving forty-five (45) calendar days advance written notice to the other Party. In the event of termination of this MOU, the Seller will conclude any previously-requested suitability services and bill the Buyer accordingly.

XII. NOTICE

The following individuals are the contact points for each Party under this MOU:

For DCHR (the Seller):

Justin Zimmerman, Esq., Associate Director
Policy and Compliance Administration
1015 Half St SE, Washington DC 20003
(202) 727-1568

For Department on Disability Services (the Buyer):

Gria Hernandez
Department on Disability Services
250 E St SW, Washington, DC 20024
(202)-730-1629

XIII. AMENDMENTS OR MODIFICATIONS

The terms and conditions of this MOU may be amended or modified only upon prior written agreement by the Parties. Amendments or modifications shall be dated and signed by the authorized representatives of the Parties.

XIV. MISCELLANEOUS

The Parties shall comply with all applicable laws, rules and regulations whether now in effect or hereafter enacted or promulgated and agree to be governed by the Comprehensive Merit Personnel Act, D.C. Official Code § 1-601.01 *et seq.*, as implemented through the District Personnel Manual.

The Parties hereto have executed this MOU as follows:

FOR THE DEPARTMENT ON DISABILITY SERVICES



Andrew Reese,
Director

10/24/8

Date

FOR THE D.C. DEPARTMENT OF HUMAN RESOURCES

Ventris C. Gibson,
Director

Date

**MEMORANDUM OF UNDERSTANDING BETWEEN THE
OFFICE OF CONTRACTING AND PROCUREMENT AND THE
DEPARTMENT ON DISABILITY SERVICES
FOR
PROCUREMENT SERVICES
IN
FY 2019**

This Memorandum of Understanding ("MOU") is entered into between the Department on Disability Services ("DDS" or "Buyer") and the Office of Contracting and Procurement ("OCP" or "Seller"), collectively referred to herein as the "Parties."

I. PURPOSE

The District Government has implemented a procurement reform strategy to streamline processing operations by authorizing agencies to manage the purchase of goods and services that are needed to perform agency functions — recognizing that many of the District's purchasing needs are "business" specific. The reform strategy has been implemented through delegated procurement authority authorized by the District's Chief Procurement Officer. The purpose of this MOU is to provide for the intra-District transfer of funds to support procurement reform for Fiscal Year 2019.

II. OBLIGATIONS OF THE PARTIES

Pursuant to the applicable authorities and in the furtherance of the shared goals of the Parties to carry out the purposes of this MOU expeditiously and economically, the Parties do hereby agree:

A. RESPONSIBILITIES OF OCP

1. OCP shall provide support to the DDS, its director and the various program officials within the DDS on procurement matters, including, but not limited to:
 - a) Assist agency staff in the planning and preparation of procurement-related documents;
 - b) Advise program staff on appropriate procurement methodology and solicitation management; and
 - c) Provide additional procurement support as necessary.
2. OCP shall ensure that the revenues for this project are reflected in the budget entry budget line item detail screen and the appropriate accumulators.
3. OCP shall establish an agency internal service fund with a corresponding index and PCA that ties to the fund and agency organization structure for the transfer of funds from DDS to OCP.
4. OCP projects the costs below for providing the services under this MOU.
5. OCP may, during staff vacancy lapse period, reprogram funds for non-personnel services to meet the service requirement under this MOU.
6. If the actual proportionate funds required are less than anticipated, OCP shall grant a refund to DDS.

B. RESPONSIBILITIES OF DDS

1. DDS shall budget for all services requested in this MOU.
2. DDS shall transfer an aggregate amount of \$481,150.53.
3. DDS shall provide office space, conference space and file space for all procurement personnel assigned to DDS.
4. DDS shall provide facsimile machines, telephones, photocopiers, shredders and other office equipment to the OCP procurement staff.
5. DDS will provide on-site IT support services.

III. AUTHORITY FOR MOU D.C.

Official Code § 1-301.01(k).

IV. FUNDING PROVISIONS

A. COST OF SERVICES

1. The total cost for the services provided under this MOU shall not exceed four hundred eighty one thousand one hundred fifty dollars and fifty three cents (\$481,150.53) for DDS, as reflected in Section IV.B. Funding for the services shall not exceed the actual cost of the services.
2. The estimated cost of this MOU is based on the total budget for the salaries and fringe benefits of the four (4) DDS procurement personnel.
3. In the event of termination of this MOU, payment to OCP shall be held in abeyance until all required fiscal reconciliation, but not longer than September 30 of the current fiscal year.

B. PAYMENT

1. Payment for the services provided under this MOU shall be made through Intra-District advances by DDS to OCP in the amount set forth in the following chart:

Agency	No. of Employees	Salaries	Fringe	NPS	Total
DDS	4	\$395,683.00	\$85,467.53	\$0	\$481,150.53

2. OCP shall submit quarterly reconciliations which shall describe the amounts billed for that period. The reconciliations shall include the amounts paid for services for that quarter.
3. Advances to OCP for the services to be performed under this MOU shall not exceed the amount of this MOU, as set forth in section IV.A.1.

- 4 OCP will collect the advance and bill DDS through the Intra-District process only for those services actually provided pursuant to the terms of this MOU. OCP will notify DDS within forty-five (45) days of the current fiscal year if it has reason to believe that all of the advance will not be billed during the current fiscal year. OCP will return any excess advance to DDS by September 30, 2019.

C. ANTI-DEFICIENCY CONSIDERATIONS

The Parties acknowledge and agree that their respective obligations to fulfill financial obligations of any kind pursuant to any and all provisions of this MOU, or any subsequent agreement entered into by the parties pursuant to this MOU, are and shall remain subject to the provisions of: (i) the federal Anti-Deficiency Act, 31 U.S.C. §§1341, 1342, 1349, 1351; (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08; (iii) D.C. Official Code § 47-105; and (iv) D.C. Official Code § 1-204.46, as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

V. DURATION OF MOU

The period of this MOU shall be from October 1, 2018 through September 30, 2019.

VI. COMPLIANCE AND MONITORING

As this MOU is funded by District government funds, OCP will be subject to scheduled and unscheduled monitoring reviews to ensure compliance with all applicable requirements.

VII. RECORDS AND REPORTS

OCP shall maintain records and receipts for the expenditure of all funds provided for a period of no less than three years from the date of expiration or termination of the MOU and, upon the District of Columbia's request, make these documents available for inspection by duly authorized representatives of DDS and other officials as may be specified by the District of Columbia at its sole discretion.

VIII. RESOLUTION OF DISPUTES

Pursuant to section 865(c) of the CMPA, the Chief Financial Officer for the District of Columbia shall resolve any disputes regarding the exact amounts to be transferred to the OCP under this MOU.

IX. CONFIDENTIAL INFORMATION

OCP and DDS shall use, restrict, safeguard, and dispose of all information related to services provided pursuant to this MOU in accordance with all relevant federal and local statutes, regulations, and policies.

X. NOTICE

The following individuals are the contact points for OCP and DDS:

For the Office of Contracting and Procurement
Marvin Manassa, Associate Director for Business Resources
Email: marvin.manassa@dc.gov
Phone: (202) 576-7352

For the Department on Disability Services
T. Jared Morris, Chief of Staff
Email: thomas.morris@dc.gov
Phone: (202) 730-1548

XI. MODIFICATIONS

The terms and conditions of this MOU may be modified only upon prior written agreement by the Parties.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as of the day and year written below:

Department on Disability Services (Buyer):



Andrew Reese, Director

10/16/18

Date

Office of Contracting and Procurement (Seller):



George A. Schutter III, Director

25 Oct 18

Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES
AND
CHILD AND FAMILY SERVICES AGENCY
FOR FISCAL YEAR 2019**

I. INTRODUCTION

This Memorandum of Understanding ("MOU") is entered into between the District of Columbia Child and Family Services Agency ("CFSA"), the buyer agency, and the Department on Disability Services ("DDS"), the seller agency, collectively referred to herein as the "Parties".

II. AUTHORITY FOR MOU

The Parties are authorized to enter into this MOU pursuant to D.C. Code § 1-301.01(k). In addition, the Parties are authorized to enter into this MOU consistent with the Department on Disabilities Services Establishment Act of 2006 (D.C. Law 16-264; D.C. Official Code § 7-761.01 *et seq.*) and the Child and Family Services Agency Establishment Amendment Act of 2000 (D.C. Law 13-277; D.C. Official Code § 4-1303.01a *et seq.*).

III. OVERVIEW OF PROGRAM GOALS AND OBJECTIVES

The purpose of this MOU is to provide care for [REDACTED], born [REDACTED]; [REDACTED] born [REDACTED] [REDACTED] born, [REDACTED] and [REDACTED] born [REDACTED], collectively referred to herein as the "youths". These youths are committed to CFSA, but each youth meets the eligibility requirements for services provided by DDS. This MOU establishes the funding for CFSA to pay to DDS the expected costs for occupancy and contracting with DDS Medicaid provider agencies that meet the criteria for a Choice Provider status through the date of these youths' 21st birthday on [REDACTED] [REDACTED] [REDACTED] and [REDACTED] 2019 (JB).

IV. SCOPE OF SERVICES

Pursuant to the applicable authorities and in the furtherance of the shared goals of the Parties to carry out the purposes of this MOU expeditiously and economically, the Parties hereby agree as follows:

A. RESPONSIBILITIES OF DDS

DDS shall:

1. Provide appropriate placement for the youths.
2. Provide case management services to include, but not be limited to, supported living services, nutrition services, fitness services, a behavior support plan, service coordination and support for any mental health services for the youth through the use of any provider networks utilized by DDS. Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, advocacy and services to meet the youth's comprehensive needs through communication and available resources to promote quality outcomes.
3. Except in emergency situations, provide at least thirty (30) calendar days advance written notice to CFSA prior to moving the youths to a new placement. A new placement is defined as a youth moving from one placement to another placement because of a disruption.

B. RESPONSIBILITIES OF CFSA

CFSA shall:

1. Make timely monthly payments to DDS at a daily rate of \$204.11 for the 365-day period of October 1, 2018, through September 30, 2019, for JC.
2. Make timely monthly payments to DDS at a daily rate of \$223.31 for the 27-day period of October 1, 2018, through October 27, 2018, for SJ.
[REDACTED]
[REDACTED] DDS [REDACTED] the 224-
[REDACTED] er 1, [REDACTED] y 13, [REDACTED]
4. Make timely monthly payments to DDS at a daily rate of \$183.70 for the 336-day period of October 1, 2018, through September 2, 2019, for JB.
5. Provide full case management support for the youth. Case management is a co [REDACTED] of nation, evaluation, advocacy and services to meet the youth's comprehensive needs through communication and available resources to promote quality outcomes.

V. DURATION OF MOU

A. PERIOD

The period of this MOU shall be from October 1, 2018, through September 30, 2019, unless terminated in writing by the Parties pursuant to Section XI of this MOU or extended pursuant to subsection B below.

B. EXTENSION

The Parties may extend the period of this MOU by exercising a maximum of two additional one-year option periods beginning with fiscal year (FY) 2020 (*i.e.* October 1, 2019) and through the youth's 21st birthday (*i.e.* February 26, 2021). Option periods may consist of a fiscal year, a fraction thereof, or multiple successive fractions of a year. CFSA shall provide DDS with written notice of its intent to exercise an option period thirty (30) calendar days prior to the expiration of the initial or any extension period of this MOU. The exercise of an option is subject to the availability of funds at the time of the exercise of the option.

VI. FUNDING PROVISIONS

A. COST OF SERVICES

1. Total cost for services under this MOU in FY 2019 shall not exceed One Hundred Ninety-One Thousand Two Hundred and Fifty Two Dollars and Seventy-Two Cents (\$191,252.72).
2. The daily rates in FY 2019 are \$204.11 for 365 days for JC, \$223.31 for 27 days for SJ, \$218.75 for 224 days for AS, and \$183.70 for 336 days for JB.
3. Funding for services shall not exceed the actual cost of the services provided, based on the rates provided in the budget attached as Attachment A.

B. PAYMENT

1. Payment for the services shall be made through an Intra-District advance by CFSA to DDS based on the total amount of this MOU.
2. DDS shall submit a monthly invoice to CFSA, which shall include itemized monthly claims for reimbursement with the name of the youth receiving the services under this MOU.
3. Payments to DDS for the services to be provided under this MOU shall not exceed the amount of this MOU.
4. DDS shall relieve the advance and bill CFSA through the Intra-District process only for those services actually provided pursuant to the terms of this MOU. DDS shall notify CFSA within forty-five (45) calendar days of the current fiscal year if it has reason to believe that all of the advance will not be billed during the current fiscal year. DDS shall return any excess advance to CFSA within thirty (30) calendar days of the end of the current fiscal year.

C. ANTI-DEFICIENCY ACT CONSIDERATIONS

The Parties acknowledge and agree that nothing in this MOU creates a financial obligation in anticipation of an appropriation and that all provisions of this MOU, or any subsequent agreement entered into by the parties pursuant to this MOU, are and shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08, (iii) D.C. Official Code § 47-105, and (iv) D.C. Official Code § 1-204.46, as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

VII. AMENDMENTS AND MODIFICATIONS

This MOU may be amended or modified only upon prior written agreement of the Parties. Amendments or modifications shall be dated and signed by the authorized representatives of the Parties.

VIII. CONSISTENT WITH LAW

- A. The Parties shall comply with all applicable laws, rules and regulations whether now in effect or hereafter enacted or promulgated.
- B. This MOU shall not be construed to create any rights, substantive or procedural, enforceable at law by any person in any judicial or administrative matter.

IX. COMPLIANCE AND MONITORING

DDS will be subject to scheduled and unscheduled monitoring reviews to ensure compliance with all applicable requirements.

X. RECORDS AND REPORTS

DDS shall maintain records and receipts for the expenditure of all funds provided pursuant to this MOU for a period of no less than three (3) years from the date of expiration or termination of this MOU and, upon the District of Columbia's request, make these documents available for inspection by duly authorized representatives of CFSA and other officials as may be specified by the District of Columbia in its sole discretion. DDS will maintain client records consistent with applicable laws, document retention schedules, and contracts.

XI. TERMINATION

Either Party may terminate this MOU in whole or in part by giving at least thirty (30) calendar days advance written notice to the other Party. In the event of termination of this MOU, payment to DDS shall be held in abeyance until all required fiscal reconciliation, but not later than September 30 of the then current fiscal year.

XII. NOTICES

The following individuals are the contact points for each Party:

For DDS:

Winslow Woodland, Deputy Director
Developmental Disabilities Administration
D.C. Department on Disability Services
250 E Street, SW, 5th Floor
Washington, DC 20024

For CFSA:

Ransom Washington, Acting Administrator
Kinship and Placement Administrations
D.C. Child and Family Services Agency
200 I Street, SE, Room 22654
Washington, DC 20003

XIII. PROCUREMENT PRACTICES ACT

If a District of Columbia agency or instrumentality plans to utilize the services of an agent, contractor, consultant or other third party to provide any of the goods and/or services under this MOU, then the agency or instrumentality shall abide by the provisions of the District of Columbia Procurement Practices Reform Act of 2010 (Law 18-37; D.C. Official Code § 2-351.01 *et seq.*) to procure the goods or services.

XIV. RESOLUTION OF DISPUTES

The Directors of DDS and CFSA, or their designees, shall resolve all disputes and/or adjustments resulting from the services provided under this MOU. In the event the Parties cannot resolve a dispute, the matter shall be referred to the Deputy Mayor for Health and Human Services. The decision of the Deputy Mayor related to any disputes referred shall be final. In the event the Parties are unable to resolve a financial issue, the matter shall be referred to the Office of Financial Operations and Systems.

XV. CONFIDENTIAL INFORMATION

The Parties to this MOU will use, restrict, safeguard and dispose of all information related to services provided by this MOU in accordance with all relevant federal and District statutes, regulations, and policies. Specifically, the Parties acknowledge that information concerning the client is confidential and needs to be maintained in a safe and secure fashion. Information received by either Party in the performance of

responsibilities associated with the performance of this MOU shall remain the property of DDS and CFSA.

The Safeguarding of information regarding children, youth, and families in accordance with the Health Information Portability and Accountability Act (HIPAA) laws, which includes but not limited to PHI and PII and all federal and district laws governing confidentiality. CFSA shall be notified in the event clients data is breached or lost within the time allotted by applicable policies and/or legislation.


IN WITNESS WHEREOF, the Parties hereto have executed this MOU as follows:

Department on Disability Services:


Andrew P. Reese
Director

Date: 11/5/18

Child and Family Services Agency:


Brenda Donald
Director

Date: 11-6-18

1. Parties and Purpose

The parties to this Memorandum of Understanding (MOU) are the Mayor of the District of Columbia (the District), who is its Chief Elected Official, the District of Columbia Workforce Investment Council (DC WIC), and the District of Columbia Department on Disability Services (DDS), a one-stop partner (Partner), and the District of Columbia Department of Employment Services (DOES)/ Office of the Chief Financial Officer (OCFO) as the Fiscal Agent for the Agreement on Resource Sharing (Attachment C), with responsibility for allocating funds in accordance with policies set by the DC WIC. For the purpose of this MOU, "partner" is defined as "any District agency or local provider that has signed an MOU with DC WIC and the Mayor's Office for the purpose of AJC operation under WIOA," including but not limited to the District agencies and local providers identified in this Section 5 of this MOU. The MOU provides the basis for cooperation, collaboration, and alignment, including resource sharing, pertaining to the operation of the American Job Centers (AJCs) of Washington, DC (also referred to as DCAJCs), which function as the one-stop workforce development service delivery system for the District.

The purpose of MOU is to:

- Define the roles and responsibilities of DC WIC and DDS, as they relate to the operation and continued development of the local workforce system, which consists of all Workforce Innovation and Opportunity Act (WIOA) required one-stop partner programs, and is led by District's network of AJCs.
- Coordinate resources and avoid duplication of effort and expenditures.
- Ensure the effective and efficient delivery of AJC and partner services.
- Enhance the workforce system and AJC services to create a seamless customer experience.
- Increase and maximize access to workforce services for individuals with barriers to employment.
- Establish coordinated processes and procedures that will, ultimately, enable partners to align and integrate programs and activities across the workforce system.

This document ensures compliance with the federal Workforce Innovation and Opportunity Act (PL 113-128) and its implementing regulations, and provides the framework to achieve shared goals between the parties to the MOU and among other workforce development system partners in the District, with regard to providing comprehensive, seamless, customer-focused delivery of employment, training and related services. The chief elected official for the District of Columbia Workforce Area is the Mayor, who must approve any MOUs entered into by the DC WIC.

2. Background

On July 22, 2014, President Obama signed WIOA into law. WIOA is designed to strengthen and improve the nation's public workforce system and help get Americans, including disconnected youth and those with significant barriers to employment, into high-quality jobs and careers and help businesses hire and retain skilled workers.

In June 2016, the U.S. Department of Labor and the U.S. Department of Education issued final regulations to implement WIOA. The regulations clarify the need and expectation to modernize the nation's workforce system and represent an integrated, job-driven approach to support communities and expand job growth.

The regulations reaffirm the role of the one-stop delivery system as the cornerstone of public workforce development programs and require organizations managing and operating federal partner programs to collaborate to support a seamless customer-focused service delivery network. The regulations further require that programs and providers co-locate, coordinate, and/or otherwise integrate resources, activities and information, so that the system as a whole is accessible for individuals and businesses alike. The ultimate goal of the system is to increase the long-term employment and earnings outcomes for individuals seeking services, especially those with significant barriers to employment.

As indicated, the MOU is an agreement developed and executed by the DC WIC, the Mayor and the one-stop partners relating to the operation of the one-stop delivery system. As the management of the American Job Center network is the shared responsibility of the WIC, the Mayor, WIOA core program partners, the required one-stop partners, other (optional) one-stop partners, and American Job Center Operator (also referred to the One-Stop Operator), the U.S. Department of Labor and other federal agencies expect partners in local workforce systems to work together in developing an MOU that demonstrates the spirit and intent of WIOA, thereby ensuring the successful integration and implementation of partner programs in American Job Centers.

The District's State Plan

In March 2016, the District submitted a Unified State Plan to the U.S. Departments of Labor and Education detailing how it will use the new law to create an innovative, comprehensive plan to move the city forward. The District's State Plan lays out specific strategies and operational components for overall workforce system improvements, focusing on five key areas: system alignment, access, performance, business alignment, and youth services. There is special attention paid toward high-growth

industries to ensure that DC residents are prepared for the jobs of today and of tomorrow.

Implementation of WIOA within the District

The District is taking a phased approach to WIOA implementation over four years (2015 through 2018), prioritizing key decisions and activities described in the District's Unified State Plan and incorporating federal guidance. Over the course of a multi-phased plan, DC WIC continues to work toward and achieve key milestones, including but not limited to: preparing and obtaining approval of the Unified State Plan; harnessing the knowledge of stakeholders through WIOA Working Groups to inform system development; developing a WIOA-compliant policy manual; procuring a WIOA-mandated One-Stop Operator; developing and executing MOUs; and implementing an AJC certification system.

3. WIOA Requirements and References

WIOA prescribes the following with regard to partners and MOUs

- WIOA Section 121(c) requires that DC WIC develop and enter into a memorandum of understanding with the AJC/one-stop system partners.
- WIOA Section 121(b)(1)(A)(iii) mandates all entities that are required partners in a local area to enter into an MOU with DC WIC pursuant to WIOA Section 121(c).
- WIOA Section 121(b)(1) identifies the partner programs and requires that the services and activities under each program be made available through and/or in connection with the local AJC system. The entities that receive the funds for each of these programs and/or have the responsibility to administer the respective programs in the District are required partners under WIOA Section 121(b)(1).
- WIOA Section 121(b)(1)(A)(ii) requires each core partner to use a portion of available funding to maintain the one-stop delivery system, including infrastructure costs, as determined by an analysis of benefit to the partner program.
- WIOA Section 121(b)(1)(A)(iv) indicates that the requirements of each partner's authorizing legislation continue to apply under the local workforce system and that participation in the AJC system is in addition to other requirements applicable to each partner's program under each authorizing law.

4. DC WIC – Roles and Responsibilities

The DC WIC, which has oversight of federal workforce funding and programming, is a private-sector led board responsible for advising the Mayor, Council, and District government on the development, implementation, and continuous improvement of an

effective workforce investment system. Members of the WIC, include representatives from the private sector, government officials, organized labor, youth and community groups, and organizations with workforce investment experience. The WIC also convenes and leads system stakeholders to ensure workforce programs and initiatives align with business needs. The Workforce Investment Council functions as the District's State and local workforce development board in accordance the requirements of WIOA.

DC WIC is responsible for: coordination of partners within the District's workforce system in accordance with WIOA; building partnerships, including those with businesses; convening a leadership team comprised of system partners; aligning and coordinating programs; overseeing the quality and continuous improvement of the workforce system; and certifying AJCs. Some of the foregoing responsibilities will be assigned to a One-Stop Operator competitively procured by the DC WIC.

In addition, WIOA Section 107 requires DC WIC to:

- Develop a State Workforce Plan and coordinate its implementation across the system partners.
- Conduct Workforce Research and Regional Labor Market analysis.
- Convene, broker and leverage local providers, stakeholders and resources.
- Lead employer engagement to promote business representation, develop linkages, implement effective sector strategies, and ensure workforce investments support the needs of employers.
- Lead efforts to develop and implement career pathways.
- Identify and promote proven and promising practices.
- Maximize the use of technology in the provision of services to job seekers and employers.
- Conduct program oversight to ensure appropriate use, management and investment of workforce resources.
- Negotiate local performance measures.
- Select operators and providers.
- Identify eligible providers of training and career services.
- Coordinate the delivery of core WIOA programs through the one-stop service delivery system.

DC WIC acts on behalf of the District to oversee WIOA Title I resources. Furthermore, DC WIC commits to the adoption of strategies to support talent development, job creation, income progression, business competitiveness and expanded opportunities for citizen prosperity.

5. Core Partners and Other One-Stop Partner Programs

WIOA describes core partner programs, required one-stop/AJC partner programs and additional one-stop/AJC partner programs.

Core Partners: WIOA calls for strengthening the alignment of core workforce programs by imposing unified strategic planning requirements, common performance accountability measures, and requirements governing the one-stop delivery system. The core workforce programs under WIOA include:

- Adult, Dislocated Worker and Youth Programs (Title I of WIOA)
- Adult Education and Family Literacy Act Program (Title II)
- Wagner-Peyser Act Program (Wagner-Peyser Act, as amended by Title III)
- Vocational Rehabilitation Program (Title I of the Rehabilitation Act of 1973, as amended by Title IV)

One-Stop/AJC Partner Programs: WIOA identifies the required one-stop partner programs. Generally, the entity that carries out the program serves as the one-stop partner. This may be the grant recipient, administrative entity, or organization responsible for administering the funds of the specified program in a local area. Carrying out a program or activity means that the partner is providing any of the services its grant, contract, or program requires.

The District's one-stop/AJC partner programs, which include the core partners' programs and administrators/providers are:

	<i>One-Stop/AJC Partner Program</i>	<i>District Agency/Local Provider</i>
<i>U.S. Department of Labor Programs</i>		
1.	Adult (<i>WIOA title I formula</i>)	Department of Employment Services
2.	Dislocated Worker (<i>WIOA title I formula</i>)	Department of Employment Services
3.	Youth (<i>WIOA title I formula</i>)	Department of Employment Services
4.	YouthBuild (<i>WIOA title I</i>)	YouthBuild PCS
5.	Job Corps (<i>WIOA title I</i>)	Potomac Job Corps Center – Exceed Corporation
6.	Senior Community Service Employment Program (title V of the Older Americans Act of 1965)	Department of Employment Services
7.	Trade Adjustment Assistance activities (Trade Act of 1974, as amended)	Department of Employment Services
8.	Jobs for Veterans State Grants	Department of Employment Services

**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

	(Chapter 41 of title 38)	
9.	Unemployment Compensation programs	Department of Employment Services
10.	Wagner-Peyser Act ES, as authorized under the Wagner-Peyser Act, as amended by WIOA title III	Department of Employment Services
U.S. Department of Education Programs		
11.	Adult Education and Family Literacy Act (AEFLA) program (WIOA title II)	Office of the State Superintendent of Education
12.	State VR program, authorized under title I of the Rehabilitation Act of 1973, as amended by WIOA title IV	Department on Disability Services
13.	Career technical education programs at the postsecondary level, authorized under Carl D. Perkins Career and Technical Education Act of 2006	Office of the State Superintendent of Education
U.S. Department of Health and Human Services Programs		
14.	Programs authorized under the Social Security Act title IV, part A (TANF)	Department of Human Services
15.	Community Services Block Grant Employment and Training activities (Community Services Block Grant Act)	Department of Human Services
U.S. Department of Housing and Urban Development Programs		
16.	Employment and training programs	District of Columbia Housing Authority

Additional One-Stop/AJC Partner Programs: WIOA indicates that, with the approval of the local workforce board and the Chief Local Elected Official, other appropriate Federal, State or local programs may become partners in the local workforce system. In the event that the DC WIC and the Mayor approve the addition of other partners, MOUs will be developed with each.

6. The District's American Job Centers

The following locations comprise the District's network of AJCs:

Comprehensive Center:	Affiliate Center:
4058 Minnesota Ave., NE Washington, DC 20019	2330 Pomeroy Road, SE Washington, DC 20020



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

Affiliate Center:

5171 South Dakota Ave., NE
Washington, DC 20017

Affiliate Center:

2000 14th St., NW, 3rd Floor
Washington, DC 20009

7. System Access via the Internet

DC WIC will work with the District's Department of Employment Services (to ensure on-going operation of the AJC customer access website: dcnetworks.org, which provides resources for job seekers and businesses. In addition, all partners are encouraged to promote the system and the full range of other partners via their websites through hyperlinks and information about system programs.

8. Service Delivery

The District's workforce system and AJC network has been established by DC WIC in accordance with WIOA and the Unified State Plan. WIOA Section 121 (b)(1)(B) identifies the programs, services and related activities that must be provided through the workforce development delivery system. The State Plan further identifies programs that must be accessible through the AJC system. Attachment A, AJC and One-Stop System Services, describes services available at AJC and serves as the framework for system service delivery in the District.

In all centers, Basic and Individualized Career Services are provided to assist participants in evaluating and determining their career plans and service requirements. Where new or increased skills are required to achieve the plan, assistance with access to training and education services are available.

Business services are intended to assure that the training and support provided to job seekers also aligns with the needs of the District's employers for recruiting, training and retaining talent and supports career pathways for job seekers. The DC WIC is responsible for coordinating these activities to assure the desired outcomes.

Attachment B, Shared System Services/Roles and Responsibilities, describes the ways in which DDS supports the AJCs and overall workforce system services.

9. General Partner Responsibilities

The parties agree to work collaboratively to carry out the provisions of this MOU and advance the quality and effectiveness of the workforce system. In addition, the parties agree to:

- Continuous partnership building.
- Participate in continuous improvement activities.
- Making available to customers, through the AJCs, the services that are applicable to partner's programs.
- Participating in the operation of the AJC system, consistent with the terms of the MOU, the Unified State Plan and requirements of applicable law.
- Participating in staff capacity-building and development, including but not limited to cross-training between partner staff.
- Developing, offering and delivering quality business services that assist targeted industry sectors in overcoming the challenges of recruiting, retaining and developing talent for the regional economy.

Specific responsibilities of DDS are described in Attachment B, Shared System Services/Roles and Responsibilities.

10. DDS Programs and Services

DDS is committed to delivering services through and in connection with the AJC system in accordance with WIOA, the Unified State Plan and DC WIC policies, as applicable. DDS programs covered by this commitment and MOU include:

- The Vocational Rehabilitation program, authorized under title I of the Rehabilitation Act of 1973, as amended by WIOA title IV

Further information on the role of DDS is outlined at Attachment B.

11. Methods for Referring Customers

The referral process includes a commitment of the parties to the MOU and all other AJC/one-stop partners to implement processes for the referral of customers to services provided on-site at the AJCs and at other locations. At a minimum, the referral process between the AJCs and the one-stop partners will:

- Ensure that intake and referral processes are customer-centered and provided by staff trained in customer service.
- Ensure that general information regarding AJC programs, services, activities and resources shall be made available to all customers as appropriate.
- Describe how customer referrals are made electronically, through traditional correspondence, verbally, or through other means determined in cooperation with partners and operators.

- Describe how each AJC partner will provide a direct link or access to other AJC partner staff that can provide meaningful information or service, through the use of colocation, cross training of AJC staff, or real-time technology (two-way communication and interaction with AJC partners that results in services needed by the customer).
- Strive to share referral information among the AJCs and each individual partner under a process to be defined by the One-Stop Operator.

12. System Accessibility and Inclusiveness

The District's AJC system is designed to be universally accessible, customer-centered and able to offer training and related resources that are driven by the needs of the local economy. The DC WIC is committed to ensuring high quality services for job seekers of all skill levels, but especially low-income and other underserved residents, including those receiving public assistance, those with disabilities, and individuals with low basic skills.

Through this MOU, the DC WIC and DDS commit to working together to focus efforts and resources to ensure the needs of job seekers and workers with barriers to employment are effectively addressed in the AJC system. This necessitates that the parties work together to prioritize services and increase outreach to individuals with barriers to employment, a group that includes members of the following populations:

- Low-income persons
- Basic skills deficient
- Returning citizens
- Individuals with disabilities
- English language learners
- Homeless persons
- Public housing residents
- Public assistance recipients
- Youth disconnected from school and/or work
- Others with significant barriers to employment

13. Equal Opportunity

The parties agree to comply with all applicable federal and local nondiscrimination laws. The parties shall not unlawfully discriminate against any customer, applicant for employment, or employee of a party to this MOU or other entity. The parties shall adhere to the policies, procedures, and guidance issued by District, other partner agencies and the DC WIC regarding equal opportunity, nondiscrimination, and

increased accessibility. Nothing in this Section shall be construed as limiting the parties' agreement to increase and maximize access for individuals with barriers to employment.

14. Resource Sharing

In accordance with WIOA section 121 and implementing regulations, each partner must use a portion of its funds to support applicable career services and AJC infrastructure costs. *Attachment C, Agreement on Resource Sharing – AJC/One-Stop Infrastructure and Other System Services*, identifies the specific infrastructure/shared costs and the method by which those costs will be supported by DDS in accordance with WIOA and Federal cost principles, which require that all costs must be allowable, reasonable, necessary, and allocable to the program as well as all other applicable legal requirements. The DC WIC is responsible for managing the Infrastructure Funding Agreement, which is part of the Agreement on Resource Sharing, as well as collecting and disbursing the shared resources outlined within the Agreement.

15. Appeals

If an AJC/one-stop partner and the DC WIC cannot reach agreement on contribution to infrastructure costs, the matter will be referred for resolution to the Mayor, the decision of whom shall be final.

16. Confidentiality Requirements and Development of Data Sharing Strategies

WIOA, the DC WIC and the Unified State Plan support alignment and integration of programs and services to better serve common customers. Sharing customer service-level data between partner organizations is a goal of the system. In furtherance of this goal, DDS commits to work with DC WIC and other system partners to identify strategies and approaches to data sharing. The data sharing agreement that DOES currently has in place with other District agencies, including the Office of the State Superintendent of Education (OSSE), can provide a foundation for development of data sharing arrangements across all partners within the local workforce system.

The parties agree to comply with provisions of WIOA, the Wagner-Peyser Act, the Rehabilitation Act of 1973, and the Adult Education and Family Literacy Act, and any other applicable requirements of the District or federal law to assure that customer information shall be shared solely for the purpose of enrollment, referral, or provision of services. When required under applicable law, a release of information will be obtained from the customer before sharing confidential protected information. In carrying out its respective responsibilities, each party shall respect and abide by the confidentiality

policies, procedures, and guidance of the other parties.

17. Term and Renewal

The performance under this MOU shall commence on October 1, 2018, and shall terminate on September 30, 2019, unless previously terminated or updated pursuant to the terms of this MOU. The MOU may be extended for up to two additional one-year terms upon agreement from all parties. The MOU shall be reviewed and renewed not less than once every three years.

18. Modifications, Amendments and Termination

This MOU may be modified, revised, or amended by mutual written consent of all the signatory Parties. A written request must be submitted to the named parties. The modification shall not be effective unless agreed to in writing by all parties in an Amendment to this MOU, properly executed and approved in accordance with applicable law and fiscal requirements.

The MOU will remain in effect in accordance with the expressed term, unless:

- All Parties mutually agree to terminate this MOU prior to the end date.
- Federal oversight agencies charged with the administration of WIOA are unable to appropriate funds or if funds are not otherwise made available for continued performance for any fiscal period of this MOU succeeding the first fiscal period. Any party unable to perform pursuant to MOU due to lack of funding shall notify the other Parties as soon as the party has knowledge that funds may be unavailable for the continuation of activities under this MOU.
- WIOA is repealed or superseded by subsequent federal law.
- A party breaches any provision of this MOU and such breach is not resolved within thirty (30) days of receiving written notice from DC WIC. In such event, the non-breaching party(s) shall have the right to terminate this MOU by giving written notice thereof to the party in breach, upon which termination will go into effect immediately.
- In the event of termination, the Parties to the MOU must convene within thirty (30) days after the breach of the MOU to discuss the formation of the successor MOU. At that time, allocated costs must be addressed.

Any party may request to terminate its inclusion in this MOU by providing written notice to all other parties.



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

19. Anti-Deficiency Considerations

The Parties acknowledge and agree the District is not authorized to make any obligations in advance or in the absence of lawfully available appropriations and that all provisions of this MOU, or any subsequent agreement entered into by the parties pursuant to this MOU, are and shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 U.S.C. §§1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2007), (iii) D.C. Official Code § 47-105 (2005), and (iv) D.C. Official Code § 1-204.46 (2007 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

20. Point of Contact

The main point of contact for the MOU is:

Executive Director
DC Workforce Investment Council
2235 Shannon Pl., SE, Suite 3031
Washington, DC 20020

21. Attachments to the MOU

The following attachments are incorporated into the MOU:

- A. AJC and One-Stop System Services
- B. DDS – Shared System Services/Roles and Responsibilities
- C. Agreement on Resource Sharing – AJC/One-Stop Infrastructure and Other System Services




**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**


22. Signatures

The individuals signing below have the authority to commit the party they represent to the terms of this MOU and do so commit by signing:


Executive Director, Workforce Investment Council

Todd Lang		10/12/18
Name	Signature	Date

Director, District of Columbia Department on Disability Services

Andrew P. Reese		10/15/18
Name	Signature	Date

Deputy Director, DC Rehabilitation Services Administration

Darryl Evans		10/15/18
Name	Signature	Date

Director, Department of Employment Services

Unique Morris-Hughes		
Name	Signature	Date



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

ATTACHMENT A

AJC and One-Stop System Services

**Workforce Innovation and Opportunity Act
One-Stop Delivery System Memorandum of Understanding**

One-Stop System Services

WIOA establishes two levels of employment and training services for adults and dislocated workers: career services and training services.

Career Services: Career services for adults and dislocated workers are available at all DCAJCs. U.S. DOL has identified three types of career services:

- Basic career services;
- Individualized career services; and
- Follow-up services

Basic Career Services: Basic career services must be made available and, at a minimum, must include the following:

- Determinations of whether the individual is eligible to receive assistance from the adult, dislocated worker, or youth programs;
- Outreach, intake (including worker profiling), and orientation to information and other services available through the local workforce system;
- Initial assessment of skills levels, including literacy, numeracy, and English language proficiency, as well as aptitudes, abilities (including skills gaps), and support service needs;
- Labor exchange services, including:
 - job search and placement assistance, and, when needed by an individual, career counseling, including the provision of information on nontraditional employment and in-demand industry sectors and occupations; and
 - appropriate recruitment and other business services on behalf of employers, including information and referrals to specialized business services not traditionally offered through the local workforce system;
- Provision of referrals to and coordination of activities with other programs and services, including programs and services within the local workforce system and, when appropriate, other workforce development programs;
- Provision of workforce and labor market employment statistics information, including information relating to local, regional, and national labor market areas;

- Provision of performance information and program cost information on eligible providers of training services by program and provider type;
- Provision of information, in usable and understandable formats and languages, about how the Board¹ is performing on local performance accountability measures, as well as any additional performance information relating to the local workforce system;
- Provision of information, in usable and understandable formats and languages, relating to the availability of support services or assistance, and appropriate referrals to those services and assistance;
- Provision of information and assistance regarding filing claims for unemployment compensation, by which the Board must provide assistance to individuals seeking such assistance.
- Assistance in establishing eligibility for programs of financial aid assistance for training and education programs not provided under WIOA.

Individualized Career Services: Individualized career services must be made available if determined to be appropriate in order for an individual to obtain or retain employment. These include the following services:

- Comprehensive and specialized assessments of the skills levels and service needs of adults and dislocated workers; Section 134(c)(2) and (c)(3) list the required local employment and training activities. To satisfy some of these requirements, the use of assessments is necessary. To avoid duplication of services, WIOA allows the use of previous assessments from another education or training program. The previous assessments must be determined to be appropriate by AJCC representatives and must have been completed within the previous six months
- Development of an individual employment plan to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve his or her employment goals, including information regarding eligible training providers;
- Group counseling;
- Individual counseling;
- Career planning;
- Short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct services to prepare individuals for unsubsidized employment or training;
- Internships and work experience that are linked to careers;
- Workforce preparation activities;

¹ Within the District, the DC WIC.

- Financial literacy services as described in WIOA §129(b)(2)(D);
- Out-of-area job search and relocation assistance; and
- English language acquisition and integrated education and training programs.

Follow-up Services: These services must be made available, as appropriate (including counseling regarding the workplace) for participants in adult or dislocated worker activities that are placed in unsubsidized employment for a minimum of 12 months after the first day of employment.

Training Services: WIOA is designed to increase participant access to training services. Training services are provided to equip individuals to enter the workforce and retain employment. Examples of training services include:

- Occupational skills training, including training for nontraditional employment;
- On-the-job training (OJT), including registered apprenticeship;
- Incumbent worker training in accordance with WIOA §134(d)(4);
- Workplace training and cooperative education programs;
- Private sector training programs;
- Skills upgrading and retraining;
- Entrepreneurial training;
- Transitional jobs in accordance with WIOA §134(d)(5);
- Job readiness training provided in combination with other training described above;
- Adult education and literacy activities, including activities of English language acquisition and integrated education and training programs, in combination with training; and
- Customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training.

WIOA clarifies that there is no sequence of service requirement in order to receive training. However, DOL has indicated that, at minimum, to be eligible for training, an individual must receive an interview, evaluation, or assessment and career planning or any other method through which the one-stop operator/partner can obtain enough information to make an eligibility determination for training services. Where appropriate, a recent interview, evaluation, or assessment may be used for the assessment purpose.

Business Services: The District's AJCs are part of a business-focused system. Examples of system services to serve business customers include:

- Customized screening and referral of qualified participants in training services to employers



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

- Customized employment-related services to employers, employer associations, or similar organizations on a fee-for-service basis that are in addition to labor exchange services available to employers under the Wagner-Peyser Act
- Work-based learning activities, including incumbent worker training, Registered Apprenticeship, transitional jobs, on-the-job training, and customized training.
- Activities to provide business services and strategies that meet the workforce investment needs of employers, as determined by the Board and consistent with the local plan.

ATTACHMENT B**District of Columbia Department on Disability Services (DDS):
Shared System Services/Roles and Responsibilities**

DDS provides the residents of the District of Columbia with information, oversight and coordination of services for people with disabilities and those who support them, such as service providers and employers. Through its Rehabilitation Services Administration (RSA), DDS focuses on employment, ensuring that persons with disabilities achieve a greater quality of life by obtaining, sustaining and advancing in employment, economic self-sufficiency and independence. RSA achieves this through: employment marketing and placement services, vocational rehabilitation; inclusive business enterprises.

Once a customer's eligibility for services is established, a Vocational Rehabilitation counselor assists the person to develop an Individualized Plan for Employment (IPE). The IPE identifies the customer's vocational goal and the services that will be provided in order to achieve that goal. To help people with disabilities obtain employment, RSA provides comprehensive rehabilitation services, which may include: information and referral, assessment services, counseling and guidance, physical restoration, vocational training or other post-secondary education, job search, job placement and job coaching, supported employment. RSA assists persons with disabilities to locate employment by developing and maintaining close relationships with local businesses.

Person-centered thinking is a service philosophy that supports positive control and self-direction of people's own lives. DDS is working to implement this through training sessions and other agency-wide initiatives.

The following information summarizes DDS's role within the District's one-stop/AJC system:

- Shared System Design and Access
- Shared System Knowledge
- Shared Services and Customers

Shared System Design and Access

With regard to system design and access, the system partners and DC WIC agree to use of the following terms to characterize the participation of DDS and other system partners within the local AJC system:

- **Co-Location:** DDS has allocated sufficient staff to ensure a full-time physical presence at each of the four AJCs, as space and resources permit. Currently, the

agency has a full-time presence at two AJCs and part-time presence at the other two.

- **Electronic Connection:** Providing AJC customers direct linkages to partner services to through use of various web-based technology applications, along with using web connections to provide partners' customers access to the AJCs and system partner information and services.

DDS representatives are co-located at the four AJCs located within the District. Currently, DDS's presence at each site is 1 full-time equivalent position, which is filled by various DDS counselors and staff.

DDS will, principally, participate in the system through electronic connection, including using hyperlinks on its own website to link participants to the AJCs and to system partners' websites, including to the DOES Virtual One Stop (VOS) system and the OSSE Data Vault. In addition, DDS customers may use dcnetworks.org to access system information and services.

Shared System Knowledge

DDS agrees to participate in cross training partner program staff to increase system capacity. This will include:

- Providing content to be used in training of partner managers and staff about the programs and services offered by DDS. Such content will, at a minimum, include information about types of services offered; program and service eligibility requirements; application processes; and information on outcomes.
- Assisting with the delivery of training, which may include providing content suitable for electronic media format (e.g. PowerPoint, on-line video) or in-person or webcast presentations to partner representatives.
- Participating in training developed and/or provided by all District one-stop system partner agencies listed in Section 5 of the MOU. Such participation may occur through attendance at in-person sessions or by viewing web-based content.

Shared Systems and Customers

As a partner in the District's workforce development delivery system and with its network of AJCs, DDS is committed to working with the DC WIC, DOES (which manages the AJCs), and the full range of system partners to devise, implement and continuously improve workforce strategies benefitting residents and businesses in Washington, DC. As an extension of this commitment, DDS agrees to participate in

meetings and activities organized by the One-Stop Operator, which is contracted by the WIC to manage partner activities within the centers and across the local workforce system.

DDS's role in the coordinated delivery of AJC services will include the following services, participation and collaboration.

1. Outreach and Recruitment

While DDS targets specific individuals (such as those with a physical or mental disability that poses a substantial barrier to employment), its messages reach a broad cross section of District residents. Therefore, the agency can provide candidates (including those not using its services) with information on the services of the AJCs and the system's partner programs. Information will be provided via web-based media, print materials and verbal communications.

2. Intake

As DDS representatives conduct intake for its programs, it agrees to identify individuals that may be eligible for and/or interested in AJC services or those of the system partners. Such individuals will be referred in accordance with the process summarized under item 5, below.

3. Orientation

Similar to candidate information derived from outreach and intake processes, orientation and information sessions led by DDS provide a venue and/or opportunity to share with District residents information about other programs and services for which they may be qualified. For those who may benefit from AJC or partner programs, DDS will make appropriate referrals in accordance with the process summarized under item 5, below.

4. Initial Assessment

To the extent permitted by rules governing the funding under which it operates, DDS may provide the AJCs and other partners with results of assessments in which residents participate. In cases where residents apply for services from another system partner, this process may help to avoid duplication of effort. Sharing of assessment results will require a release signed by the affected individuals.

5. Cross Referrals

As indicated in Section 11 of the MOU, cross referrals among the District's workforce

system partners are critical to the goals of collaboration and alignment of programs and to ensuring that services are customer-focused. While the partners will work with the One-Stop Operator to develop specific details for managing and tracking referrals; DDS and the other system partners agree to the following:

- Referrals will be made when services of a partner program can fulfill an unmet need of an applicant/participant.
- Referrals will be made via a "hard hand-off," under which DDS will refer individuals to a specific contact person at a partner agency and will provide assistance in scheduling an appointment, if possible.
- Referrals made will be recorded and shared with the One-Stop Operator.

DDS has a number of active referral relationships with District agencies that are partners in the local workforce development system (e.g. DOES, OSSE, Department of Human Services). DDS process may provide a model for partners in making referrals across the system.

6. *Sharing of Local Market Intelligence*

In support of its various employment programs and activities, DDS regularly communicates with businesses to help inform its efforts to train and place residents in employment. Similarly, DC WIC, the AJCs and all partner programs conduct business outreach and engage in gathering local labor market information and industry "intelligence." To the extent practicable, the DDS agrees to share such information and intelligence with the AJC/one-stop partners so that entire system is well prepared to meet business and industry needs.

7. *Co-Enrollment/Co-Case Management*

When DDS and one or more other partners serve the same customer (via the participant's co-enrollment), the partners agree to identify opportunities to co-case manage activities to streamline processes and avoid duplication of effort and resources.

8. *Support Services*

DDS directly provides or otherwise connects its customers to a wide range of support services, including transportation and assistance technology and other forms of training and workplace aids, among others. Participants may be referred to the AJCs or other system partners for other services to address their unique needs.



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

9. *Placement Services*

To increase the range of employment opportunities for customers, DDS agrees to refer those seeking employment to the AJCs for placement services and support, when such services are determined as benefitting an individual.

ATTACHMENT C

**Agreement on Resource Sharing:
AJC/One-Stop Infrastructure and Other System Services****I. Agreement on Resource Sharing**

A consolidated budget for the AJC system includes the proportionate share of co-located partners' contributions to the costs of the infrastructure of the AJCs. Infrastructure costs of one-stop centers are non-personnel costs that are necessary for the general operation of the one-stop center, including: rental of the facilities; utilities and maintenance; equipment (including assessment-related products and assistive technology for individuals with disabilities); and technology to facilitate access to the one-stop center, including technology used for the center's planning and outreach activities. Common identifier costs may also be included. Each partner's share of infrastructure costs has been determined using the proportion of partners' staff (FTEs) among all staff at the AJC based on the actual number of hours worked.

II. Cost Allocation Methodology and Steps to Reach Consensus:

The DC WIC facilitated partner meetings on November 20, 2017, January 5, 2018, and October 3, 2018, and worked with partners to achieve consensus regarding the basis for allocating costs. In the process, DC WIC identified and described several potential bases for cost allocation, and ultimately recommended the basis chosen by the partners because it seemed to most appropriately allocate costs across the partners.

The methodology for equitable distribution of costs associated with the Infrastructure Funding Agreement (IFA) will be the proportion of partners' staff FTEs among all staff at the AJC based on actual number of hours worked. The existing FTE basis for allocation skews the distribution of costs, depending on how the IFA partners source their personnel. The DOES/Office of the Chief Financial Officer (OCFO) will allocate costs based on each IFA partner's proportional share of total monthly hours worked, which aligns with all other cost allocation bases utilized for American Job Center operations.

In the future, alternative allocation bases may be considered and are subject to use if the alternative methodology demonstrates a more equitable distribution of costs amongst the IFA partners.

III. IFA Partner Personnel and Data Submission:

IFA partners must submit to the DC WIC and the Fiscal Agent, DC DOES and keep current the following information, in order to determine the allocation of costs:

Personnel Information

- Number of employees reporting to the AJC
- Staff Name and Title
- AJC Location (Name and Address)
- Expected Tour of Duty
- Anticipated/Actual Staffing or Tour of Duty Changes

Data

- Biweekly hours worked/paid
- 485 Report in MS Excel (Government Entities only)
- PeopleSoft Query (Preferred if applicable)

The DOES/OCFO will use the above information to determine the IFA Partner Cost Share. The data must be signed by an authorized official from the IFA partner's finance team or executive staff upon submission.

IV. Cost Reconciliation and Billing:

The DOES/OCFO will prepare an updated expenditure or budget to actual document monthly and will prepare an invoice for each IFA partner with the actual costs allocable to each partner for the quarter.

Invoicing will occur monthly via email to the designated IFA partner point of contact. The IFA partners understand that the timeliness of the preparation and submission of invoices is contingent upon the timeliness of each partner providing the necessary cost information.

Upon receipt of the invoice, each partner will review and submit payment no later than fifteen (15) days following receipt. Partners should communicate any disputes with costs in the invoice in writing. The DOES/OCFO will review the disputed cost items and respond accordingly to the IFA partner within ten (10) days of receipt of notice of the disputed costs.

V. Method of Payment:

All District of Columbia government IFA partners must use Intra-District transfers to fund their portion of the IFA costs. The use of Intra-District Advances or Reimbursements is to be determined. All non-government IFA partners must reimburse quarterly via ACH or Check.

VI. Fiscal Agent Role/Responsibility:

- DOES will serve as the fiscal agent for this MOU
- Provide the estimated fixed cost budget for the American Job Center



**Memorandum of Understanding
DC Workforce Investment Council and
District of Columbia Department on Disability Services**

- Create unique codes in the financial system to track expenditures/revenue for the partners
- Bill partners at least quarterly
- Reconcile expenditures/revenue at least quarterly

IFA & SHARED SYSTEMS ALLOCATION COSTS PER REQUIRED PROGRAM

DC Agency	Partner Program			Telephone	Energy & Comm	Security	Occupancy	Rental Land Structures (Backus)	Total IFA Contribution	Total Shared System Cost Contribution	Grand Total
FY19 Budget for AJC				100,887.93	55,740.04	536,604.36	174,217.52	231,291.00	1,098,740.85	38,323.05	1,137,063.90
DOES		Total Estimated Annual Hours	Percentage Share								
	WIOA -Adult	35,360	24.08%	\$ 24,297.44	\$ 13,424.20	\$ 129,233.60	\$ 41,957.83	\$ 49,711.73	\$ 258,624.80	\$ 9,134.04	\$ 267,758.84
	WIOA -Dislocated Worker	29,120	19.83%	\$ 20,009.65	\$ 11,055.23	\$ 106,427.67	\$ 34,553.51	\$ 49,711.73	\$ 221,757.79	\$ 7,833.28	\$ 229,591.07
	WIOA- Youth	2,080	1.42%	\$ 1,429.26	\$ 789.66	\$ 7,601.98	\$ 2,468.11	\$ -	\$ 12,289.00	\$ 529.96	\$ 12,818.96
	Wagner-Peyser Act ES	39,520	26.92%	\$ 27,155.96	\$ 15,003.52	\$ 144,437.55	\$ 46,894.05	\$ 62,139.66	\$ 295,630.74	\$ 10,169.61	\$ 305,800.35
	Unemployment Insurance Compensation Programs	20,800	14.17%	\$ 14,292.61	\$ 7,896.59	\$ 76,019.76	\$ 24,681.08	\$ 37,283.80	\$ 160,173.84	\$ 5,419.58	\$ 165,593.42
	IVSG programs (VETS)	6,240	4.25%	\$ 4,287.78	\$ 2,368.98	\$ 22,805.93	\$ 7,404.32	\$ 12,427.93	\$ 49,294.95	\$ 1,729.48	\$ 51,024.42
UDC (OSSE provides pass thru funding only)	Perkins	1,664	1.13%	\$ 1,143.41	\$ 631.73	\$ 6,081.58	\$ 1,974.49	\$ 2,485.59	\$ 12,316.79	\$ 422.98	\$ 12,739.77
OSSE	Title II	1,338	0.91%	\$ 919.37	\$ 507.95	\$ 4,889.97	\$ 1,587.61	\$ 2,019.54	\$ 9,924.44	\$ 335.65	\$ 10,260.09
DDS	Title IV	8,736	5.95%	\$ 6,002.90	\$ 3,316.57	\$ 31,928.30	\$ 10,366.05	\$ 12,427.93	\$ 64,041.75	\$ 2,220.87	\$ 66,262.62
OHS	TANF	1,664	1.13%	\$ 1,143.41	\$ 631.73	\$ 6,081.58	\$ 1,974.49	\$ 2,485.59	\$ 12,316.79	\$ 451.89	\$ 12,768.68
Job Corp	Job Corp	300	0.20%	\$ 206.14	\$ 113.89	\$ 1,096.44	\$ 355.98	\$ 597.50	\$ 2,369.95	\$ 75.73	\$ 2,445.68
Total		146,822	100.0%								\$ -

¹ The total estimated annual hours were computed using information provided by each of the partner programs. The weekly hours for each agency staff person or third party provider at each American Job Center (AJC) location were annualized and the proportionate share of FY19 budgeted AJC expenditures were allocated to each partner program. The Backus rental costs were only allocated amongst partner programs with a co-location presence in this specific AJC.

Each partner program with a virtual presence in the AJC should inform the Workforce Investment Council (WIC) and the OCFO-DOES of its In-Kind Contribution.



MEMORANDUM OF UNDERSTANDING

BETWEEN

THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

AND

THE DEPARTMENT OF HUMAN RESOURCES

FOR FISCAL YEAR 2019

I. INTRODUCTION

This Memorandum of Understanding (MOU) is entered into between the District of Columbia (District) Department on Disability Services (DDS or Buyer) and the Department of Human Resources (DCHR or Seller), collectively known as the Parties and individually as a Party.

II. PROGRAM GOALS AND OBJECTIVES

The Buyer serves as the personnel authority for its staff and provides personnel and resource support. The Buyer has federal grant money available to, among other things, provide services and support to employers in order to increase opportunities for competitive integrated employment for people with disabilities. The federal dollars can be used to help recruit, job match, hire, and retain qualified individuals with disabilities, and promote awareness of disability related obstacles to continued employment. Additionally, the funds can be used to help train employees with disabilities. The Buyer will use a portion of this federal funding to advance these goals through this MOU. Through this MOU, DDS will transfer part of this funding to the Seller to hire one (1) grade 12 Disability Employment Specialist (DES).

III. SCOPE OF SERVICES

Pursuant to the applicable authorities and in pursuit of the shared goals of the Parties to carry out the program goals and objectives expeditiously and economically, the Parties agree as follows:

A. RESPONSIBILITIES OF DCHR

1. DCHR shall hire one (1) grade 12 DES. The DES shall be located at DCHR and shall perform the duties and responsibilities outlined in *Attachment A, Position*

Description. All duties and responsibilities set forth in the attached *Position Description* are hereby incorporated herein by reference with the same force and effect as though fully set forth herein.

2. DCHR shall, in conjunction with DDS, select the DES and ensure that the candidate selected is a person with knowledge and experience in the areas of vocational rehabilitation and disability employment issues.

B. RESPONSIBILITIES OF DDS

In support of the above services, DDS shall:

1. Advance to DCHR ninety-seven thousand, five hundred eighty-eight dollars and thirty cents (**\$97,588.30**) for DCHR to hire one (1) grade 12 DES. The funds will be allocated from DDS federal grant money.
2. Ensure that DCHR receives all documentation reasonably necessary and in a timely fashion to carry out its responsibilities under this MOU.
3. Assign a DDS Vocational Rehabilitation (VR) Specialist to be available to consult and accept referrals for services in circumstances where it appears that a current District employee may need services in order to maintain employment.
4. Assign a DDS Business Relations Specialist to coordinate directly with the DES to discuss DCHR employment opportunities that can be shared with DDS VR Specialists, who may identify current VR clients who may be qualified for available positions. The DDS Business Relations Specialist will provide support, as necessary, in developing training for District government staff on issues related to employment of people with disabilities and identifying and overcoming barriers to hiring people with disabilities.
5. Participate in the selection of the DES to ensure the candidate selected is a person with knowledge and experience in the areas of vocational rehabilitation and disability employment issues.
6. Track the number of vocational rehabilitation clients who apply for available positions within District government and track the number of applicants hired.

IV. DURATION OF THE MOU

- A. The period of this MOU shall be from October 1, 2018 through September 30, 2019, unless terminated in accordance with Section XI prior to the expiration.
- B. The Parties may extend the term of this MOU by exercising a maximum of one (1) one-year option period. DDS shall provide DCHR with written notice of its intent to



exercise an option period thirty (30) days prior to the expiration of the initial year of this MOU.

- C. The exercise of an option period is subject to the availability of funds at the time of the exercise of the option.
- D. Subject to appropriations, this paragraph serves as DDS' letter of intent for Fiscal Year 2020 to execute an extension pursuant to paragraph B of this section or execute a new MOU with identical terms for at least **ninety-seven thousand, five hundred eighty-eight dollars and thirty cents (\$97,588.30)**.

V. AUTHORITY FOR MOU

The authority for this MOU may be found at D.C. Official Code §§ 1-301.01(k) (2016 Repl.) and 7-761.06(d) (2012 Repl.).

VI. FUNDING PROVISIONS

A. COST OF SERVICES

Total cost for salary and fringe benefits for one (1) grade 12 DES under this MOU shall not exceed ninety-seven thousand, five hundred eighty-eight dollars and thirty cents (**\$97,588.30**) for Fiscal Year 2019. Annualized costs in subsequent years could increase based on Cost of Living Adjustments (COLA) and periodic raises. The cost for Fiscal Year 2019 is calculated as follows:

Personnel Services

Disability Employment Specialist (DES)

Salary (CS Grade 12 Step 4)	\$80,785.02
Fringe Benefits @ 20.8%	\$16,803.28
Total Compensation:	\$97,588.30

B. PAYMENT

1. Payment for the services shall be made through an Intra-District advance by DDS to DCHR based on the total amount of this MOU.
2. DCHR shall receive the advance and bill DDS only for the services to be performed and goods to be provided pursuant to the terms of this MOU. DCHR shall return any excess advance to DDS within thirty (30) days of the end of the current fiscal year.

3. To the extent required, DDS shall report all services received under this MOU in its monthly Financial Review Process (FRP) report to the Office of Budget and Planning of the District of Columbia Office of the Chief Financial Officer.
4. Advances to DCHR for the services to be performed and goods to be provided shall not exceed ninety-seven thousand, five hundred eighty-eight dollars and thirty cents (**\$97,588.30**) for Fiscal Year 2019.

VII. ANTI-DEFICIENCY CONSIDERATIONS

The Parties acknowledge and agree that their respective obligations to fulfill financial obligations of any kind pursuant to any and all provisions of this MOU, or any subsequent agreement entered into by the Parties pursuant to this MOU, are and shall remain subject to the provisions of: (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349-1351; (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2015 Repl. & 2017 Supp.); (iii) D.C. Official Code §§ 1-206.03(e) (2016 Repl.) and 47-105 (2015 Repl.); and (iv) D.C. Official Code § 1-204.46 (2016 Repl.), as may be amended, regardless of whether a particular obligation has been expressly so conditioned.

VIII. COMPLIANCE AND MONITORING

As this MOU is funded by federal funds, DCHR may be subject to scheduled and unscheduled monitoring reviews by DDS to ensure compliance with all applicable requirements.

IX. RECORDS AND REPORTS

DCHR shall maintain records and receipts for the expenditure of all funds provided for a period of no less than three (3) years from the date of expiration or termination of this MOU and, upon the request of DDS or another District of Columbia government agency with legal authority to request review, make these documents available for inspection by duly authorized representatives of DDS or the relevant District of Columbia government agency.

X. CONFIDENTIAL INFORMATION

The Parties to this MOU will use, restrict, safeguard, and dispose of all information related to services provided under this MOU, in accordance with all relevant federal and local statutes, regulations, and policies. Information received by either Party in the performance of responsibilities associated with this MOU shall remain the property of DDS.

XI. TERMINATION

Either Party may terminate this MOU in whole or in part by giving forty-five (45) calendar days advance written notice to the other Party. In the event of the termination of this MOU, the Seller shall return any unused funds after all required fiscal reconciliation, but not later than September 30th of the then current fiscal year.

XII. NOTICE

The following individuals are the contact points for each Party under this MOU:

Kena Cofield Jones, Senior Advisor
Office of the Director, DCHR
1015 Half Street, SE, 8th Floor
Washington DC 20003
(202) 442-9667

Andrew Reese, Director
Department of Disability Services
250 E St SW
Washington, DC 20024
(202) 442-8663

XIII. AMENDMENTS AND MODIFICATIONS

The terms and conditions of this MOU may be modified only upon prior written agreement by the Parties. Any modification of the agreement resulting in an increase in the total cost of goods and services under this MOU is subject to the availability of funds. Amendments or modifications shall be dated and signed by the authorized representatives of the Parties.

XIV. MISCELLANEOUS

The Parties shall comply with all applicable laws, rules and regulations whether now in effect or hereafter enacted or promulgated and agree to be bound by the Comprehensive Merit Personnel Act, D.C. Official Code § 1-601.01 *et seq.*, as implemented through the District Personnel Manual.

XV. PROCUREMENT PRACTICES REFORM ACT

If a District of Columbia agency or instrumentality plans to utilize the goods or services of an agent, contractor, consultant or other third party to provide any of the goods or services under the MOU, then the agency or instrumentality shall abide by the provisions of the District of Columbia Procurement Practices Reform Act of 2010, effective April 8, 2011

(D.C. Law 18-371; D.C. Official Code § 2-351.01, *et. seq.*) (2016 Repl.) to procure the goods or services.

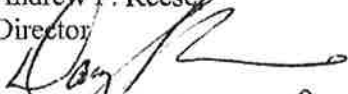
XVI. RESOLUTION OF DISPUTES

The Parties' Directors for the respective agencies, or their designees, shall resolve all disputes or adjustments resulting from goods or services provided under this MOU. In the event the Parties are unable to resolve a financial issue, the matter shall be referred to the Office of Financial Operations and Systems (OFOS) of the District of Columbia Office of the Chief Financial Officer. The decision of OFOS shall be final.

FOR THE DEPARTMENT ON DISABILITY SERVICES

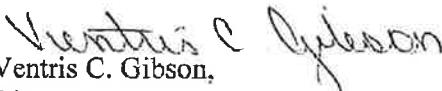

Andrew P. Reese
Director

10/17/18
Date


Darryl Evans Deputy Director RSA

10/23/18

FOR THE DEPARTMENT OF HUMAN RESOURCES


Ventris C. Gibson,
Director

10-10-18
Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES/
REHABILITATION SERVICES ADMINISTRATION
AND
THE DISTRICT OF COLUMBIA PUBLIC SCHOOLS**

I. INTRODUCTION

This Memorandum of Understanding ("MOU") is entered into between the District of Columbia Department on Disability Services ("DDS") Rehabilitation Services Administration ("RSA") and the District of Columbia Public Schools ("DCPS"), collectively referred to herein as the "Parties."

As a Local Educational Agency ("LEA") in the District of Columbia, DCPS is required by the Individuals with Disabilities Education Act of 2004 ("IDEA") and the District of Columbia Municipal Regulations ("DCMR") to prepare students with disabilities for postsecondary education, vocational education, integrated or supported employment, continuing or adult education, adult services, independent living, and community participation upon completion of their DCPS education. Each student with a disability must have a transition plan in place as part of his/her Individualized Education Program ("IEP") no later than the age of 14 that outlines appropriate measurable postsecondary goals related to training, education, employment, and, where appropriate, independent living skills, as well as the transition services and interagency responsibilities to assist the student in reaching these goals (20 USC § 1414(d)(1)(A)(i)(VIII); 5 DCMR § E- 3009.6).

Transition services, as defined by the IDEA and the Rehabilitation Act of 1973, as amended, are a coordinated set of activities designed to facilitate a student's movement from school to post-school activities and are based on the individual student's needs, strengths, preferences, and interests. Transition services include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation (20 USC § 1401 (34); 34 CFR 361.5(b)(55)). DDS, through RSA, is the agency responsible for providing comprehensive vocational and independent living services to persons with disabilities to promote their opportunities for employment, economic self-sufficiency and independence, under D.C. Official Code § 32-331. RSA works collaboratively with DCPS to provide transition services to students in order to ensure an uninterrupted plan of services for students from the secondary education environment to postsecondary employment training and placement.

The Workforce Innovation and Opportunity Act (WIOA), enacted in July 22, 2014 further expanded the responsibility of DDS/RSA for the provision of transition services to include the provision of Pre-Employment Transition Services ("Pre-ETS") to students with disabilities, which includes any age-eligible student with a disability enrolled in an educational program, with an IEP, or who is eligible for a 504 Plan. Pre-ETS includes the provision of the following required services to students with disabilities:

- Job exploration counseling;
- Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment to the maximum extent possible;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education;
- Workplace readiness training to develop social skills and independent living skills; and
- Instruction in self-advocacy.

After the aforementioned required activities have been made available to all Pre-ETS eligible students in need of such services, DDS/RSA is able to fund the following authorized activities in order to improve the transition of students with disabilities from school to postsecondary education or employment:

- Implementing effective strategies to increase the likelihood of independent living and inclusion in communities and competitive integrated workplaces;
- Developing and improving strategies for individuals with intellectual disabilities and individuals with significant disabilities to live independently; participate in postsecondary education experiences; and obtain, advance in and retain competitive integrated employment;
- Providing instruction to vocational rehabilitation counselors, school transition personnel, and other persons supporting students with disabilities;
- Disseminating information about innovative, effective, and efficient approaches to achieve the goals of this section;
- Coordinating activities with transition services provided by local educational agencies under the Individuals with Disabilities Education Act (20 U.S.C. 1400et seq.)
- Applying evidence-based findings to improve policy, procedure, practice, and the preparation of personnel, in order to better achieve the goals of this section
- Developing model transition demonstration projects;
- Establishing or supporting multistate or regional partnerships involving States, local educational agencies, designated State units, developmental disability agencies, private businesses, or other participants to achieve the goals of this section; and
- Disseminating information and strategies to improve the transition to postsecondary activities of individuals who are members of traditionally unserved and underserved populations.

Additionally, after the aforementioned required activities have been made available to all Pre-ETS eligible students in need of such services, DDS/RSA is able to fund the following coordinated activities in order to improve the transition of students with disabilities from school to postsecondary education or employment:

- Attending Individualized Education Program meetings for students with disabilities when invited. For example, time spent by the VR specialist discussing one or more of the required activities in the presence of a student with a disability during their IEP meeting may be charged to the funds reserved for the provision of Pre-ETS.
- Developing work opportunities for students with disabilities with local workforce development boards, one-stop centers and employers, including internships, summer employment and other employment opportunities. For example, DDS/RSA staff time spent developing Summer Youth Employment (SYEP) opportunities, DDS/RSA internships for public charter school students, and work experience programming with the Department of Employment Services, and other partners, including DDS/RSA providers, District of Columbia agencies and other entities, may be charged to the funds reserved for the provision of Pre-ETS.
- Working with schools to coordinate and ensure the provision of Pre-ETS. For example, DDS/RSA staff time spent on the coordination and provision of pre-employment transition services with local educational agencies may be charged to the funds reserved for the provision of Pre-ETS.
- When invited, attending person centered planning meetings for students receiving services under Title XIX of the Social Security Act (Medicaid). For example, DDS/RSA staff time spent attending person-centered planning meetings that focus on pre-employment transition services may be charged to the funds reserved for the provision of Pre-ETS.

The goal of providing Pre-employment transition services is to improve post-secondary outcomes for students with disabilities, including improved outcomes in the number of students who participate in training, post-secondary education or employment following exit from secondary education.

II. SCOPE OF SERVICES

Pursuant to the applicable authorities and in the furtherance of the shared goals of the Parties to carry out the purposes of this MOU expeditiously and economically, the Parties do hereby agree:

A. Responsibilities of the Department on Disability Services/Rehabilitation Services Administration.

1. DDS/RSA will transfer funds to DCPS to allow DCPS to hire and/or employ up to two (2) Grade 13, Step 6 Workforce Development Coordinators with training in secondary special education and/or transition. The DDS/RSA cost for a full program year for FY 19 will be in the not to exceed amount of One Hundred Eighty Thousand, Six Hundred Twenty-Nine Dollars, and Eighty-Six Cents (\$180,629.86). It is anticipated that approximately (\$180,629.86) for FY 20 is needed to complete Workplace Readiness Training in DCPS schools. The responsibilities of the Workforce Development Coordinators are described below in Section II(B)(1).
2. DDS/RSA will transfer funds to DCPS to allow it to hire and/or employ up to one (1) Grade 14, Step 6 Job Placement Specialist with job placement training and/or experience to facilitate paid work experiences for students with disabilities who want to work. The DDS/RSA cost for a full program year for FY 19 will be in the not to exceed amount of One Hundred Eight Thousand, Two Hundred Twenty-Seven Dollars, and Thirty-Seven Cents (\$108,227.37). It is anticipated that approximately \$108,227.37 for FY 20, is needed to complete Job placement opportunities in DCPS schools with the intent of finding full-time competitive integrated employment for students with disabilities who desire to work after exiting high school. The responsibilities of the Job Placement Specialists are described below in Section II(B)(7).
3. DDS/RSA will maintain administrative control of the Workforce Development Coordinator and Job Placement Specialist positions and the funding that supports them. This includes establishing the roles, responsibilities, and requirements for the Workforce Development Coordinators and Job Placement Specialist positions. These criteria include, but are not limited to, a description of duties, minimum qualifications required for the position, and opportunity for the applicant to provide examples of specialized experience pertinent to the position. DDS/RSA will work collaboratively with DCPS to hire these positions and set the educational standards for each role.

DDS/RSA will collaborate with DCPS to execute four (4) site visits annually to verify that staff funded through DDS/RSA is delivering the required activities for Pre-ETS. If DCPS is found out of compliance with the expectations outlined in the MOU for staff, written notification will be delivered to the DCPS POC within five (5) business days with a proposed action within the notification.

Through PeopleSoft, DDS/RSA shall track and verify the approved time for Workforce Development Coordinators and Job Placement Specialists spend providing the services pursuant to this agreement and the job

tasks/duties set forth in their respective job descriptions. Additionally, DCPS shall grant admittance to the DDS Quality and Performance Management Team at its administrative and program service locations to facilitate completion of quarterly announced monitoring activities that support collection of information and reporting of findings regarding:

- The DCPS' achievement of standards outlined within the MOU (Section 2.B.1,2) for delivery of Pre-Employment Transition Services;
- The DCPS' overall program effectiveness and efficiency of delivery of Pre-Employment Transition Services, and;
- Consumer satisfaction survey results of the DCPS' service delivery.

B. Responsibilities of DCPS

1. DCPS shall employ two (2) Workforce Development Coordinators with funding provided by DDS/RSA through this MOU. Such staff will provide the following functions:
 - a. Develop community partnerships with private businesses and government agencies that could serve as internship, job sampling and paid employment opportunities for students.
 - b. Monitor students' progress in any work based learning experience arranged through the Workforce Development Coordinator.
 - c. Provide counseling to students and their families on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education.
 - d. Provide workplace readiness training to develop self-advocacy skills and independent living.
 - e. Work with teachers to align student's transition goals to situational job sampling activities and assisting teachers with finding situational job sampling opportunities for students.
 - f. Coordinate with DDS/RSA VR Specialist and the school's IEP team to align IEP transition goals with Individualized Plan for Employment (IPE) employment goals.
 - g. Review individual student IEP transition plans for the incorporation of Pre-ETS required activities.
2. DCPS shall provide work readiness training sessions to DCPS students with disabilities. The DCPS Program Development Manager shall work with the DDS/RSA Supervisory VR Specialists and the DDS/RSA Transition Project Manager to develop monthly Pre-ETS training sessions to be led by both DDS/RSA VR Specialists and the DCPS Workforce Development Coordinators funded by DDS/RSA at all ten (10) Comprehensive DCPS schools serving transition age students.
 - a. Anacostia High School

5. Workforce Development Coordinators and Job Placement Specialist will attribute 100% of their time to the provision Pre-ETS required activities. All tasks and duties performed by the Workforce Development Coordinators and Job Placement Specialist will represent, or be in direct support of, Pre-ETS.
6. DCPS shall not assign the Workforce Development Coordinators and Job Placement Specialist tasks or duties that are not, or are not in direct support of, Pre-ETS required activities. If DCPS and DDS/RSA agree that all eligible students have received the required activities, then staff members can devote their work to the nine authorized activities.
7. Workforce Development Coordinators and Job Placement Specialist Pre-ETS tasks or duties shall include the activities listed in subsection 113(b) and subsection 113(c)(1)(3) and (9) of the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA) of 2014, and the coordination of transition activities as defined by IDEA.

C. Joint Responsibilities of DDS/RSA and DCPS

1. A DDS/RSA Supervisor will participate on interview panels for the hiring of the RSA-funded Workforce Development Coordinator and the Job Placement Specialist positions. Participation is defined as proposing performance tasks, evaluating performance tasks, and participating in a panel interview. The final hiring decision will have coordinated authority between the DCPS designee and the DDS/RSA designee. The DDS/RSA Supervisor will provide feedback to assist with the identification of the most qualified candidate to fill the position in collaboration with the DCPS hiring manager. DDS/RSA will strongly weigh the feedback from DCPS in the hiring process and will provide justification in writing to DCPS if a disagreement arises.
2. The Parties shall work together to obtain signed, written consent from the affected parent or adult student prior to DCPS disclosing any personally identifiable information ("PII") from any student's education record to DDS/RSA, in accordance with Section IV of this MOU.
3. The Parties shall track the number of students in work-based learning experiences and identify those who are ready to:
 - a. move to an additional school based training program,

- b. be competitively employed in an integrated setting,
 - c. move to a postsecondary training program after exit from school, or
 - d. move to a postsecondary education program prior to competitive integrated employment
4. The DDS/RSA VR Supervisors will meet monthly with the DCPS Job Placement Specialist's, DCPS Program Development Manager, DCPS Workforce Development Program Manager, and DCPS Transition Director to ensure coordination of services, at DCPS schools.

III. RESOLUTION OF DISPUTES

DCPS and DDS/RSA or their designees shall use best efforts to resolve all disputes and/or adjustments resulting from goods or services provided under this MOU. In the event the parties cannot resolve a dispute, the matter shall be referred to the Deputy Mayor for Public Safety and Justice. The decision of the Deputy Mayor for Public Safety and Justice related to any disputes referred shall be final. In the event the parties are unable to resolve a financial issue the matter shall be referred to the Office of Financial Operations and Systems within the District's Office of the Chief Financial Officer.

IV. CONFIDENTIAL INFORMATION

The Parties to this MOU will use, restrict, safeguard and dispose of all information related to services provided by this MOU in accordance with all relevant federal and local statutes, regulations, and policies, including, but not limited to, the Family Educational Rights and Privacy Act ("FERPA") (20 U.S.C. § 1232g; 34 CFR Part 99), a federal law that protects the privacy of student educational records. Information received from DCPS by DDS/RSA in the performance of responsibilities associated with the performance of this MOU shall remain the property of DCPS.

In order to provide more targeted, individualized post-secondary transition planning, and subsequently allow DCPS to better prepare students for post-secondary employment, education, and independent living, DDS/RSA would benefit from the receipt of certain PII from the education records of students served under this MOU. Under the IDEA, parental or adult student consent must be obtained "before personally identifiable information is released to officials of participating agencies providing or paying for transition services..." (34 CFR § 300.622(b)(2)). Consequently, DDS/RSA will collaborate with DCPS to ensure that the affected parent or adult student provides such consent prior to DCPS releasing any PII on the relevant student to DDS/RSA in order to assist with that student's transition planning,

V. DURATION OF MOU AND TERMINATION

- A. **TERM.** The performance of this MOU shall begin as of October 1, 2018, and shall end on September 30, 2019, unless terminated in writing by the Parties prior to the expiration. Either Party may terminate this MOU in whole or in part by giving thirty (30) calendar days advance written notice to the other Party.
- B. **MOU EXTENSION.** Based on the availability of funds, DDS/RSA and DCPS may mutually agree to extend the term of this MOU by exercising a maximum of two one-year option periods. Either party shall provide written notification of its intent to exercise an option period to the other party no later than one month prior to the expiration of the MOU.

VI. AUTHORITY FOR MOU

D.C. Official Code § 1-301.01(k).

VII. AMENDMENT/MODIFICATION OF THE TERMS AND CONDITIONS

The terms and conditions of this MOU may be modified during the term of this MOU upon prior written agreement of the authorized representatives of the Parties.

VIII. PROCUREMENT PRACTICES REFORM ACT

If a District of Columbia agency or instrumentality plans to utilize the goods or services of an agent or third party (e.g., contract, consultant) to provide any of the goods or services specified under this MOU, then the agency or instrumentality shall abide by the provisions of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code § 2-351.01 *et. seq.*) to procure the goods or services of the agent or third party.

IX. NOTICES

The following individuals are the contact points for each Party under this MOU:

DCPS:	Willina L. Robson Director, Secondary Transition Division of Specialized Instruction 1200 First Street, N.E. Washington, DC 20002 Telephone: (202) 727-4057
RSA:	Christopher Nace Program Manager, Transition Services Rehabilitation Services Administration (RSA) 250 E Street SW

Washington, DC 20024
Telephone: (202) 442-8400

X. MISCELLANEOUS

The Parties shall comply with all applicable laws, rules, and regulations whether now in force or hereafter enacted or promulgated.

XI. INTRA-DISTRICT FUNDING PROVISIONS

A. COST OF SERVICES

1. The total and actual cost of salary and fringe benefits for one Job Placement Specialist under this MOU shall not exceed \$108,227.37 for fiscal year 2019. Costs in subsequent years could increase based on Cost of Living Adjustments (COLA) and periodic raises.
2. The total and actual cost of salary and fringe benefits for two Workforce Development Coordinators under this MOU shall not exceed \$180,629.86 for fiscal year 2019. Costs in subsequent years could increase based on Cost of Living Adjustments (COLA) and periodic raises.
3. The total and actual cost for all goods and services under this MOU shall not exceed \$288,857.24 for fiscal year 2019.
4. The Parties may revise the type of services covered by this MOU by executing a modification agreement any time prior to the expiration of the term of this MOU; provided, however, any modification agreement resulting in an increase in the total cost of goods and services under this MOU is subject to the availability of funds.
5. Should the cost for goods and services be less than the estimated costs, DCPS will return the excess funds to DDS/RSA.
6. In the event of termination of the MOU, payment to DCPS shall be held in abeyance until all required fiscal reconciliations, but not longer than September 30, 2019.
7. DDS/RSA cannot transfer fiscal year 2019 funds until the beginning of fiscal year 2019.

B. PAYMENT

1. Payment for the expenses shall be made through an Intra-District advance from DDS/RSA to DCPS based on the total amount of this MOU.
2. Advances to DCPS for the services to be provided shall not exceed the amount of this MOU.
3. DCPS will relieve the advance and bill DDS/RSA through the intra-District process only for expenses actually incurred pursuant to the terms of this MOU. DCPS shall notify DDS/RSA within forty-five (45) days of the current fiscal year if it has reason to believe that all of the advance will not be billed during the current fiscal year. DCPS shall return any excess advance to DDS/RSA by September 30, 2019.

B. **ANTI-DEFICIENCY CONSIDERATIONS.** The Parties acknowledge and agree their respective obligations to fulfill any financial obligations pursuant to the provisions of this MOU, or any subsequent agreement entered into by the Parties pursuant to this MOU, are and shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2001), (iii) D.C. Official Code § 47-105 (2001), and (iv) D.C. Official Code § 1-204.46 (2006 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

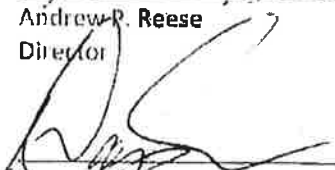
IN WITNESS WHEREOF, the Parties hereby execute this MOU on behalf of their respective agencies as of the last date set forth below:

For the Department on Disability Services.



Andrew P. Reese
Director


12/12/18
Date



Darryl Evans
Acting Deputy Director, RSA

12/12/18
Date

For the District of Columbia Public Schools



Amanda Alexander,
Interim Chancellor

10/4/18
Date

Justin Doud
OGC
11/30/18

**ADDENDUM TO
AMENDMENT TO MEMORANDUM OF UNDERSTANDING
BETWEEN
DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES/
REHABILITATION SERVICES ADMINISTRATION
AND
DISTRICT OF COLUMBIA PUBLIC SCHOOLS**

This serves as an Addendum to the Memorandum of Understanding ("MOU") between the District of Columbia Department on Disability Services/Rehabilitation Services Administration ("DDS/RSA") and the District of Columbia Public Schools ("DCPS"), collectively referred to herein as the "Parties". This MOU was initially executed by the Parties on October 26, 2017, to be effective through September 30, 2018, and amended on May 16, 2018. This addendum is developed to reflect the actual amount billed by DCPS and paid for by DDS/RSA for the goods and services authorized under the original MOU and subsequent amendment. Pursuant to Section VII of the original signed agreement, the Parties modify the following sections of the May 16, 2018 Amendment to the MOU as stated below:

XI. INTRA-DISTRICT FUNDING PROVISIONS

A. COST OF SERVICES

3. The total cost for salary and fringe benefits under this MOU shall not exceed five hundred sixteen thousand, two hundred and fifty dollars and eighty-three cents (516,250.83), which includes salary and fringe benefits for fiscal year 2018.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU Addendum as follows:

DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES:



Andrew P. Reese, Director

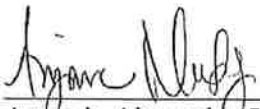
Date: 11/30/18



Darryl Evans, Deputy Director, RSA

Date: 11-30-18

DISTRICT OF COLUMBIA PUBLIC SCHOOLS:



Amanda Alexander, Interim Chancellor
Interim Chief of Staff

Date: 11-30-18

**ADDENDUM TO
MEMORANDUM OF UNDERSTANDING
BETWEEN
DEPARTMENT ON DISABILITY SERVICES/
REHABILITATION SERVICES ADMINISTRATION
AND
DISTRICT OF COLUMBIA PUBLIC LIBRARY**

I. INTRODUCTION

This serves as an Addendum to the Memorandum of Understanding ("MOU") between the District of Columbia Department on Disability Services/Rehabilitation Services Administration, the buyer agency ("DDS/RSA" or "Buyer") and District of Columbia Public Library, the seller agency ("DCPL" or "Seller"), collectively referred to herein as the "Parties." This MOU was initially executed by the parties on October 15, 2014, to be effective through September 30, 2015, allowing for an additional four one year option periods. The first option was exercised on October 22, 2015 and was effective through September 30, 2016. The second option was exercised on September 30, 2016 and was effective through September 30, 2017. The third option year was exercised on September 14, 2017 and is effective through September 30, 2108. This addendum is developed to exercise the fourth option year to continue DDS/RSA's partnership with DCPL to provide blind or low vision individuals access to state and national newspapers, magazine, wire feeds, and television listings at any time and any place. Pursuant to the Section XIII of the original signed agreement, the parties modify the following sections of the MOU as stated below:

II. PROGRAM GOALS AND OBJECTIVES

This section is amended by replacing fiscal year (FY) 2018 with FY 2019 as the year for which DDS/RSA pays for a license for Newsline Services:

The program objective is to provide National Federation of the Blind ("NFB") Newsline Services ("Newsline Services") to eligible registered patrons of the D.C. Regional Library for the Blind and Physically Handicapped who are residents. RSA pays for a license through the NFB for Newsline Services through FY 2019; DCPL is responsible for the implementation of the services to District of Columbia residents.

IV. DURATION OF MOU

This section is amended by replacing the Term to:

- A. Unless terminated in accordance with the terms of the MOU, this MOU Addendum shall begin when signed by the Parties below, and shall end on September 30, 2019. Other than the provisions identified above and below, all provisions of the MOU executed on October 15, 2014, the first addendum executed on October 22, 2015, the second addendum executed on September 30, 2016, and the third addendum executed on September 14, 2017 are incorporated by reference and remain in effect.

VI. FUNDING PROVISIONS

A. COST OF SERVICES

1. Total cost for goods and services under this MOU shall not exceed \$17,300.00 for Fiscal Year 2019. Funding for the goods and services shall not exceed the actual cost of the goods and services, including labor, materials and overhead, as presented to RSA and accepted by RSA.
2. In the event of termination of the MOU, payment to Seller shall be held in abeyance until all required fiscal reconciliation, but not longer than September 30, 2019.

IX. NOTICE

This section is amended to correct the contact point for DDS/RSA and DCPL.

The contact for DDS/RSA shall be:

Darryl Evans
Acting Deputy Director, RSA
Department on Disability Services
250 E Street, S.W.
Washington, D.C. 20024
Phone: (202) 442-8606

The Contact for DCPL shall be:

Paul Mills
Manager, Center for Accessibility
1990 K St NW
Suite 500
Washington, DC 20006
Phone: (202) 727-2142

Maryann James-Daley
Assistant Director of Public Services
1990 K St NW
Suite 500
Washington, DC 20006
Phone: (202) 727-4938

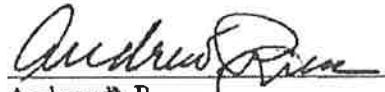
XIV. EFFECTIVE DATE

This MOU shall be effective upon signature by all Parties through September 30, 2019.

[Signatures follow on next page.]

IN WITNESS WHEREOF, the Parties hereto have executed this MOU Addendum as follows:

DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES:



Andrew P. Reese
Director

9/27/18

Date

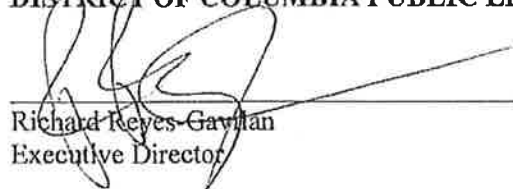


Darryl Evans
Acting Deputy Director
Rehabilitation Services Administration

10/1/18

Date

DISTRICT OF COLUMBIA PUBLIC LIBRARY:



Richard Reyes-Gavilan
Executive Director

10/1/18

Date



Routing Slip

Originator: Office of General Counsel

Date: 10/12/2018

Description: FY 19 MOU for Newline Services with DDS \$17,300

Required Approvals:

Executive Director
Director Business Operations

Yes X
Yes

No
No

Reviewed by:

General Counsel (If Applicable)

GP-A 10/1/2018
Initials Date

Agency Fiscal Officer
(Certifying Availability of Funds)

Ror 10/1/18
Initials Date
19 | I9BNS | L3400 | 0408
Funding Source

Director Business Operations

Jz 10/1/18
Initials Date

Executive Director

[Signature] 10/1/18
Initials Date

Comments:

Services are suspended until the MOU is signed.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
DEPARTMENT ON DISABILITY SERVICES/
REHABILITATION SERVICES ADMINISTRATION
AND
OFFICE ON AGING**

I. INTRODUCTION

This Memorandum of Understanding ("MOU") is entered into between the District of Columbia Department on Disability Services, Rehabilitation Services Administration ("DDS/RSA" or "Buyer"), and the District of Columbia Office on Aging ("DCOA" or "Seller"), collectively referred to herein as the "Parties").

This MOU facilitates the transfer of federal formula state grant funds from DDS to DCOA to provide independent living services to older blind, visually impaired, and deaf or hard of hearing consumers. These funds are issued to DDS/RSA in accordance with Chapter 1, Part B and Chapter 2 of Title VII of the Rehabilitation Act of 1973, as amended. DCOA will work with community-based private partners that are selected pursuant to DCOA's grant and procurement procedures, to provide the services funded under this MOU. Services will be provided in the community at private, nonprofit community-based centers, and in consumers' homes.

II. PROGRAM GOAL AND OBJECTIVES

The purpose of the independent living provision ("Title VII") of the Rehabilitation Act of 1973, as amended ("the Act"), is to promote a philosophy of independent living, including of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy. This philosophy is intended to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society.

In addition, Title VII, Chapter 2 of the Act authorizes federal funding to states for the delivery of services to older individuals who are blind ("Older Blind Program"). By enacting Chapter 2, Congress recognized the existence of a large population of older blind consumers in need of services to maintain independence. The Designated State Unit, DDS/RSA, may use funds awarded under the Older Blind program to carry out the activities described in Section IV of this MOU. The services that can be provided under the Older Blind Program includes: services to help correct blindness, provision of eyeglasses and other visual aids, services and equipment to enhance mobility and self-sufficiency, mobility training, Braille instruction, and other services and equipment to help older persons who are blind adjust to blindness, guide services, reader services and transportation, and any other appropriate services to help an older person who is blind in coping with daily living activities, IL core services including IL skills training,

information and referral, peer counseling and individual and systems advocacy; and other IL services as defined in the Act and the IL program regulations.

The mission of DCOA is to advocate, plan, implement, and monitor programs in health, education, employment, and social services, which promote longevity, independence, dignity, and choice for District residents ages 60 and older and those with disabilities.

III. TARGET POPULATION

The target population shall consist of residents of the District of Columbia who are: 60 years of age or older; blind, visually-impaired, deaf or hard of hearing, or deaf-blind; and who need assistance in learning to live with their disabilities in order to remain in their present living arrangements and access community-based services.

IV. SCOPE OF SERVICES

Pursuant to the applicable authorities and in furtherance of the Parties' shared goals to carry out the purposes of this MOU expeditiously and economically, the Parties do hereby agree:

A. DDS/RSA Responsibilities

DDS/RSA will transfer funds to DCOA:

To fund and manage private, nonprofit, community-based providers: the Ward 5 Lead Agency responsible for managing the Aging Center for the Blind and Visually Impaired; the Ward 5 Model Cities Senior Wellness Center; and the Ward 8 Lead Agency responsible for managing the Deaf and Hard of Hearing Senior Center. This funding will support the following services: a nutritious lunch, independent living skills training, Braille and other communication skills training, music therapy, arts and crafts, recreational trips, counseling, case management and transportation for older blind, visually-impaired, deaf and hard of hearing or deaf blind consumers to and from the Ward 5 and Ward 8 Lead Agency centers.

In support of the work provided by the three private, nonprofit, community-based providers, DDS/RSA shall:

1. Coordinate services provision with the private agency case manager, for all consumers who receive services through these programs and DDS/RSA's Independent Living or Independent Living Older Blind Programs.
2. Arrange and fund the transportation of participants at the Ward 5 Model Cities site. Transportation funding for the Model Cities site will be excluded from the transfer of funds to DCOA under this MOU.

3. Reimburse DCOA for all approved personnel services expenses resulting from the hiring of staff necessary to support these services, including payment of wages, taxes, and other benefit costs required under District of Columbia laws.
4. Reimburse DCOA for all other approved program costs, as outlined in Section IV.B, below.

B. DCOA Responsibilities:

DCOA will provide the services identified in this MOU through agreements with three private, nonprofit, community-based agencies. The services provided at each agency and the cost of each are outlined below:

1. The Ward 5 Lead Agency will provide:

A nutritious lunch, independent living skills training, Braille, music therapy, arts and crafts, recreational trips, counseling, case management and transportation to and from the Ward 5 Lead Agency center, five days per week for at least ten (10) older blind and visually-impaired consumers.

The DDS/RSA Shared Cost of the program will include:

- Salary, wage, and fringe benefits for one (1) full-time Program Coordinator and one (1) part-time Program Aide.
- Ward 5 Lead Agency Cost Details
 - Program Coordinator at \$13,445;
 - Program Aide/Site Manager at \$22,417, plus fringes at \$4,138 for a total of \$26,555.
 - Grand Total Funding for Ward 5 Lead Agency: \$40,000.

2. The Ward 5 Model Cities Senior Wellness Center will:

Provide program space two days per week to provide a nutritious lunch, independent living skills training, Braille and other communication skills training, music therapy, arts & crafts, recreational trips, counseling, and transportation to and from the facility to a maximum of twelve (12) older blind consumers; and

Provide DDS/RSA with records of participants attending the program daily, to verify expenses on invoices for transportation that is paid by DDS/RSA.

The DDS/RSA Shared Cost of the program will include:

- Supplies/Contractual cost and salary wage for (1) part-time Program Coordinator and one (1) part-time Program Assistant and one (1) part-time Program Aide.
 - Supplies - Fitness supplies for \$7,750;

- IT Contractual Services (computers, software, printers) at \$3,000;
- Part-time Program Coordinator (50% Full Time Equivalent ("FTE")) at an hourly rate of \$30 per hour, 5 hours per day. The rate of payment for 575 hours, not including fringes, which totals \$17,250;
- Part-time Program Assistant (50% Full Time Equivalent ("FTE")) at an hourly rate of \$20 per hour, 5 hours per day. The rate of payment for 658 hours, not including fringes, totals \$13,160;
- Part-time Program Aide (50% Full Time Equivalent ("FTE")) at an hourly rate of \$20 per hour, 5 hours per day. The rate of payment for 416 hours, not including fringes, totals of \$8,320.
- Grand Total for Ward 5 Model Cities Wellness Center: \$49,480.

3. The Ward 8 Lead Agency – Deaf and Hard of Hearing Senior Center will provide:

Nutritious meals, transportation to sites and activities, health promotion, recreation and socialization activities, which include trips and individual and group counseling, teaching American Sign Language to the hearing seniors and to the late deaf who have never learned to communicate through sign; and

Self-advocacy training for the deaf and hard of hearing to ensure they are obtaining equipment, services, and benefits necessary for their activities of daily living. This training includes assisting participants with contacting the fire department so they can receive appropriate detectors, such as the flashing fire detector and lighted telephone. Additionally, participants may receive training on the TTY systems and deaf relay systems, which allow them to communicate with the outside world. New technology such as the VP Sorenson Video phone allow consumers that no longer use the TTY system to see and communicate with the person that they are talking with through using manual sign language.

The DDS/RSA Shared Cost of the program will include:

- DDS/RSA will contribute \$11,400 toward the cost of a Certified Deaf Teacher, plus fringe benefits at 27% equaling \$3,078. The total wages plus fringe benefits contributed by DDS/RSA will be \$14,478.00.
- The cost for technology training and support for twenty (20) participants is \$25,000.
- The grand total for Ward 8 Lead Agency is \$39,478.00.

DDS shall include and make DCOA aware of any data requests to the three private, nonprofit community-based agencies providing services under this MOU. DCOA may verify any data provided by the agencies for services under this MOU.

V. DURATION OF MOU

- A. TERM.** This MOU shall begin when signed by the Parties named below, and shall end on September 30, 2019, unless terminated in writing by the Parties prior to the expiration.
- B. MOU EXTENSION.** Based on the availability of funds, DDS/RSA and DCOA may extend the term of this MOU by exercising a maximum of four, one-year option periods. DDS/RSA shall provide written notice of its intent to exercise an option period prior to the expiration of the MOU.

VI. AUTHORITY FOR MOU

29 U.S.C. § 796 *et seq.*; 34 C.F.R. Part 367; 45 C.F.R. Part 1329; D.C. Official Code §§ 1-301.01(k) and 7-503.03.

VII. INTRA-DISTRICT FUNDING PROVISION

A. COST OF SERVICES

The total cost for personnel expenses, goods, and services under this MOU shall not exceed **\$128,958** for FY 2019. This includes **\$40,000** annually for salary, fringe benefits, and supplies for the Ward 5 Lead Agency ("Ward 5 Lead Agency") responsible for managing the Aging Center for the Blind and Visually Impaired; **\$49,480** annually in salary, wages and supplies/contractual cost for the Ward 5 Model Cities Senior Wellness Center; and **\$39,478** to contribute to the cost for salaries, fringe benefits and assistive technology for the Ward 8 Lead Agency – Deaf and Hard of Hearing Senior Center, referred to in Section IV above. This amount does not include costs for the specialized blind rehabilitation services and training in the homes and community. The Specialized Rehabilitation Intervention services for the blind will be funded by the Vocational Rehabilitation Services Program Grant, the Independent Living State Grant, and the Independent Living Services for Older Individuals who are Blind. Funding for the goods and services shall not exceed the actual cost of the goods and services, including labor, materials and overhead, as presented to DDS/RSA and accepted by DDS/RSA.

B. PAYMENT

1. Payment for the personnel expenses, goods, and services shall be made through an Intra-District advance from DDS/RSA to DCOA based on the total amount of this MOU.
2. Advances to DCOA for the services to be performed and goods to be provided shall not exceed the amount of this MOU.
3. DCOA will receive the advance bill DDS/RSA through the Intra-District process only for those personnel expenses, goods, and services actually provided pursuant to the terms of this MOU. DCOA shall notify DDS/RSA within forty-five (45) days of the current fiscal year if it has reason to believe that all of the advance will not be billed

during the current fiscal year. DCOA shall return any excess advance to DDS/RSA by September 30 of the current fiscal year.

4. The Parties' Directors or their designees shall use their best efforts to resolve all adjustments and disputes arising from services performed under this MOU. In the event that the Parties are unable to resolve a financial issue, the matter shall be referred to the D.C. Office of Financial Operations and Systems.

C. ANTI-DEFICIENCY CONSIDERATIONS

The Parties acknowledge and agree their respective obligations to fulfill any financial obligations pursuant to the provisions of this MOU, or any subsequent agreement entered into by the Parties pursuant to this MOU, are and shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2001), (iii) D.C. Official Code § 47-105 (2001), and (iv) D.C. Official Code § 1-204.46 (2006 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

VIII. PROCUREMENTS PRACTICES REFORM ACT

If a District of Columbia agency or instrumentality plans to utilize the goods or services of an agent or third party (e.g., contract, consultant) to provide any of the goods or services specified under this MOU, then the agency or instrumentality shall abide by the provisions of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code § 2-351.01 *et. seq.*) to procure the goods or services of the agent or third party.

IX. COMPLIANCE AND MONITORING

As this MOU is funded by Title VII Independent Living funds, including Title VII, Chapter 2 Independent Living Services for Older Individuals Who Are Blind federal formula state grant funds, and Title VII, Chapter 1, Part B Independent Living state grant funds, DCOA shall ensure that its private, community-based partner agencies cooperate with scheduled and non-scheduled monitoring reviews by DDS Quality Assurance and Performance Management Administration.

X. RECORDS AND REPORTS

DCOA shall maintain records and receipts for the expenditure of all funds provided for a period of no less than three years from the date of expiration or termination of the MOU, and upon request, make these documents available for inspection by duly authorized representatives of DDS/RSA and other officials as may be specified.

XI. CONFIDENTIAL INFORMATION

The Parties to this MOU shall use, restrict, safeguard, and dispose of all information related to services provided by this MOU in accordance with all relevant federal and District statutes, regulations, and the Parties' policies.

XII. TERMINATION

Either Party may terminate this MOU in whole or in part by giving sixty (60) calendar days advance written notice to the other Party.

XIII. NOTICE

The following individuals are the contact points for each Party under this MOU:

DDS/RSA: Darryl Evans
Deputy Director, Department on Disability Services
Rehabilitation Services Administration
250 E Street, SW
Washington, DC 20024
Telephone: (202) 442-8490

DCOA: Garret King
Chief of Staff
Office on Aging
500 K Street, NE
Washington, DC 20002
Telephone: (202) 727-8372

XIV. MODIFICATIONS

The terms and conditions of this MOU may be modified only upon prior written agreement by the Parties.

XV. MISCELLANEOUS

The Parties shall comply with all applicable laws, rules, and regulations whether now in force or hereafter enacted or promulgated.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as follows:

DEPARTMENT ON DISABILITY SERVICES:



1/29/2019



Andrew P. Reese
Director

2/7/19

Date

OFFICE ON AGING:



Laura Newland
Executive Director

1/25/19

Date

**MEMORANDUM OF AGREEMENT
BETWEEN
DEPARTMENT ON DISABILITY SERVICES |
REHABILITATION SERVICES ADMINISTRATION
AND
WASHINGTON LATIN PUBLIC CHARTER SCHOOL**

I. INTRODUCTION

This Memorandum of Agreement (“MOA”) is entered into between Washington Latin Public Charter School (“WLPCS”) and the Department on Disability Services/Rehabilitation Services Administration (“DDS/RSA”), collectively referred to herein as the “Parties”, for the purpose of establishing a collaborative partnership that will facilitate the transition of students (ages 14 to 22) with disabilities from secondary school to the achievement of their desired post-school outcomes, with a focus on employment; postsecondary education & training; community engagement; and healthy lifestyles.

WLPCS is the local education agency responsible for ensuring that a free appropriate public education (“FAPE”) is made available to eligible students pursuant to the Individuals with Disabilities Education Act (20 U.S.C. § 1412(a)(1)). RSA is the administration within the Department on Disability Services responsible for providing vocational rehabilitation, including job training and job placement services, pursuant to the Rehabilitation Act of 1973, as amended, 20 U.S.C. § 701, *et seq.*

In July 2014, Congress passed and the President signed into law the Workforce Innovation and Opportunity Act (“WIOA”). This Act imposed a requirement on vocational rehabilitation (“VR”) agencies to devote a percentage of funding to the provision of pre-employment transition services to students with disabilities. This requires DDS/RSA to actively engage with students with disabilities to develop plans for postsecondary education & training, employment, or independent living, prior to graduation, in order to prepare these students for postsecondary success.

II. GOALS AND OBJECTIVES OF THIS AGREEMENT

This MOA is based on the following principles:

- A. The Parties acknowledge that Washington Latin PCS in its role as the local education agency is responsible for ensuring that a free appropriate public education (“FAPE”) is provided to eligible students with disabilities.
- B. The Parties acknowledge that DDS/RSA has a responsibility for providing Pre-Employment Transition Services to all students who are eligible and potentially eligible for VR services (students with an IEP or 504 plans). Pre-employment

transition services include the provision of (1) job exploration counseling; (2) work-based learning experiences; (3) counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs; (4) workplace readiness training; and (5) instruction in self-advocacy.

- C. The Parties have a common and concurrent interest in working cooperatively to ensure that transition-age students with disabilities have access to the skills, training, and necessary supports to transition successfully from secondary school to postsecondary activities, including but not limited to vocational training, postsecondary education, and employment.
- D. The Parties have a common interest in developing and initiating vocational programs and services to students with disabilities.
- E. The Parties acknowledge that DDS/RSA is the Designated State Unit responsible for the administration and provision of vocational rehabilitation services. The Parties agree that the student and, if applicable, his or her representative, have choice in the development of the Individualized Plan for Employment (“IPE”). The IPE is administered by DDS/RSA and must be signed and dated by the student and/or the student’s representative, and an RSA VR Specialist in accordance with applicable federal and state regulations. This must occur within 90 days from the date of eligibility determination and prior to exit from secondary school.
- F. This MOA is in no way intended to modify the responsibilities or authority delegated to the parties under federal or state law.

III. SCOPE OF SERVICES

This MOA is based on the following terms:

The Parties to this MOA agree to promote from their respective agencies the development and implementation of appropriate services for students with disabilities. The Parties to this MOA agree to provide outreach to and identification of students with disabilities who need transition services, including Pre-Employment Transition Services.

The Parties agree to accept the following responsibilities:

A. Responsibilities of the DDS/RSA.

- 1. DDS/RSA has responsibility for providing eligibility determination, vocational counseling, and job placement services to individuals with disabilities at no cost to local education agencies. The VR Specialist, in

conformance with financial and age guidelines, makes eligibility determinations based on the following criteria:

- a. The presence of an impairment with resulting functional limitations in major life activities;
 - b. The limitations from the impairment constitute a substantial impediment to employment;
 - c. The individual requires vocational rehabilitation services to prepare to enter, engage in, retain or advance in gainful employment; and
 - d. That the individual can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.
2. DDS/RSA may provide eligible individuals with disabilities the following services as defined in 34 CFR § 361.48 (b), State Vocational Rehabilitation Services Program:
- a. Assessment for determining eligibility and priority for services by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology, in accordance with § 361.42.
 - b. Assessment for determining vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology, in accordance with § 361.45.
 - c. Vocational rehabilitation counseling and guidance, including information and support services to assist an individual in exercising informed choice in accordance with § 361.52.
 - d. Referral and other services necessary to assist applicants and eligible individuals to secure needed services from other agencies, including other components of the statewide workforce development system, in accordance with §§ 361.23, 361.24, and 361.37, and to advise those individuals about client assistance programs established under 34 CFR part 370.
 - e. In accordance with the definition in § 361.5(c)(39), physical and mental restoration services, to the extent that financial support is not readily available from a source other than the designated State unit (such as through health insurance or a comparable service or benefit as defined in § 361.5(c)(10)).
 - f. Vocational and other training services, including personal and vocational adjustment training, advanced training in, but not limited to, a field of science, technology, engineering, mathematics (including computer science), medicine, law, or business; books, tools, and other training materials, except that no training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing or any other postsecondary education institution) may be paid for with funds under this part unless maximum efforts

have been made by the State unit and the individual to secure grant assistance in whole or in part from other sources to pay for that training.

- g. Maintenance, in accordance with the definition of that term in § 361.5(c)(34).
- h. Transportation in connection with the provision of any vocational rehabilitation service and in accordance with the definition of that term in § 361.5(c)(57).
- i. Vocational rehabilitation services to family members, as defined in § 361.5(c)(23), of an applicant or eligible individual if necessary to enable the applicant or eligible individual to achieve an employment outcome.
- j. Interpreter services, including sign language and oral interpreter services, for individuals who are deaf or hard of hearing, and tactile interpreting services for individuals who are deaf-blind, provided by qualified personnel.
- k. Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind.
- l. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.
- m. Supported employment services in accordance with the definition of that term in § 361.5(c)(54).
- n. Personal assistance services in accordance with the definition of that term in § 361.5(c)(39).
- o. Post-employment services in accordance with the definition of that term in § 361.5(c)(42).
- p. Occupational licenses, tools, equipment, initial stocks, and supplies.
- q. Rehabilitation technology in accordance with the definition of that term in § 361.5(c)(45), including vehicular modification, telecommunications, sensory, and other technological aids and devices.
- r. Transition services for students and youth with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services for students.
- s. Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent those resources are authorized to be provided through the statewide workforce development system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome.
- t. Customized employment in accordance with the definition of that term in § 361.5(c)(11).
- u. Other goods and services determined necessary for the individual with a disability to achieve an employment outcome.

3. DDS/RSA will participate in a minimum of one parent-teacher conference and/or family engagement event for students and parents at WLPCS.
4. DDS/RSA will assign a VR Specialist to WLPCS whom will be responsible for identifying the potentially eligible students who are in need of transition services and/or Pre-Employment Transition Services, providing information about DDS/RSA's services to school staff and eligible and potentially eligible students and their families, including a description of the purpose of the VR program, scope of services, eligibility requirements, and application procedures, and for accepting application referrals from the identified school personnel. The VR Specialist will be responsible for determining eligibility, developing IPEs, and coordinating the services for potentially eligible students at WLPCS. Eligibility determination will occur within 60 days of an application being received by RSA, barring any extraordinary circumstances. An IPE will be developed within 90 days of a student being determined eligible. The coordination of services will begin when the IPE has been approved and signed by all required parties.
5. DDS/RSA will accept, track, and document all completed applications for DDS/RSA services. Applications will be entered into DDS/RSA's electronic case management system, "System 7." Both the student/parent and school will be contacted within five (5) business days of receipt of the application to provide notification of eligibility determination status. The VR Specialist will work with the school liaison to schedule an intake interview at the student's school. DDS/RSA will coordinate with Khashiffa Roberts to schedule all intake appointments at the school. If initial contact efforts are unsuccessful, DDS/RSA will work with Anna Jessemen to follow up with the student/parent.
6. DDS/RSA will facilitate access to transition opportunities during or after high school such as Project SEARCH, internships, trial work experiences, jobs, and career planning and training.
7. DDS/RSA will begin working with all eligible and potentially eligible students by the time they reach 14 years of age.
8. The intake interview, conducted at the school, will provide an overview of the Vocational Rehabilitation Program and determine if sufficient information has been provided to DDS/RSA to make an eligibility determination.

9. A DDS/RSA VR Specialist, with the consent of the adult student or the parent/guardian if the student is under age 18, will attend the student's IEP team meeting when invited to discuss the student's Transition Plan.
10. A DDS/RSA VR Specialist will be available at the school monthly, on the 3rd Wednesday of every month, to conduct scheduled intake interviews, meet with students to complete a comprehensive assessment, be available to provide guidance and counseling to students who have been found eligible for services, provide job readiness workshops for potentially eligible students, attend IEP meetings when invited, meet with appropriate staff to discuss progress of client's IPE development and progress toward achievement of goals identified in their transition plans.
11. DDS/RSA will provide, in compliance with federal and state laws, comprehensive vocational rehabilitation services to students determined eligible for VR services. Comprehensive services include all VR services (including transition services) that are necessary to achieve an employment outcome, as indicated in an IPE agreed to by the eligible student and a qualified VR Specialist employed by DDS/RSA.

B. Responsibilities of Washington Latin Public Charter School

1. WLPCS will identify a school staff person who will be responsible for coordinating with the assigned VR Specialist.
2. WLPCS will provide private space for the VR Specialist to meet with students, and if available, access to office equipment, computer for student use, access to Wi-Fi or internet, and access to a printer and copier.
3. Assigned school staff will identify students who are potentially eligible for DDS/RSA services. (Students with an IEP or 504 plan, or students with a documented disability).
4. WLPCS will invite the VR Specialist to the IEP meeting when there is a need to provide input on the alignment of the IPE employment goal and IEP Transition Plan. IEP meeting invitations will be extended to VR specialist in writing at least 10 business days prior to the meeting date.

C. Responsibilities of WLPCS and DDS/RSA

1. WLPCS Coordinator and DDS/RSA VR Specialist will collaborate to identify and gather supporting documents necessary for eligibility determination, and coordinate intake interviews, IPE meetings, and pre-employment transition services for potentially eligible students.

2. WLPCS Coordinator and VR Specialist will collaboratively plan appropriate work readiness activities for potentially eligible students.
3. WLPCS Coordinator and VR Specialist will collaborate to identify pre-employment activities consistent with the student's employment goal, and identify opportunities for paid work-based learning experiences (WBLE) prior to graduation. Paid WBLEs will be available to DDS/RSA clients whom both the VR specialist and WLPCS Coordinator determine is an appropriate candidate for this service.

IV. COORDINATION OF SERVICES

Parties to this MOA agree to work together in planning for postsecondary transition and to ensure the provision of transition services while students are enrolled in school. The Parties will establish a referral process and monitor the progress of cases through monthly consultation. The Parties will plan outreach and educational activities for potentially eligible students and their families, and develop appropriate pre-employment transition services for potentially eligible students. The Parties will be available to provide direct services to students and participate with school staff, students and their families in transition planning during the last two years of school. The Parties will collaborate to ensure that DDS/RSA applications are available, and that all potentially eligible students between the ages of 14 and up to 22 are encouraged to apply for services.

Neither DDS/RSA nor WLPCS will enter into a contract or other arrangement with an entity, as defined in 34 C.F.R. § 397.5(d), for the purpose of operating a program under which a youth with a disability is engaged in work compensated at a sub-minimum wage.

In its role as Designated State Unit, DDS/RSA will work with the State Education Agency to establish and maintain policies and procedures to ensure compliance with the requirements set forth in 34 C.F.R. §§ 397.10, 397.20, and 397.30, regarding the preparation, transmittal, and retention of documentation relating to students with disabilities who are known to be seeking subminimum wage employment.

V. RESOLUTION OF DISPUTES

Disputes which arise among the parties to this agreement that are not under the purview of an impartial due process hearing officer will be brought to the attention of the DDS/RSA Program Manager and the equivalent staff at WLPCS. Parties will attempt to resolve day-to-day issues regarding responsibilities under the MOA in an informal manner. Any unresolved disagreements will be brought to the agency directors of WLPCS and DDS/RSA, or their designees.

The resolution process shall be as follows:

- A. A letter from any Party to this agreement stating the nature of the dispute shall be sent to the Chief Executive Officer, WLPCS and the Deputy Director, DDS/RSA.
- B. The WLPCS Chief Executive Officer and the DDS/RSA Deputy Director, or their designees, will assist to engage in fact-finding. When necessary, the WLPCS Chief Executive Officer and the DDS/RSA Deputy Director will schedule a meeting of the Parties within thirty (30) calendar days of the letter to discuss the issue(s) in dispute and to review the facts. The Parties will work cooperatively to resolve the dispute.

VI. DURATION OF MOA

- A. **TERM.** This MOA shall continue from the date of execution, unless terminated in writing by the Parties.
- B. **ANNUAL REVIEW.** The Parties to this MOA, or their designated representatives, shall meet annually to review the progress both entities have made in meeting the performance objectives outlined in this MOA. Any modifications to this MOA shall be made in accordance with Section X.B.

VII. TERMINATION

Either Party may terminate this MOA by giving the other Party at least thirty (30) calendar days written notice and a status report of the students with disabilities to whom the terminating Party has provided services pursuant to this MOA. If such notice is given, the MOA shall terminate on the date specified in the written notice, and the liabilities of the Parties hereunder for further performance of the terms of the MOA shall cease, but the Parties shall not be released from the duty to perform the MOA up to the date of termination.

VIII. AUTHORITY FOR THE MOA

This MOA is subject to the provisions of the Individuals with Disabilities Education Act ("IDEA"), as amended; and the Rehabilitation Act of 1973, as amended by WIOA.

IX. PROCEDURAL SAFEGUARDS

The Parties of this MOA will use, restrict, safeguard and dispose of all information related to services provided by this MOA in accordance with all relevant federal and local statutes, regulations, and policies, including, but not limited to, the Family Educational Rights and Privacy Act (FERPA"). Both WLPCS and DDS/RSA shall secure the written

consent of the student or guardian, as appropriate, before releasing any information to the other Party in accordance with applicable federal and District of Columbia regulations.

X. MISCELLANEOUS

A. Documentation of Disability and Eligibility for Services

Because of legal responsibilities of the Parties under applicable federal and state laws, WLPCS and DDS/RSA may maintain different requirements for the documentation of disability, the determination of eligibility for services, and the specification of particular services or accommodation(s) to be provided. This MOA does not require either Party to alter its policies for providing services or support.

B. Changes to the MOA/Designation of Representatives

Either Party may request changes to this MOA. Any changes, modifications, revisions, or amendments to this MOA which are agreed upon by both Parties shall be incorporated in this MOA as written amendments signed by the Parties.

C. Responsibility for the Acts of the Parties

No employee or agent of either entity shall be deemed to be an employee or agent of the other entity and shall have no authority, expressed or implied, to bind the other entity except as expressly set forth herein. Each entity shall be responsible for its acts and those of its employees, agents and subcontractors, if any, during the course of this MOA.

D. Notice of Lawsuit

Either Party that becomes a defendant in a lawsuit that involves services provided under this MOA and that may involve legal liability of the other Party shall deliver to the other Party, within five (5) days of service of process, a copy of any pleading relating to such lawsuit.

XI. FUNDING PROVISIONS

No additional funding is required for implementation of this MOA.

XII. NOTICES

The following individuals are the points of contact for each Party under this MOA:

For WLPCS:

Khashiffa Roberts
Assistant Principal of Student Life
Co-Director of Student Support Services
Washington Latin Public Charter School
5200 2nd Street NW
Washington, DC, 20011
(202) 223-1111 ext 139

Anna Jesseman
Director of Mental Health Program
Co-Director of Student Support Services
Washington Latin Public Charter School
5200 2nd Street NW
Washington, DC, 20011
(202) 223-1111

For DDS/RSA:

Christopher Nace
Program Manager
Department on Disability Services
Rehabilitation Services Administration
250 E Street SW
Washington, DC, 20024
(202) 527-4968

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS THEREOF, the Parties have executed this MOA on behalf of their respective agencies as of the last date set forth below:

For the Department on Disability Services:



Andrew P. Reese, Director
Department on Disability Services

2/13/19
Date

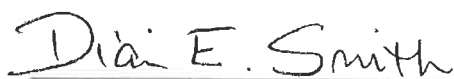

Darryl Evans, Deputy Director
Rehabilitation Services Administration

2/13/2019
Date

For Washington Latin Public Charter School:


Peter Anderson, Head of School
Washington Latin Public Charter School

10/31/18
Date


Diana Smith, Principal
Washington Latin Public Charter School

10/29/18
Date

Department on Disability Services FY2018

FY2018 Performance Accountability Report

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, 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

The Department on Disability 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, and inclusive business enterprises. The Department on Disability Services also serves as the state agency for Social Security Disability Insurance Determinations under the direction of the Social Security Administration.

FY18 Top Accomplishments

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
RSA teamed up with DCHR to implement programming to establish the District as a model employer of people with disabilities. As part of this initiative, RSA provided vocational rehabilitation funds to allow DCHR to hire a disability employment specialist. This person has: recruited people with disabilities for open positions within District government; and provided assistance to people with disabilities to navigate the District hiring process, including conducting mock interviews to help people prepare for interviews. In addition, RSA established the Aspiring Professionals program. This is a six-month paid internship with the District government to allow people with disabilities an opportunity to demonstrate their skills to District agency employers.	Nineteen people successfully completed this program. Of these, 12 are now full-time district government employees.	
2. DDS, with support from OPLA, successfully shepherded through to passage the Disability Services Reform Amendment Act, which ends involuntary civil commitment of people with intellectual disabilities, formally recognizes supported decision-making for seniors and people with disabilities, and creates a new complaint process for DDA. This will have significant impact in supporting seniors and people with disabilities to lead self-determined lives (which is a social determinant of health), but this is currently in implementation phase, so it is too early to see extensive impact for District residents.	It is too early to see extensive impact for District residents.	
3. The Centers for Medicare and Medicaid Services granted initial and final approval for the District's Statewide Transition Plan (STP) for Home and Community-Based Services (HCBS), making the District the fifth place in the country to receive such approval. The STP,	District residents with intellectual disabilities are already seeing impact from the changes DDS has made to its service delivery system,	

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
which was a collaborative effort between DDS and DHCF, is a strategic plan for DDS and its provider network to come into full compliance with the HCBS Settings Rule by March 2019.	with greater opportunities for community integration and more support to engage in opportunities self-determination and employment.	

2018 Strategic Objectives

Objective Number	Strategic Objective
1	Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District.
2	Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction.
3	Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction.
4	Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks.
5	Create and maintain a highly efficient, transparent and responsive District government.**

2018 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
1 - Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District. (6 Measures)									
Percentage increase in the number of people supported by DDA receiving integrated day/vocational services over prior year	Annually	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-4.6%	Unmet	The decrease can be attributed to people securing competitive employment and accessing community services, which is a positive outcome. The methodology for this metric is being reformulated to ensure historically included services are still accurate and to account for the new limitations the HCBS IDD Waiver now places on day service participation (according to level of need).
Number of people placed by RSA that remained employed for	Quarterly	675	68	131	147	264	610	Nearly Met	DDS is standing up a new performance management system to ensure this KPI is met during the next performance year. Specifically, RSA VR Counselors now have a

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
90 calendar days or more									monthly closure goal to enable prompt corrective action plans and caseload management once deficiency is detected.
Average entry level wages for people whose cases are closed successfully	Quarterly	13.8	16.1	15.4	15.8	15.7	15.75	Met	
Percentage increase in the number of people in supported or competitive employment supported by DDA over prior year.	Annually	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11%	Met	
Percentage of students with disabilities who receive at least one pre-employment transition service each school year	Quarterly	75	42	56	68	78	78	Met	
Percent variance in HCBS expenditures versus budget forecast	Annually	20%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6.8%	Met	
2 - Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction. (5 Measures)									
Percent of People with a Level of Need (LON) assessment completed before the ISP meeting date	Quarterly	90	87.6	89.3	94.1	90.8	90.4	Met	
Percentage of ISPs that are completed before the ISP effective date	Quarterly	95%	97.2%	99.1%	99.3%	99.2%	98.6%	Met	
Median Number of Days to Complete the Initial ISP	Quarterly	60	41.5	47.4	37	36	39	Met	
Percentage of NCI measures for which DDS is at or above the national average	Annually	55%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	55.2%	Met	
Percentage of cases that demonstrate	Quarterly	85%	86.1%	85.1%	88%	88%	87.1%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
compliance with vocational rehabilitation (VR) regulations and policies (based on monthly case reviews)									
3 - Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction. (3 Measures)									
Percent of Healthcare Management Plans that meet published standards.	Annually	86%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	83.5%	Nearly Met	A new tool will be used to obtain data for this KPI that has a more appropriate question aimed at measuring the performance of this measure. Additionally, Health & Wellness Nurses now have a Smart Goal to align with this KPI, which is expected to directionally move this measure higher as well.
Percentage of DDA staff who have completed required competency based trainings	Quarterly	95%	100%	98.9%	98.9%	100%	99.4%	Met	
Percent of DDA provider agencies that achieve quality improvement goals.	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	94.1%	Met	
4 - Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks. (5 Measures)									
Percentage of Investigations that are completed within required timelines	Quarterly	95%	86.9%	99.4%	100%	100%	96.9%	Met	
Percentage of applicable waiver providers currently receiving an annual certification	Quarterly	85%	92.9%	95.5%	93.3%	90.6%	92%	Met	
Percentage of reported issues that are resolved on-time	Quarterly	86	87.1	89.2	90.7	91.1	89.4	Met	
	Quarterly	86%	97.7%	97.9%	97.7%	97.7%	97.7%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percentage of people with restrictive interventions who have an approved Behavior Support Plan (BSP)									
Percentage of Community Rehabilitation Programs (CRP) that meet HCA standards	Quarterly	70%	100%	100%	96.4%	96.3%	98.1%	Met	

**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2018 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
1 - Consumer Resources (1 Measure)						
DDA Prior Authorizations processed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,650
1 - VR, SE, and IL Services (3 Measures)						
RSA Clients Served	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6594
RSA Transition Referrals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	725
RSA Referrals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2500
2 - DDA Service Planning and Coordination (2 Measures)						
DDA Clients Served	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2450
DDA Applications for Services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	175
2 - Disability Determination Services (1 Measure)						
DDD Determinations	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	595
4 - Quality Assurance (DDA) (2 Measures)						
DDA Serious Reportable Incidents (SRIs) Requiring Investigation	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1307

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
DDA Provider Certification Reviews (PCR) Conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	106

2018 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
DDA SERVICE PLANNING & COORDINATION (1 Strategic Initiative)				
Case Management Software Launch	The District of Columbia's Department of Health Care Finance (DHCF), Office on Aging (DCOA), and DDS intend to procure a new Clinical Case Management System (CCMS) to manage and coordinate the District's long-term services and supports (LTSS). The District must replace several legacy case management systems that, collectively, no longer enable the District to effectively manage LTSS for Medicaid beneficiaries, and in addition the District must create the technology infrastructure to support person-centered care management across agencies in alignment with No Wrong Door. DDS will work with DCOA, DHCF, and the chosen vendor to provide our business rules for implementation in the system. DDS will work with the vendor to migrate DDS data to new system. In FY18, the three agencies expect to complete the first phase of implementation. For DDS, the first phase will include the implementation of the majority of functionalities needed for case management for persons receiving support from DDA, which DDS anticipates will streamline processes and which will reflect a person-centered approach. DDS will ensure in FY18 that staff are trained, data is migrated appropriately, and that the system is functional.	Complete	The District of Columbia's Department of Health Care Finance (DHCF), Office on Aging (DCOA) launched DC Care Connect (formerly, "Clinical Case Management System") on July 15, 2018. DC Care Connect is a comprehensive person-centered web-based system that enables the Department of Health Care Finance (DHCF), Aging and Disability Resource Center (ADRC), and Economic Security Administration (ESA) to communicate and coordinate. Although DDS initially intended to join this system, as we worked with the other agencies and the vendor on our specific needs, it became cost prohibitive. DDS is exploring where we can join with DHCF, DCOA/ ADRC and ESA in using this system in the future, with a focus on intake.	
DDS Transition Plan (1 Strategic Initiative)				
DDS Transition Plan	DDS will implement for FY2018 an updated Statewide Transition Plan for the Medicaid HCBS IDD waiver to achieve further compliance with the new federal HCBS Settings Rule. This is required by CMS to maintain funding for the waiver program and furthers DDS's vision of leading a person-centered system that supports opportunities for employment and community inclusion for all people with intellectual and developmental disabilities. Specific milestones include updating the HCBS waiver, publishing implementing regulations, and making changes to certain policies and procedures	75-99%	DDS partnered with DHCF to submit an annual update to the approved final Statewide Transition Plan on September 30, 2018. DDS is meeting the milestones in the STP and is on track to reach full compliance with the rule by March 2019, as originally projected.	Completion date is March 2019
Employment First (1 Strategic Initiative)				
Employment First Initiative	DDS will coordinate inter-agency activities with DDS, DOES, DCHR, DCOA, DBH, DCPS, and OSSE to stimulate Employment First for youth, adults and elders, including participating in at least one federal grant/ technical assistance opportunity, coordinating a cross-agency leadership workgroup regarding cross-agency policy	Complete	DDS hosted a World Café event with stakeholders throughout the District. During this event, discussions were focused on how we advance our employment practices to support	

Title	Description	Complete to Date	Status Update	Explanation
	<p>alignment efforts with DCHR for the District to become a model employer of people with disabilities; and to increase opportunities for employment for people with disabilities, support the implementation of the Workforce Innovation and Opportunity Act (WIOA) for youth and adults with disabilities, and continue to support provider and state staff capacity and competency through training and technical assistance. For FY18, DDS will complete (1) the design and implementation of at least 2 cross-agency pilot projects that promote employment and economic self-sufficiency outcomes for youth with disabilities; and (2) the development of youth transition/employment planning guidance for Employment First agencies, with input from people with disabilities, families and employers.</p> <p>In FY18, DDS will also work with Able Opportunities through School Talk to train 24 students to use technology in the workplace to become more independent and efficient. Students as well as staff at the Project SEARCH sites will be trained to use the iPad technology. DDS will also continue the Aspiring Professionals Internship program with the intention of having RSA clients fill a variety of positions in District offices. The interns work for six months with the intention of being hired full time. The agency's goal is to have 20 clients interning any given time during FY 18.</p>		individuals with disabilities, particularly those with I/DD to ensure longterm, meaningful employment. As a result, DDS recieved a comprehensive report that detailed the ways the agency can work collaboratively with community-based providers and people with disabilities to enhance services from DDA/RSA and work to ensure compctetive, integrated employment experiences for everyone.	
HCBS Waiver Renewal (1 Strategic Initiative)				
DDS Waiver Renewal	In FY18, DDS will work with DHCF to ensure the timely renewal of the current HCBS IDD waiver, which ends in November 2017, as well as publish implementing regulations and operationalize changes in services. The renewal application for the HCBS Waiver contains changes to the methods and standards for setting payment rates for some services, substantive changes to the amount, duration, and scope of some services, substantive changes to service definitions, proposes several new services, and changes some provider qualifications, among other things.	Complete	Completed previous quarter	
No Wrong Door (1 Strategic Initiative)				
Lead No Wrong Door	In FY18, DDS will continue to lead District efforts to implement a No Wrong Door system to provide coordinated access to long term services and supports. For FY18, cross-agency resource portal will be available for public use; NWD is piloting person-centered greeting and linkage tools across partner agencies; adapting the person-centered planning training for ongoing learning opportunities, and sharing cultural and linguistic guidelines for intake.	Complete	"In September 2018, the cross-agency resource portal was launched for public use unifying 4 NWD partner's service information, creating a centralized Long Term Services and Supports (LTSS) information hub; DDS and DCOA will collaborate to plan a ""Release 2"" of the resource portal that will include additional enhancements; The person-centered planning training was adapted for Nurses and to include elements of cultural and linguistic compctency. NWD	

Title	Description	Complete to Date	Status Update	Explanation
			piloted person-centered greeting and linkage tools across partner agencies and worked with national subject matter experts to review and analyze Front Door policies to determine the extent to which such policies address Person Centered Thinking and Cultural and linguistic competency.	
RSA OPERATIONS (1 Strategic Initiative)				
RSA PCT Training	As part of the Unified State Workforce Development Plan (which runs from July 1, 2016 -June 30, 2020). RSA identified an appropriate training provider who understands person centered training (PCT) and has experience in using this in the vocational rehabilitation (VR) process. Beginning in September 2016, The PCT Training provider began training VR staff to increase the capability of staff to provide PCT on an on-going basis. In June of 2017, all VR staff successfully completed at least one third of the courses offered by the training provider. By June 30, 2018, and ongoing through June 30, 2020, to build to capacity, all VR staff will use person-centered training tools to develop employment goals that better reflect the strengths, interests, abilities, capabilities and resources of people served by RSA.	Complete	All RSA staff who include program managers, supervisors, counselors, employment coordinators, and RAs have been provided with PCT training. This includes new staff members who have come on-board during this quarter. Staff have been engaged in discussions on how to effectively utilize the PCT tools in their daily work. Additionally, on September 28th, RSA leadership attended a day-long meeting with staff regarding Person-Centered Organizational planning and have worked to imagine how RSA can enhance the use of PCT tools for staff.	

Department on Disability Services FY2019

Agency Department on Disability Services

Agency Code JMO

Fiscal Year 2019

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.

2019 Strategic Objectives

Objective Number	Strategic Objective
1	Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District.
2	Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction.
3	Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction.
4	Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks.
5	Create and maintain a highly efficient, transparent and responsive District government.

2019 Key Performance Indicators

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
1 - Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District. (6 Measures)					
Number of people placed by RSA that remained employed for 90 calendar days or more	Up is Better	623	600	610	675
Average entry level wages for people whose cases are closed successfully	Up is Better	\$14.1	\$14.6	\$15.8	\$14
Percent increase in the number of people in supported or competitive employment supported by DDA over prior year	Up is Better	Not Available	9.5%	11%	5%
Percent increase in the number of people supported by DDA receiving integrated day/vocational services over prior year	Up is Better	Not Available	-6.3%	-4.6%	5%
Percent of students with disabilities who receive at least one pre-employment transition service each school year	Up is Better	Not Available	49%	77.8%	75%
Percent variance in HCBS expenditures versus budget forecast	Down is Better	Not Available	10.2%	6.8%	20%

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
2 - Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction. (5 Measures)					
Percent of People with a Level of Need (LON) assessment completed before the ISP meeting date	Up is Better	87.9%	89.8%	90.4%	86%
Percent of ISPs that are completed before the ISP effective date	Up is Better	96.5%	96.4%	98.6%	86%
Median Number of Days to Complete the Initial ISP	Down is Better	97.8	62	39	90
Percent of NCI measures for which DDS is at or above the national average	Up is Better	58.2%	44.7%	55.2%	55%
Percent of cases that demonstrate compliance with vocational rehabilitation (VR) regulations and policies (based on monthly case reviews)	Up is Better	Not Available	23%	87.1%	85%
3 - Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction. (2 Measures)					
Percentage of Healthcare Management Plans that meet published standards	Up is Better	Not Available	91.6%	83.5%	86%
Percentage of settings that meet HCBS settings requirements	Up is Better	Not Available	91.1%	94.1%	86%
4 - Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks. (5 Measures)					
Percent of Investigations that are completed within required timelines	Up is Better	91.9%	89.3%	96.9%	86%
Percent of applicable waiver providers currently receiving an annual certification	Up is Better	100%	96.7%	92%	86%
Percent of reported issues that are resolved on-time	Up is Better	79.9%	84.3%	89.4%	86%
Percent of people with restrictive interventions who have an approved Behavior Support Plan (BSP)	Up is Better	92.2%	91.6%	97.7%	86%
Percent of Community Rehabilitation Programs (CRP) that meet HCA standards	Up is Better	Not Available	100%	98.1%	85%
5 - Create and maintain a highly efficient, transparent and responsive District government. (9 Measures)					
HR MANAGEMENT - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft (Updated by OCA)	Up is Better	Not Available	No data available	99.2%	Not Available
HR MANAGEMENT - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft (Updated by OCA)	Up is Better	Not Available	100%	Waiting on Data	Not Available
FINANCIAL MANAGEMENT - Quick Payment Act Compliance - Percent of QPA eligible invoices paid within 30 days (Updated by OCA)	Up is Better	Not Available	No data available	Waiting on Data	Not Available

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
FINANCIAL MANAGEMENT - Percent of local budget de-obligated to the general fund at the end of year (Updated by OCA)	Down is Better	5.7%	7%	Waiting on Data	Not Available
CONTRACTS AND PROCUREMENT - Average number of calendar days between requisition and purchase orders issued (Updated by OCA)	Up is Better	Not Available	13.1	Waiting on Data	Not Available
CONTRACTS AND PROCUREMENT - Percent of Small Business Enterprise (SBE) annual goal spent (Updated by OCA)	Up is Better	114.4%	101.9%	Waiting on Data	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal - (Updated by OCA)	Up is Better	Not Available	No data available	0%	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension - (Updated by OCA)	Down is Better	5.9%	16.7%	Waiting on Data	Not Available
HR MANAGEMENT - Average number of days to fill vacancy from post to offer acceptance (Updated by OCA)	Down is Better	Not Available	Not Available	Not Available	New Measure

2019 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
1 - Provide high quality direct services and supports leading to the full inclusion of people with disabilities in the District. (5 Activities)			
IFS Waiver	Waiver	In FY19, DDS will work with stakeholders and DHCF on a waiver amendment application for our Home and Community Based Services waiver (HCBS IDD waiver) that supports more than 1,800 District residents with intellectual disabilities to live as independently as possible in the community, with supports. The waiver amendment will allow us to implement self-directed services, which supports people to have greater choice and control. We will also submit to CMS a new waiver application that is targeted to support people who live at home with their families.	Key Project
Employment First	Employment First	DDS will continue to lead interagency efforts to support opportunities for competitive integrated employment for people with disabilities, including applying for federal technical assistance, as available and participation in Communities of Practice, as appropriate.	Key Project
DDA CONSUMER RESOURCES AND OPERATIONS	Consumer Resources	The array of home and community-based services offered under the DDA HCBS waiver or local funds for people with intellectual and developmental disabilities to live, work, and lead healthy lives.	Daily Service
RSA VOCATIONAL REHABILITATION SERVICES	VR, SE, and IL Services	Provide supports to assist people with disabilities to enter, retain, regain or advance in employment and live as independently as possible in the community. This includes the provision of pre-employment transition services to high school students with disabilities (i.e., career planning, work readiness training, counseling on post-secondary options, work based learning experiences and peer mentoring).	Daily Service
			Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
RSA BLIND & VISUAL IMPAIRMENT SERVICES	Blind and Visual Impairment Services	Provide vocational rehabilitation and independent living services to people who are blind; includes provision of supports to licensed vendors in the Randolph Sheppard Blind Facilities Program, and entrepreneurial program in which people who are blind operate vending facilities in Federal and District buildings.	
2 - Improve the quality of service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction. (4 Activities)			
DDA SERVICE PLANNING & COORDINATION	DDA Service Planning and Coordination	This division plans, coordinates and facilitates the provision of quality services; reviews the implementation and delivery of services and supports identified in the ISP and advocates for the person and his/her family.	Daily Service
DDA SERVICE PLANNING & COORDINATION	New case management system	Work with DHCF and DCOA to implement a new intake case management system for DDA.	Key Project
DISABILITY DETERMINATION SERVICES	Disability Determination Services	The District's Disability Determination Division processes claims for Social Security Disability Insurance determinations.	Daily Service
RSA VOCATIONAL REHABILITATION SERVICES	Vocational Rehabilitation Counselors	The Vocational Rehabilitation (VR) program provides vocational and rehabilitative services to individuals with disabilities to help them prepare for, secure, regain or retain employment.	Daily Service
3 - Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction. (4 Activities)			
DISABILITY DETERMINATION SERVICES	Operations	Responsible for provider relations, contract monitoring and processing of payments for all DDS services.	Daily Service
DDS Transition Plan	DDS Transition Plan	DDS will implement for FY 2019 the approved Statewide Transition Plan for the Medicaid HCBS IDD waiver to achieve compliance with the new federal HCBS Settings Rule. This is required by CMS to maintain funding for the waiver program and furthers DDS's vision of leading a person-centered system that supports opportunities for employment and community inclusion for all people with intellectual and developmental disabilities.	Key Project
DISABILITY DETERMINATION SERVICES	Consumer Resources and Operations	Personnel providing technical assistance and training to provider community on best practice, management of HCBS waiver operations and provision of clinical services, supports and monitoring.	Daily Service
RSA OPERATIONS	PCT Training	Person-centered thinking (PCT) is a philosophy behind service provision that supports positive control and self-direction of people's own lives. DDS is working to implement person-centered thinking through training sessions and other agency wide initiatives.	Key Project
4 - Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risks. (1 Activity)			
QUALITY ASSURANCE	Quality Assurance (DDS)	Maintain a system of quality assurance that ensures the safety and well-being of people with intellectual and developmental disabilities and identify possible barriers to service provisions within the provider community. Monitor internal and external provisions of services to ensure	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
		compliance with regulations and policies, and provisions in contracts with agency. Develop and update policies and procedures and ensure timely submission of all federal reports.	

2019 Workload Measures

Measure	FY 2016	FY 2017	FY 2018
1 - Consumer Resources (1 Measure)			
DDA Prior Authorizations processed	9339	10,039	10,650
1 - VR, SE, and IL Services (3 Measures)			
RSA Clients Served	8582	7276	6594
RSA Transition Referrals	1054	796	725
RSA Referrals	4058	3124	2500
2 - DDA Service Planning and Coordination (2 Measures)			
DDA Clients Served	2363	2367	2450
DDA Applications for Services	113	163	175
2 - Disability Determination Services (1 Measure)			
DDD Determinations	604	625	595
4 - Quality Assurance (DDS) (2 Measures)			
DDA Serious Reportable Incidents (SRIs) Requiring Investigation	1248	1237	1307
DDA Provider Certification Reviews (PCR) Conducted	93	92	106

2019 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
DDS Transition Plan (1 Strategic Initiative)		

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
DDS Transition Plan	Department on Disability Services will implement for FY 2019 an approved Statewide Transition Plan for the Medicaid Home and Community Based Services Intellectual and Developmental Disability waiver to achieve further compliance with the new federal Home and Community Based Services Settings Rule. This is required by Centers for Medicare & Medicaid Services to maintain funding for the waiver program and furthers Department on Disability Services' vision of leading a person-centered system that supports opportunities for employment and community inclusion for all people with intellectual and developmental disabilities.	09-30-2019
PCT Training (1 Strategic Initiative)		
Operations	Person-centered thinking (PCT) is a philosophy behind service provision that supports positive control and self-direction of people's own lives. DDS is working to implement and socialize person-centered thinking through training sessions and other agency wide initiatives. We will measure our PCT initiative through a variety of outcome-oriented indicators, including whether people are offered opportunities for self-advocacy and are supported in the community to do things that interest them.	09-30-2019
Waiver (1 Strategic Initiative)		
IFS Waiver	In FY19, DDS will work with stakeholders and DHCF on a waiver amendment application for our Home and Community Based Services waiver (HCBS IDD waiver) that supports more than 1,800 District residents with intellectual disabilities to live as independently as possible in the community, with supports. The waiver amendment will allow us to implement self-directed services, which supports people to have greater choice and control. We will also submit to CMS a new waiver application that is targeted to support people who live at home with their families.	09-30-2019

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



POLICY	
Department on Disability Services	Subject: DDA Complaint Policy
Responsible Program or Office: Developmental Disabilities Administration	Procedure Number: 2016-DDA-POL01
Date of Approval by the Director: February 2, 2016	Number of Pages: 2
Effective Date: February 2, 2016	Expiration Date, if any: N/A
Supersedes Policy Dated: N/A	
Cross References, Related Policies and Procedures, and Related Documents: Internal Problem Resolution Policy; Intake and Eligibility Determination Policy; Individualized Support Plan Appeals Policy; 29 DCMR § 1911 (Individual Rights); What to Do if You Have Questions, Need Help or Want to File A Complaint About Supports From The Developmental Disabilities Administration Attachment	

1. PURPOSE

The purpose of this policy is to establish protocols for every person served by the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), to be able to make a complaint about the services and support that they receive, and to get their complaints resolved in a timely manner.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with intellectual and developmental disabilities.

3. AUTHORITY

The authority for this policy established 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.*); and D.C. Law 2-137, the “Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978,” effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

4. POLICY

It is the policy of DDS to accept and aim to resolve complaints about supports for people receiving services from DDA.

It is the policy of DDS to ensure that people who receive Medicaid services receive information about their due process rights to file a request for a fair hearing regarding any delay, denial, reduction or termination of Medicaid services.

It is the policy of DDS to ensure that there is no retaliation by DDS staff or provider employees for the filing of a complaint.

5. STANDARDS

DDA shall establish and maintain procedures and standards for responding to and resolving complaints.

DDA shall offer a variety of ways that a person or his or her representative can complain about services and supports. A person may use one or more of the complaint processes.

A person may file either a confidential or an anonymous complaint.

Any interested person may file a complaint, including the person who receives services, a family member or friend, a service provider, DDS staff, the person's guardian or other substitute decision-maker, the person's advocate, or attorney.

DDA shall inform people who receive Medicaid services of their right to file a request for a Medicaid fair hearing whenever there is a delay, denial, reduction or termination of the person's Medicaid services.

DDA waiver providers are required to have complaint procedures that include the option for a person to file an anonymous complaint. Waiver providers must inform people receiving supports orally and in writing about their complaint system and how to file an anonymous complaint.

Upon reasonable belief that a person who has filed a complaint or on whose behalf a complaint has been filed is at imminent risk of serious harm, DDA shall immediately take all steps necessary to protect the person. The affected person or his/her legal representative may request that he/she no longer be subject to a staff person, provider or service coordinator during the resolution of the complaint.

DDS shall report any employee, agency, or provider that retaliates against a person who files a complaint or requests a hearing to the Office of the Inspector General.



Laura L. Nuss



Date

Provider* Incident Totals FY18 & FYTD19 (as of January 24, 2019)
FY18

*Redacted names of family providers to protect people's privacy

Provider	Incident Type	Investigation Outcome	# Incidents	Total by Provider
Abundant Life Residential Services	Abuse	Unsubstantiated	1	
Abundant Life Residential Services	Missing Person	Resolved-No Abuse or Neglect Found	3	
Abundant Life Residential Services	Serious Physical Injury	Substantiated for Abuse	1	
Abundant Life Residential Services	Unplanned or emergency inpatient hospitalization	Administrative closure	2	7
Agape HealthCare Services	Abuse	Unsubstantiated	1	
Agape HealthCare Services	Neglect	Administrative closure	1	
Agape HealthCare Services	Neglect	Substantiated	1	
Agape HealthCare Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Agape HealthCare Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	5	9
Redacted	Neglect	Resolved-No Abuse or Neglect Found	1	1
Alight Supports Inc,	Exploitation	Inconclusive	2	
Alight Supports Inc,	Suicide Attempt	Administrative closure	2	4
Redacted	Neglect	Substantiated	1	1
American Health Care Services, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Angel Loving Care Group Home	Missing Person	Resolved-No Abuse or Neglect Found	2	
Angel Loving Care Group Home	Missing Person	Unsubstantiated	1	
Angel Loving Care Group Home	Suicide Attempt	Resolved-No Abuse or Neglect Found	1	
Angel Loving Care Group Home	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	7	11
Anna Healthcare Inc	Neglect	Substantiated	1	
Anna Healthcare Inc	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Anna Healthcare Inc	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Anna Healthcare Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	5
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Apex Healthcare Services, Inc.	Abuse	Unsubstantiated	1	1
Art Enables	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Associated Community Services	Abuse	Inconclusive	1	
Associated Community Services	Abuse	Unsubstantiated	4	
Associated Community Services	Neglect	Administrative closure	2	
Associated Community Services	Neglect	Inconclusive	2	
Associated Community Services	Neglect	Substantiated	1	
Associated Community Services	Neglect	Unsubstantiated	2	
Associated Community Services	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Associated Community Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	6	
Associated Community Services	Serious Physical Injury	Substantiated for Neglect	1	
Associated Community Services	Serious Physical Injury	Unsubstantiated	3	
Associated Community Services	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Associated Community Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	26
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Abuse	Unsubstantiated	1	1
Azure Healthcare Services, LLC	Exploitation	Inconclusive	1	
Azure Healthcare Services, LLC	Exploitation	Unsubstantiated	1	
Azure Healthcare Services, LLC	Missing Person	Substantiated for Neglect	1	
Azure Healthcare Services, LLC	Neglect	Substantiated	2	
Azure Healthcare Services, LLC	Neglect	Unsubstantiated	4	

Azure Healthcare Services, LLC	Serious Physical Injury	Inconclusive	1	
Azure Healthcare Services, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
Azure Healthcare Services, LLC	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	14
Redacted	Unplanned or emergency inpatient hospitalization	Inconclusive	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Exploitation	Inconclusive	1	1
Bee Homes South Inc.	Abuse	Administrative closure	2	
Bee Homes South Inc.	Neglect	Substantiated	1	3
Behavior Research Associates	Abuse	Inconclusive	1	
Behavior Research Associates	Abuse	Substantiated	1	
Behavior Research Associates	Abuse	Unsubstantiated	1	
Behavior Research Associates	Neglect	Administrative closure	1	
Behavior Research Associates	Neglect	Substantiated	4	
Behavior Research Associates	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Behavior Research Associates	Serious Medication Error	Substantiated for Neglect	1	
Behavior Research Associates	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Behavior Research Associates	Serious Physical Injury	Substantiated for Neglect	1	
Behavior Research Associates	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	5	19
Benedictine School for Exceptional Children	Abuse	Unsubstantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Blossom Services Inc	Neglect	Substantiated	3	
Blossom Services Inc	Serious Medication Error	Substantiated for Neglect	1	
Blossom Services Inc	Serious Physical Injury	Inconclusive	1	
Blossom Services Inc	Suicide Attempt	Substantiated for Neglect	1	
Blossom Services Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	7
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Missing Person	Resolved-No Abuse or Neglect Found	2	
Redacted	Missing Person	Substantiated for Neglect	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	4
Bridgeway Community Services	Abuse	Resolved-No Abuse or Neglect Found	1	1
Redacted	Neglect	Substantiated	1	1
Brookland Senior Day Care Center, Inc.	Neglect	Substantiated	1	1
Capital Care Inc	Abuse	Inconclusive	1	
Capital Care Inc	Abuse	Substantiated	1	
Capital Care Inc	Abuse	Unsubstantiated	4	
Capital Care Inc	Exploitation	Inconclusive	1	
Capital Care Inc	Exploitation	Unsubstantiated	1	
Capital Care Inc	Missing Person	Administrative closure	3	
Capital Care Inc	Neglect	Inconclusive	1	
Capital Care Inc	Neglect	Substantiated	6	
Capital Care Inc	Neglect	Substantiated for Neglect	1	
Capital Care Inc	Neglect	Unsubstantiated	4	
Capital Care Inc	Serious Physical Injury	Resolved-No Abuse or Neglect Found	7	
Capital Care Inc	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Capital Care Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	21	52
Capitol Hill Supportive Services	Missing Person	Resolved-No Abuse or Neglect Found	2	
Capitol Hill Supportive Services	Neglect	Administrative closure	1	

Capitol Hill Supportive Services	Neglect	Substantiated	1	
Capitol Hill Supportive Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	8
Redacted	Abuse	Administrative closure	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Choices Unlimited, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Abuse	Inconclusive	1	1
Community Multi-Services	Abuse	Administrative closure	1	
Community Multi-Services	Abuse	Substantiated	2	
Community Multi-Services	Exploitation	Administrative closure	2	
Community Multi-Services	Neglect	Substantiated	4	
Community Multi-Services	Serious Physical Injury	Inconclusive	1	
Community Multi-Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	10	
Community Multi-Services	Serious Physical Injury	Substantiated for Neglect	2	
Community Multi-Services	Serious Physical Injury	Unsubstantiated	1	
Community Multi-Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	8	31
Community Support Systems, Inc	Abuse	Substantiated	2	
Community Support Systems, Inc	Neglect	Unsubstantiated	1	3
Comprehensive Care II, Inc.	Neglect	Substantiated	1	
Comprehensive Care II, Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Comprehensive Care II, Inc.	Serious Physical Injury	Unsubstantiated	1	3
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Contemporary Family Services	Neglect	Administrative closure	1	
Contemporary Family Services	Neglect	Substantiated	1	
Contemporary Family Services	Neglect	Unsubstantiated	1	3
Crystal Springs	Neglect	Substantiated	3	
Crystal Springs	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	4
Crystal Springs	Use of unapproved restraints	Resolved-No Abuse or Neglect Found	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Abuse	Substantiated	1	1
Redacted	Neglect	Unsubstantiated	1	
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
Redacted	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	5
DC Care Center, Inc.	Abuse	Inconclusive	1	
DC Care Center, Inc.	Exploitation	Administrative closure	1	
DC Care Center, Inc.	Exploitation	Substantiated	1	
DC Care Center, Inc.	Exploitation	Unsubstantiated	1	
DC Care Center, Inc.	Neglect	Substantiated	6	
DC Care Center, Inc.	Neglect	Unsubstantiated	1	
DC Care Center, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
DC Care Center, Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
DC Care Center, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	17
DC Healthcare, Inc.	Neglect	Administrative closure	2	
DC Healthcare, Inc.	Neglect	Substantiated	1	

DC Healthcare, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	4	
DC Healthcare, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	13	20
DC Residential Services, Inc.	Abuse	Substantiated	1	
DC Residential Services, Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
DC Residential Services, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	3
Redacted	Neglect	Substantiated	1	1
Redacted	Abuse	Inconclusive	1	1
Department of Mental Health	Abuse	Inconclusive	3	
Department of Mental Health	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	
Department of Mental Health	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	
Department of Mental Health	Unplanned or emergency inpatient hospitalization	Unresolved- Upgraded to Allegation of Abus	1	6
Redacted	Abuse	Inconclusive	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Neglect	Substantiated	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	
Redacted	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	3
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Eckington House Mental Health Services	Neglect	Inconclusive	1	
Eckington House Mental Health Services	Neglect	Substantiated	4	
Eckington House Mental Health Services	Neglect	Unsubstantiated	1	
Eckington House Mental Health Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	10
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	7	7
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Epic Life, Inc.	Abuse	Substantiated	1	
Epic Life, Inc.	Neglect	Substantiated	1	2
Redacted	Abuse	Inconclusive	1	1
Redacted	Abuse	Administrative closure	1	
Redacted	Missing Person	Administrative closure	1	
Redacted	Neglect	Administrative closure	2	
Redacted	Neglect	Unsubstantiated	1	6
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Excellent Community Services	Unplanned or emergency inpatient hospitalization	Administrative closure	1	1
Fescum Inc.	Abuse	Administrative closure	1	
Fescum Inc.	Abuse	Unsubstantiated	1	
Fescum Inc.	Exploitation	Administrative closure	1	
Fescum Inc.	Missing Person	Resolved-No Abuse or Neglect Found	1	
Fescum Inc.	Neglect	Substantiated	3	
Fescum Inc.	Neglect	Unsubstantiated	1	
Fescum Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Fescum Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	13
Finsby Care, Inc	Neglect	Substantiated	1	
Finsby Care, Inc	Unplanned or emergency inpatient hospitalization	Inconclusive	1	
Finsby Care, Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	6
First Metropolitan Community Service, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
First Metropolitan Community Service, Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	1	2
Frontline	Abuse	Inconclusive	1	

Frontline	Abuse	Substantiated	2	
Frontline	Abuse	Substantiated for Neglect	3	
Frontline	Abuse	Unsubstantiated	5	
Frontline	Exploitation	Inconclusive	1	
Frontline	Exploitation	Substantiated	1	
Frontline	Missing Person	Administrative closure	2	
Frontline	Missing Person	Inconclusive	1	
Frontline	Neglect	Administrative closure	5	
Frontline	Neglect	Substantiated	13	
Frontline	Neglect	Substantiated for Neglect	1	
Frontline	Neglect	Unsubstantiated	8	
Frontline	Serious Medication Error	Substantiated for Neglect	1	
Frontline	Serious Physical Injury	Inconclusive	1	
Frontline	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Frontline	Serious Physical Injury	Substantiated for Neglect	1	
Frontline	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Frontline	Unplanned or emergency inpatient hospitalization	Inconclusive	1	
Frontline	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	14	65
Gentle Touch	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Gentle Touch	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Redacted	Exploitation	Substantiated	1	1
Global Resources and Supports, LLC	Abuse	Substantiated	1	
Global Resources and Supports, LLC	Neglect	Administrative closure	3	
Global Resources and Supports, LLC	Neglect	Substantiated	3	
Global Resources and Supports, LLC	Neglect	Unsubstantiated	2	
Global Resources and Supports, LLC	Serious Medication Error	Substantiated for Neglect	1	10
Grace and Mercy Health Services, INC	Exploitation	Unsubstantiated	3	3
Grafton School, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Hope Found, Inc.	Abuse	Unsubstantiated	1	
Hope Found, Inc.	Emergency Inpatient Hospitalization	Resolved-No Abuse or Neglect Found	1	
Hope Found, Inc.	Exploitation	Substantiated	2	
Hope Found, Inc.	Missing Person	Resolved-No Abuse or Neglect Found	4	
Hope Found, Inc.	Missing Person	Substantiated for Neglect	1	
Hope Found, Inc.	Neglect	Substantiated	3	
Hope Found, Inc.	Serious Medication Error	Administrative closure	1	
Hope Found, Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Hope Found, Inc.	Serious Physical Injury	Inconclusive	1	
Hope Found, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Hope Found, Inc.	Serious Physical Injury	Substantiated for Abuse	1	
Hope Found, Inc.	Suicide Attempt	Resolved-No Abuse or Neglect Found	1	
Hope Found, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	11	29
Redacted	Other	Administrative closure	1	1
Individual Advocacy Group	Abuse	Substantiated	2	

Individual Advocacy Group	Abuse	Unsubstantiated	3	
Individual Advocacy Group	Exploitation	Inconclusive	1	
Individual Advocacy Group	Exploitation	Substantiated	1	
Individual Advocacy Group	Exploitation	Unsubstantiated	1	
Individual Advocacy Group	Missing Person	Resolved-No Abuse or Neglect Found	9	
Individual Advocacy Group	Neglect	Administrative closure	1	
Individual Advocacy Group	Neglect	Inconclusive	1	
Individual Advocacy Group	Neglect	Substantiated	2	
Individual Advocacy Group	Neglect	Unsubstantiated	4	
Individual Advocacy Group	Serious Physical Injury	Inconclusive	1	
Individual Advocacy Group	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
Individual Advocacy Group	Serious Physical Injury	Unsubstantiated	1	
Individual Advocacy Group	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	
Individual Advocacy Group	Unplanned or emergency inpatient hospitalization	Substantiated	1	33
Innovative Concepts	Exploitation	Substantiated	1	
Innovative Concepts	Unplanned or emergency inpatient hospitalization	Substantiated	1	2
Innovative Life Solutions	Abuse	Inconclusive	2	
Innovative Life Solutions	Abuse	Substantiated	2	
Innovative Life Solutions	Abuse	Unsubstantiated	3	
Innovative Life Solutions	Missing Person	Resolved-No Abuse or Neglect Found	1	
Innovative Life Solutions	Neglect	Administrative closure	2	
Innovative Life Solutions	Neglect	Inconclusive	1	
Innovative Life Solutions	Neglect	Substantiated	5	
Innovative Life Solutions	Neglect	Unsubstantiated	2	
Innovative Life Solutions	Serious Physical Injury	Resolved-No Abuse or Neglect Found	9	
Innovative Life Solutions	Serious Physical Injury	Substantiated	1	
Innovative Life Solutions	Serious Physical Injury	Substantiated for Neglect	1	
Innovative Life Solutions	Serious Physical Injury	Unsubstantiated	1	
Innovative Life Solutions	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	30	60
Integrated Community Service	Abuse	Substantiated	2	
Integrated Community Service	Abuse	Unsubstantiated	1	
Integrated Community Service	Missing Person	Resolved-No Abuse or Neglect Found	1	
Integrated Community Service	Neglect	Administrative closure	2	
Integrated Community Service	Neglect	Substantiated	2	
Integrated Community Service	Serious Physical Injury	Inconclusive	1	
Integrated Community Service	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Integrated Community Service	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	6	
Integrated Community Service	Unplanned or emergency inpatient hospitalization	Unsubstantiated	1	17
Iona House for Seniors	Neglect	Substantiated	1	1
Redacted	Missing Person	Substantiated for Neglect	1	1
Redacted	Serious Physical Injury	Inconclusive	1	1
Redacted	Abuse	Unsubstantiated	1	1
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Exploitation	Inconclusive	1	1
Redacted	Abuse	Inconclusive	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Redacted	Abuse	Inconclusive	1	

Redacted	Missing Person	Substantiated for Neglect	1	2
Redacted	Suicide Attempt	Resolved-No Abuse or Neglect Found	1	1
Joyful Healthcare Inc.	Exploitation	Inconclusive	1	
Joyful Healthcare Inc.	Exploitation	Unsubstantiated	2	
Joyful Healthcare Inc.	Neglect	Inconclusive	2	
Joyful Healthcare Inc.	Neglect	Substantiated	2	7
Redacted	Exploitation	Unsubstantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Exploitation	Unsubstantiated	1	1
Redacted	Abuse	Unsubstantiated	1	1
L'Arche Inc.	Serious Physical Injury	Administrative closure	1	
L'Arche Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	10	
L'Arche Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	14
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Neglect	Substantiated	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Redacted	Exploitation	Substantiated	1	1
Redacted	Neglect	Inconclusive	1	1
Life Line, Inc.	Abuse	Inconclusive	1	
Life Line, Inc.	Abuse	Unsubstantiated	1	
Life Line, Inc.	Exploitation	Substantiated	1	
Life Line, Inc.	Neglect	Substantiated	2	
Life Line, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	6	11
Redacted	Serious Physical Injury	Administrative closure	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Serious Physical Injury	Inconclusive	1	1
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	3
Marjul Homes Inc.	Neglect	Substantiated	1	
Marjul Homes Inc.	Serious Physical Injury	Administrative closure	1	
Marjul Homes Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Marjul Homes Inc.	Serious Physical Injury	Substantiated	1	
Marjul Homes Inc.	Suicide Attempt	Substantiated for Neglect	1	
Marjul Homes Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	5	10
Redacted	Serious Physical Injury	Unsubstantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
MBI Health Services	Abuse	Administrative closure	1	
MBI Health Services	Abuse	Inconclusive	2	
MBI Health Services	Abuse	Substantiated	1	
MBI Health Services	Abuse	Unsubstantiated	3	
MBI Health Services	Neglect	Administrative closure	1	
MBI Health Services	Neglect	Inconclusive	1	
MBI Health Services	Neglect	Substantiated	1	
MBI Health Services	Other	Resolved-No Abuse or Neglect Found	1	
MBI Health Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	

MBI Health Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	
MBI Health Services	Unplanned or emergency inpatient hospitalization	Unsubstantiated	1	16
Redacted	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Redacted	Neglect	Substantiated	1	1
Metro Day Program	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Metro Day Program	Unplanned or emergency inpatient hospitalization	Administrative closure	1	2
Metro Homes, Inc.	Abuse	Inconclusive	1	
Metro Homes, Inc.	Abuse	Resolved-No Abuse or Neglect Found	1	
Metro Homes, Inc.	Abuse	Substantiated	1	
Metro Homes, Inc.	Abuse	Unsubstantiated	1	
Metro Homes, Inc.	Neglect	Substantiated	5	
Metro Homes, Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	2	
Metro Homes, Inc.	Serious Medication Error	Substantiated for Neglect	3	
Metro Homes, Inc.	Serious Physical Injury	Inconclusive	2	
Metro Homes, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	6	
Metro Homes, Inc.	Serious Physical Injury	Substantiated for Neglect	1	
Metro Homes, Inc.	Serious Physical Injury	Unsubstantiated	1	
Metro Homes, Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	3	
Metro Homes, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	21	48
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	
Redacted	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	3
MT & G Enterprise, LLC	Abuse	Unsubstantiated	1	
MT & G Enterprise, LLC	Neglect	Administrative closure	1	
MT & G Enterprise, LLC	Neglect	Substantiated	1	
MT & G Enterprise, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
MT & G Enterprise, LLC	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	9
MTM Transportation	Abuse	Unsubstantiated	4	
MTM Transportation	Missing Person	Substantiated for Neglect	2	
MTM Transportation	Neglect	Substantiated	3	
MTM Transportation	Neglect	Substantiated for Neglect	2	
MTM Transportation	Neglect	Unsubstantiated	1	12
Multi-Therapeutic Services	Abuse	Substantiated for Neglect	1	
Multi-Therapeutic Services	Neglect	Administrative closure	1	
Multi-Therapeutic Services	Neglect	Substantiated	2	
Multi-Therapeutic Services	Neglect	Unsubstantiated	1	
Multi-Therapeutic Services	Serious Physical Injury	Inconclusive	1	
Multi-Therapeutic Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	6	
Multi-Therapeutic Services	Serious Physical Injury	Substantiated for Neglect	1	
Multi-Therapeutic Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	16	29
Redacted	Neglect	Administrative closure	1	1
My Own Place Inc.	Abuse	Unsubstantiated	2	
My Own Place Inc.	Exploitation	Unsubstantiated	2	
My Own Place Inc.	Neglect	Administrative closure	1	
My Own Place Inc.	Neglect	Substantiated	5	
My Own Place Inc.	Neglect	Unsubstantiated	1	

My Own Place Inc.	Serious Physical Injury	Inconclusive	1	
My Own Place Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
My Own Place Inc.	Serious Physical Injury	Unsubstantiated	2	
My Own Place Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	7	22
Redacted	Neglect	Substantiated	1	1
National Children's Center	Abuse	Inconclusive	1	
National Children's Center	Abuse	Substantiated for Neglect	1	
National Children's Center	Abuse	Unsubstantiated	2	
National Children's Center	Exploitation	Inconclusive	1	
National Children's Center	Exploitation	Substantiated	1	
National Children's Center	Exploitation	Unsubstantiated	2	
National Children's Center	Neglect	Administrative closure	2	
National Children's Center	Neglect	Substantiated	7	
National Children's Center	Neglect	Unsubstantiated	1	
National Children's Center	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
National Children's Center	Serious Medication Error	Substantiated for Neglect	2	
National Children's Center	Serious Physical Injury	Resolved-No Abuse or Neglect Found	5	
National Children's Center	Serious Physical Injury	Unsubstantiated	1	
National Children's Center	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	7	
National Children's Center	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	35
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Neglect	Substantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Abuse	Administrative closure	1	
Redacted	Neglect	Substantiated	1	2
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Premier Health Services Inc	Neglect	Substantiated	3	
Premier Health Services Inc	Serious Medication Error	Substantiated	1	4
Progressive Habilitative Services Inc.	Abuse	Unsubstantiated	1	
Progressive Habilitative Services Inc.	Neglect	Substantiated	1	
Progressive Habilitative Services Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	1	3
Project Redirect Inc.	Abuse	Substantiated	1	
Project Redirect Inc.	Abuse	Unsubstantiated	2	
Project Redirect Inc.	Exploitation	Administrative closure	1	
Project Redirect Inc.	Exploitation	Inconclusive	2	
Project Redirect Inc.	Exploitation	Unsubstantiated	1	
Project Redirect Inc.	Neglect	Administrative closure	1	
Project Redirect Inc.	Neglect	Substantiated	6	
Project Redirect Inc.	Neglect	Unsubstantiated	2	
Project Redirect Inc.	Other	Inconclusive	1	
Project Redirect Inc.	Serious Physical Injury	Administrative closure	1	
Project Redirect Inc.	Serious Physical Injury	Inconclusive	1	
Project Redirect Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	11	
Project Redirect Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	32
PSI Family Services, Inc.	Abuse	Unsubstantiated	1	
PSI Family Services, Inc.	Missing Person	Resolved-No Abuse or Neglect Found	1	

PSI Family Services, Inc.	Neglect	Unsubstantiated	1	
PSI Family Services, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
PSI Family Services, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	6
RCM of Washington	Abuse	Administrative closure	1	
RCM of Washington	Abuse	Substantiated	2	
RCM of Washington	Abuse	Substantiated for Neglect	1	
RCM of Washington	Neglect	Substantiated	7	
RCM of Washington	Neglect	Unsubstantiated	2	
RCM of Washington	Serious Physical Injury	Resolved-No Abuse or Neglect Found	9	
RCM of Washington	Serious Physical Injury	Substantiated for Abuse	1	
RCM of Washington	Serious Physical Injury	Substantiated for Neglect	3	
RCM of Washington	Serious Physical Injury	Unsubstantiated	1	
RCM of Washington	Unplanned or emergency inpatient hospitalization	Administrative closure	2	
RCM of Washington	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	25	54
ResCare WV	Abuse	Administrative closure	1	
ResCare WV	Abuse	Substantiated	1	
ResCare WV	Neglect	Substantiated	3	
ResCare WV	Serious Physical Injury	Administrative closure	1	
ResCare WV	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
ResCare WV	Serious Physical Injury	Substantiated for Neglect	1	
ResCare WV	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	11
Reva Perry	Abuse	Inconclusive	1	
Reva Perry	Abuse	Substantiated	1	
Reva Perry	Abuse	Unsubstantiated	1	3
Redacted	Abuse	Inconclusive	2	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	3
Redacted	Exploitation	Administrative closure	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Administrative closure	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Serious Physical Injury	Substantiated for Neglect	1	1
Redacted	Abuse	Substantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Missing Person	Resolved-No Abuse or Neglect Found	3	3
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Redacted	Neglect	Inconclusive	1	1
St. John's Community Services	Abuse	Inconclusive	1	
St. John's Community Services	Abuse	Substantiated	3	
St. John's Community Services	Abuse	Substantiated for Abuse	1	
St. John's Community Services	Abuse	Unsubstantiated	4	
St. John's Community Services	Exploitation	Administrative closure	2	
St. John's Community Services	Exploitation	Substantiated	3	
St. John's Community Services	Exploitation	Unsubstantiated	1	
St. John's Community Services	Missing Person	Resolved-No Abuse or Neglect Found	1	

St. John's Community Services	Neglect	Inconclusive	2	
St. John's Community Services	Neglect	Substantiated	15	
St. John's Community Services	Neglect	Unsubstantiated	1	
St. John's Community Services	Serious Medication Error	Inconclusive	1	
St. John's Community Services	Serious Medication Error	Substantiated	1	
St. John's Community Services	Serious Medication Error	Substantiated for Neglect	1	
St. John's Community Services	Serious Physical Injury	Administrative closure	1	
St. John's Community Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
St. John's Community Services	Serious Physical Injury	Substantiated for Neglect	3	
St. John's Community Services	Serious Physical Injury	Unsubstantiated	1	
St. John's Community Services	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
St. John's Community Services	Unplanned or emergency inpatient hospitalization	Inconclusive	1	
St. John's Community Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	12	59
St. Coletta of Greater Washington	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Supreme Healthcare Services, LLC	Abuse	Administrative closure	1	
Supreme Healthcare Services, LLC	Abuse	Substantiated	1	
Supreme Healthcare Services, LLC	Neglect	Substantiated	1	
Supreme Healthcare Services, LLC	Neglect	Unsubstantiated	2	
Supreme Healthcare Services, LLC	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	6
Redacted	Missing Person	Resolved-No Abuse or Neglect Found	1	1
Redacted	Exploitation	Unsubstantiated	1	1
Symbral Foundation	Abuse	Substantiated	1	
Symbral Foundation	Abuse	Unsubstantiated	1	
Symbral Foundation	Missing Person	Resolved-No Abuse or Neglect Found	3	
Symbral Foundation	Neglect	Inconclusive	1	
Symbral Foundation	Neglect	Substantiated	2	
Symbral Foundation	Neglect	Unsubstantiated	1	
Symbral Foundation	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Symbral Foundation	Serious Physical Injury	Unsubstantiated	1	
Symbral Foundation	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	14	27
The Arc Tampa Bay	Abuse	Substantiated	1	
The Arc Tampa Bay	Abuse	Unsubstantiated	1	
The Arc Tampa Bay	Exploitation	Substantiated	1	
The Arc Tampa Bay	Neglect	Administrative closure	1	
The Arc Tampa Bay	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
The Arc Tampa Bay	Serious Physical Injury	Administrative closure	1	
The Arc Tampa Bay	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
The Arc Tampa Bay	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	11
The VanMar, Inc.	Neglect	Substantiated	1	
The VanMar, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	5
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	3
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	4
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Missing Person	Inconclusive	1	1
Total Care Services Inc.	Abuse	Administrative closure	1	
Total Care Services Inc.	Abuse	Inconclusive	1	
Total Care Services Inc.	Abuse	Substantiated	1	

Total Care Services Inc.	Abuse	Unsubstantiated	1	
Total Care Services Inc.	Exploitation	Substantiated	1	
Total Care Services Inc.	Exploitation	Unsubstantiated	2	
Total Care Services Inc.	Missing Person	Inconclusive	1	
Total Care Services Inc.	Missing Person	Resolved-No Abuse or Neglect Found	3	
Total Care Services Inc.	Neglect	Substantiated	6	
Total Care Services Inc.	Neglect	Unsubstantiated	8	
Total Care Services Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Total Care Services Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	
Total Care Services Inc.	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	29
Total Quality Residential Services, Inc.	Missing Person	Inconclusive	1	
Total Quality Residential Services, Inc.	Missing Person	Resolved-No Abuse or Neglect Found	2	
Total Quality Residential Services, Inc.	Neglect	Substantiated	1	
Total Quality Residential Services, Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Total Quality Residential Services, Inc.	Unplanned or emergency inpatient hospitalization	Inconclusive	1	
Total Quality Residential Services, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	10
Redacted	Neglect	Substantiated	1	1
United Cerebral Palsy	Abuse	Substantiated	1	
United Cerebral Palsy	Neglect	Substantiated	1	
United Cerebral Palsy	Neglect	Unsubstantiated	1	
United Cerebral Palsy	Serious Physical Injury	Inconclusive	1	
United Cerebral Palsy	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	5
Valentine Community Services, LLC	Abuse	Inconclusive	1	
Valentine Community Services, LLC	Exploitation	Inconclusive	1	
Valentine Community Services, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	3
Vested Optimum Community Services, Inc.	Abuse	Substantiated for Neglect	1	
Vested Optimum Community Services, Inc.	Abuse	Unsubstantiated	2	
Vested Optimum Community Services, Inc.	Neglect	Substantiated	1	
Vested Optimum Community Services, Inc.	Neglect	Unsubstantiated	1	
Vested Optimum Community Services, Inc.	Serious Physical Injury	Inconclusive	1	
Vested Optimum Community Services, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	8	14
Volunteers of America	Abuse	Inconclusive	2	
Volunteers of America	Abuse	Substantiated	1	
Volunteers of America	Abuse	Unsubstantiated	1	
Volunteers of America	Exploitation	Administrative closure	1	
Volunteers of America	Neglect	Inconclusive	1	
Volunteers of America	Neglect	Substantiated	12	
Volunteers of America	Neglect	Unsubstantiated	2	
Volunteers of America	Serious Physical Injury	Administrative closure	1	
Volunteers of America	Serious Physical Injury	Resolved-No Abuse or Neglect Found	4	
Volunteers of America	Serious Physical Injury	Substantiated for Neglect	2	
Volunteers of America	Serious Physical Injury	Unsubstantiated	1	
Volunteers of America	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Volunteers of America	Unplanned or emergency inpatient hospitalization	Inconclusive	3	
Volunteers of America	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	17	
Volunteers of America	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	50
Ward & Ward	Exploitation	Unsubstantiated	1	

Ward & Ward	Neglect	Resolved-No Abuse or Neglect Found	1	
Ward & Ward	Neglect	Substantiated	2	
Ward & Ward	Neglect	Unsubstantiated	3	
Ward & Ward	Serious Physical Injury	Administrative closure	1	
Ward & Ward	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Ward & Ward	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Ward & Ward	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	5	17
Redacted	Neglect	Substantiated	1	1
Wholistic Habilitative Services	Abuse	Administrative closure	3	
Wholistic Habilitative Services	Abuse	Inconclusive	1	
Wholistic Habilitative Services	Abuse	Unsubstantiated	4	
Wholistic Habilitative Services	Exploitation	Substantiated	3	
Wholistic Habilitative Services	Exploitation	Unsubstantiated	1	
Wholistic Habilitative Services	Neglect	Inconclusive	1	
Wholistic Habilitative Services	Neglect	Unsubstantiated	1	
Wholistic Habilitative Services	Serious Physical Injury	Inconclusive	2	
Wholistic Habilitative Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	10	
Wholistic Habilitative Services	Unplanned or emergency inpatient hospitalization	Administrative closure	2	
Wholistic Habilitative Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	21	
Wholistic Habilitative Services	Unplanned or emergency inpatient hospitalization	Unsubstantiated	1	50
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Abuse	Administrative closure	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	4
YWCA	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
			1282	1282

FYTD19				
Provider	Incident Type	Investigation Outcome	# Incidents	Total by Provider
Abundant Life Residential Services	Inappropriate Use Of approved restraints that results in inj	Substantiated for Neglect	1	1
American Health Care Services, Inc.	Neglect	Unsubstantiated	1	1
Angel Loving Care Group Home	Missing Person	Resolved-No Abuse or Neglect Found	1	1
Anna Healthcare Inc	Other	Substantiated for Neglect	1	
Anna Healthcare Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Associated Community Services	Abuse	Unsubstantiated	1	
Associated Community Services	Serious Medication Error	Administrative closure	1	
Associated Community Services	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	3
Azure Healthcare Services, LLC	Serious Physical Injury	Administrative closure	1	
Azure Healthcare Services, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	2
Redacted	Abuse	Inconclusive	1	1
Behavior Research Associates	Neglect	Substantiated	1	
Behavior Research Associates	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	3
Redacted	Abuse	Unsubstantiated	1	1
Blossom Services Inc	Exploitation	Substantiated	2	
Blossom Services Inc	Neglect	Substantiated	1	
Blossom Services Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	4
Bridgeway Community Services	Abuse	Substantiated	1	
Bridgeway Community Services	Neglect	Administrative closure	1	2
Capital Care Inc	Abuse	Unsubstantiated	1	

Capital Care Inc	Missing Person	Substantiated for Neglect	1	
Capital Care Inc	Neglect	Substantiated	1	
Capital Care Inc	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
Capital Care Inc	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Capital Care Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	9
Capitol Hill Supportive Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Community Multi-Services	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
Community Multi-Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	
Community Multi-Services	Unplanned or emergency inpatient hospitalization	Substantiated for Neglect	1	4
Community Support Systems, Inc	Missing Person	Administrative closure	2	
Community Support Systems, Inc	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	3
Redacted	Neglect	Unsubstantiated	1	
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Neglect	Unsubstantiated	1	1
DC Care Center, Inc.	Neglect	Substantiated	1	
DC Care Center, Inc.	Neglect	Unsubstantiated	1	2
DC Healthcare, Inc.	Inappropriate Use Of approved restraints that results in inj	Substantiated for Abuse	1	
DC Healthcare, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
DC Healthcare, Inc.	Serious Physical Injury	Substantiated for Neglect	1	3
Eckington House Mental Health Services	Abuse	Unsubstantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Fescum Inc.	Exploitation	Inconclusive	1	
Fescum Inc.	Missing Person	Resolved-No Abuse or Neglect Found	1	
Fescum Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Fescum Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	4
Frontline	Neglect	Substantiated	1	
Frontline	Neglect	Unsubstantiated	1	
Frontline	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	4
Gentle Touch	Other	Resolved-No Abuse or Neglect Found	1	
Gentle Touch	Serious Medication Error	Substantiated for Neglect	1	2
Redacted	Neglect	Administrative closure	1	1
Global Resources and Supports, LLC	Neglect	Administrative closure	2	2
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Hope Found, Inc.	Abuse	Inconclusive	1	
Hope Found, Inc.	Neglect	Unsubstantiated	1	
Hope Found, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Hope Found, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	6
Individual Advocacy Group	Exploitation	Substantiated	1	
Individual Advocacy Group	Missing Person	Resolved-No Abuse or Neglect Found	1	
Individual Advocacy Group	Neglect	Substantiated	1	
Individual Advocacy Group	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	5
Innovative Day	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Innovative Life Solutions	Abuse	Substantiated	1	
Innovative Life Solutions	Neglect	Substantiated	1	
Innovative Life Solutions	Neglect	Unsubstantiated	1	

Innovative Life Solutions	Serious Physical Injury	Inconclusive	1	
Innovative Life Solutions	Serious Physical Injury	Resolved-No Abuse or Neglect Found	2	
Innovative Life Solutions	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	8
Integrated Community Service	Abuse	Resolved-No Abuse or Neglect Found	1	
Integrated Community Service	Abuse	Unsubstantiated	1	
Integrated Community Service	Exploitation	Inconclusive	1	
Integrated Community Service	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	3	6
Redacted	Abuse	Unsubstantiated	1	1
Redacted	Missing Person	Administrative closure	1	1
L'Arche Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	1	
L'Arche Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	2
Life Line, Inc.	Missing Person	Resolved-No Abuse or Neglect Found	1	
Life Line, Inc.	Neglect	Inconclusive	1	
Life Line, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	4
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Marjul Homes Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Marjul Homes Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
Melmark	Neglect	Unsubstantiated	2	2
Metro Day Program	Neglect	Administrative closure	1	1
Metro Homes, Inc.	Neglect	Administrative closure	2	
Metro Homes, Inc.	Serious Medication Error	Resolved-No Abuse or Neglect Found	3	
Metro Homes, Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
Metro Homes, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	9	15
MT & G Enterprise, LLC	Abuse	Inconclusive	1	
MT & G Enterprise, LLC	Neglect	Substantiated	1	
MT & G Enterprise, LLC	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	
MT & G Enterprise, LLC	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	
Multi-Therapeutic Services	Neglect	Substantiated	1	5
Multi-Therapeutic Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	4	5
My Own Place Inc.	Exploitation	Administrative closure	1	
My Own Place Inc.	Neglect	Substantiated	1	
My Own Place Inc.	Serious Physical Injury	Substantiated for Neglect	1	
My Own Place Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	4
National Children's Center	Abuse	Administrative closure	1	
National Children's Center	Abuse	Substantiated	3	
National Children's Center	Missing Person	Resolved-No Abuse or Neglect Found	1	
National Children's Center	Neglect	Administrative closure	2	
National Children's Center	Neglect	Substantiated	9	
National Children's Center	Neglect	Unsubstantiated	2	
National Children's Center	Serious Physical Injury	Resolved-No Abuse or Neglect Found	4	
National Children's Center	Serious Physical Injury	Substantiated for Neglect	1	23
Redacted	Exploitation	Unsubstantiated	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1

Redacted	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	2
Progressive Habilitative Services Inc.	Abuse	Unsubstantiated	1	1
Project Redirect Inc.	Abuse	Administrative closure	1	
Project Redirect Inc.	Abuse	Substantiated	1	
Project Redirect Inc.	Abuse	Unsubstantiated	1	
Project Redirect Inc.	Exploitation	Administrative closure	1	
Project Redirect Inc.	Exploitation	Inconclusive	1	
Project Redirect Inc.	Exploitation	Substantiated for Abuse	1	
Project Redirect Inc.	Missing Person	Resolved-No Abuse or Neglect Found	1	
Project Redirect Inc.	Neglect	Substantiated	2	
Project Redirect Inc.	Neglect	Unsubstantiated	1	
Project Redirect Inc.	Serious Physical Injury	Administrative closure	2	
Project Redirect Inc.	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
Project Redirect Inc.	Unplanned or emergency inpatient hospitalization	Administrative closure	1	
Project Redirect Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	17
RCM of Washington	Neglect	Resolved-No Abuse or Neglect Found	1	
RCM of Washington	Serious Physical Injury	Inconclusive	1	
RCM of Washington	Serious Physical Injury	Resolved-No Abuse or Neglect Found	3	
RCM of Washington	Serious Physical Injury	Substantiated for Neglect	1	
RCM of Washington	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	7	13
Regency Care Nursing Home	Unplanned or emergency inpatient hospitalization	Inconclusive	1	
Regency Care Nursing Home	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	2
ResCare WV	Abuse	Unsubstantiated	1	1
Redacted	Missing Person	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Redacted	Abuse	Inconclusive	1	1
Redacted	Abuse	Inconclusive	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
St. John's Community Services	Neglect	Administrative closure	1	
St. John's Community Services	Neglect	Substantiated	2	
St. John's Community Services	Neglect	Unsubstantiated	1	
St. John's Community Services	Serious Medication Error	Administrative closure	1	
St. John's Community Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	
St. John's Community Services	Use of unapproved restraints	Resolved-No Abuse or Neglect Found	1	7
Supreme Healthcare Services, LLC	Abuse	Unsubstantiated	1	
Supreme Healthcare Services, LLC	Neglect	Substantiated	3	
Supreme Healthcare Services, LLC	Neglect	Unsubstantiated	1	5
Symbral Foundation	Missing Person	Resolved-No Abuse or Neglect Found	2	
Symbral Foundation	Neglect	Administrative closure	1	
Symbral Foundation	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	5
The Arc Tampa Bay	Neglect	Administrative closure	1	
The Arc Tampa Bay	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	5	6
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Total Care Services Inc.	Other	Resolved-No Abuse or Neglect Found	1	
Total Care Services Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	2	3
Total Quality Residential Services, Inc.	Neglect	Substantiated	4	4

Vested Optimum Community Services, Inc.	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Volunteers of America	Serious Physical Injury	Resolved-No Abuse or Neglect Found	1	1
Redacted	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	1
Ward & Ward	Inappropriate Use Of approved restraints that results in inj	Administrative closure	1	
Ward & Ward	Neglect	Substantiated	1	
Ward & Ward	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	1	3
Wholistic Habilitative Services	Abuse	Unsubstantiated	1	
Wholistic Habilitative Services	Unplanned or emergency inpatient hospitalization	Resolved-No Abuse or Neglect Found	6	7
			249	249

Department On Disability Services/Quality Assurance and Performance Management Administration

Q47b- Provider Report Card

(December 2018)

Question 47b

Provider* Report Card (December 2018)

*Redacted names of family providers to protect people's privacy

Provider	Total # of SRIs Reported by Provider	# of SRIs Reported On-Time by Provider	% of SRIs Reported On-Time by Provider	Total # of RIs Reported by Provider	# of RIs Reported On-Time by Provider	% of RIs Reported On-Time by Provider	# Of SRIs Where Appropriate People Were Notified	# Of RIs Where Appropriate People Were Notified	# of New Incident Recommendations (Recs) Assigned	# of Open Incident Recs	# of Recs Closed in Month	# of Recs Closed On- Time by Provider	% Of Recs Closed On- Time by Provider	# of New Issues Assigned to Provider	# of Issues Closed by Provider	# of Issues Closed On- Time by Provider	% of Issues Closed On- Time by Provider
1 Axiom, LLC	0	0		0	0		0	0	0	0	0	0		2	3	3	100%
A Vivid Age, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Abundant Life Residential Services	0	0		0	0		0	0	7	0	7	7	100%	3	0	0	
Agape HealthCare Services	0	0		0	0		0	0	0	0	0	0		18	17	16	94%
Alight Supports Inc.	0	0		1	1	100%	0	1	0	0	0	0		1	2	2	100%
Amazing Grace Supports, Inc.	0	0		0	0		0	0	0	0	0	0		1	2	2	100%
Amazing Love Health Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
American Health Care Services, Inc.	0	0		0	0		0	0	2	2	0	0		14	7	7	100%
Angel Loving Care Group Home	0	0		3	3	100%	0	3	2	0	2	1	50%	0	1	0	0%
Anna Healthcare Inc	0	0		0	0		0	0	5	0	5	5	100%	18	21	16	76%
Apex Healthcare Services, Inc.	0	0		0	0		0	0	0	0	0	0		0	3	3	100%
Apex Nursing Of Maryland	0	0		0	0		0	0	0	0	0	0		0	0	0	
ARC of DC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Art and Soul Solutions, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Art Enables	0	0		0	0		0	0	0	0	0	0		0	0	0	

Associated Community Services	1	1		6	6		1	6	6	3	3	3	100%	45	27	19	70%
AWS Benchmark	0	0		0	0		0	0	0	0	0	0		0	0	0	
Azure Healthcare Services, LLC	1	0	100%	0	0		1	0	0	0	0	0		29	33	31	94%
Bee Homes South Inc.	0	0		1	1	100%	0	1	0	0	0	0		3	0	0	
Behavior Research Associates	2	2		2	2	100%	2	2	0	0	1	1	100%	20	27	26	96%
Benedictine School for Exceptional Children	0	0		0	0		0	0	0	0	0	0		0	8	4	50%
Blossom Services Inc	0	0		1	1	100%	0	1	8	6	2	2	100%	31	31	11	35%
Bridges Center	0	0		0	0		0	0	0	0	0	0		9	4	4	100%
Bridgeway Community Services	1	1		2	2	100%	1	2	0	1	0	0		37	23	23	100%
Brookland Senior Day Care Center, Inc.	0	0		0	0		0	0	0	0	0	0		13	9	9	100%
Capital Care Inc	0	0		20	19	95%	0	19	9	6	8	8	100%	65	59	55	93%
Capitol Discovery Services, Inc.	0	0		0	0		0	0	0	0	0	0		5	4	4	100%
Capitol Hill Supportive Services	0	0		0	0		0	0	1	1	0	0		26	10	10	100%
Care Speech Language Pathology Service, LLC.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Catholic Charities	0	0		0	0		0	0	0	0	0	0		0	0	0	
Center on Deafness	0	0		0	0		0	0	0	0	0	0		0	0	0	
Choices Unlimited, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Circle Of Care Quality Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	

Community Multi-Services	1	1		3	3	100%	1	3	7	1	7	6	86%	85	60	56	93%
Community Support Systems, Inc	0	0		0	0		0	0	1	0	1	0	0%	4	4	4	100%
Community Wellness Ventures, LLC	0	0		0	0		0	0	0	0	0	0		7	4	4	100%
Comprehensive Care II, Inc.	0	0		0	0		0	0	0	0	0	0		1	1	1	100%
Contemporary Family Services	0	0		0	0		0	0	0	0	0	0		11	16	16	100%
Cornerstone Rehab and Wellness	0	0		0	0		0	0	0	0	0	0		0	0	0	
Crystal Springs	0	0		3	3	100%	0	3	0	0	0	0		13	9	7	78%
DC Care Center, Inc.	1	1		1	1	100%	1	1	3	0	4	4	100%	16	10	6	60%
DC Healthcare, Inc.	4	4		2	2	100%	4	2	6	6	0	0		15	36	34	94%
DC Residential Services, Inc.	0	0		3	3	100%	0	3	0	0	0	0		3	5	5	100%
Deaf Reach	0	0		0	0		0	0	0	0	0	0		3	0	0	
Divine Connect Care Inc.	0	0		0	0		0	0	0	0	0	0		2	10	10	100%
Dr. KG Johnson and Associates LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Eastern High School	0	0		0	0		0	0	0	0	0	0		0	0	0	
Eckington House Mental Health Services	0	0		0	0		0	0	0	0	0	0		6	5	5	100%
Elites Care, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Epic Life, Inc.	0	0		1	1	100%	0	1	0	0	1	1	100%	17	6	6	100%
Excellent Community Services	0	0		0	0		0	0	0	0	0	0		0	1	1	100%
Fescum Inc.	1	1		6	6	100%	1	6	0	0	1	1	100%	12	12	12	100%
Finsby Care, Inc	0	0		0	0		0	0	0	0	0	0		16	5	5	100%

First Metropolitan Community Service, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Frontline	4	4		10	10	100%	4	10	5	2	3	3	100%	53	54	54	100%
Galaxy HealthCare Solutions, Inc.	0	0		0	0		0	0	0	0	0	0		10	7	7	100%
Gentle Touch	0	0		2	1	50%	0	2	4	0	4	4	100%	11	8	8	100%
George Washington University	0	0		0	0		0	0	0	0	0	0		0	0	0	
Georgetown University	0	0		0	0		0	0	0	0	0	0		0	0	0	
Gina Outreach Services, Inc.	1	1		0	0		1	0	0	0	0	0		2	1	1	100%
Global Resources and Supports, LLC	2	2		3	3	100%	2	3	0	0	0	0		25	31	27	87%
Grace and Mercy Health Services, INC	0	0		0	0		0	0	0	0	0	0		2	3	3	100%
Grafton School, Inc.	0	0		1	1	100%	0	1	0	0	0	0		0	0	0	
Hakim Life and Wellness LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Headstart to Life	0	0		0	0		0	0	0	0	0	0		0	1	1	100%
Health & Joy Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Health Resources Services Intake Center	0	0		0	0		0	0	0	0	0	0		0	0	0	
Healthtech Institute	0	0		0	0		0	0	0	0	0	0		30	28	28	100%
Hellams Fitness, Inc.	0	0		0	0		0	0	0	0	0	0		0	2	2	100%
Helping Hands Adult Day	0	0		0	0		0	0	0	0	0	0		5	6	6	100%
Hope Care Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Hope Found, Inc.	6	6		10	10	100%	6	10	6	5	6	4	67%	10	20	20	100%
Howard Music Therapy	0	0		0	0		0	0	0	0	0	0		0	0	0	
Husband Therapeutics	0	0		0	0		0	0	0	0	0	0		4	3	3	100%

I.A.M (I Aspire to be Me), LLC.	0	0		0	0		0	0	0	0	0	0		2	1	1	100%
Immaculate Health Care Services, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Individual Advocacy Group	0	0		2	2	100%	0	2	4	2	2	2	100%	24	21	20	95%
Innovative Concepts	0	0		1	1	100%	0	1	0	1	1	0	0%	2	1	1	100%
Innovative Life Solutions	3	3		13	13	100%	3	13	10	9	12	8	67%	69	90	85	94%
Integrated Community Service	2	2		3	3	100%	2	3	9	6	4	1	25%	86	64	61	95%
Iona House for Seniors	0	0		0	0		0	0	0	0	0	0		4	4	4	100%
JA Community Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Joyful Healthcare Inc.	0	0		0	0		0	0	0	0	0	0		0	1	1	100%
Kahak, Inc.	1	1		0	0		1	0	0	0	0	0		0	1	1	100%
Kaleidoscope Family Solutions	0	0		0	0		0	0	0	0	0	0		0	0	0	
Kennedy Institute	0	0		0	0		0	0	0	0	0	0		5	3	3	100%
L'Arche Inc.	1	1		3	3	100%	1	3	0	0	0	0		4	8	3	38%
Life Line, Inc.	0	0		1	1	100%	0	1	4	1	7	2	29%	42	65	50	77%
LifeBridge Health Services, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Lighting Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Living Water Health and Wellness, LLC	0	0		0	0		0	0	0	0	0	0		1	2	1	50%
Love Your Life (LYLE) Healthcare, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Marjul Homes Inc.	1	1		4	4	100%	1	4	0	0	1	1	100%	18	29	22	76%
MBA Nonprofit Solutions, LLC	0	0		0	0		0	0	0	0	0	0		6	6	6	100%
MBI Health Services	0	0		1	1	100%	0	1	0	0	0	0		5	7	6	86%
MedScope America Corporation	0	0		0	0		0	0	0	0	0	0		0	0	0	

MedStaff Associates	0	0		0	0		0	0	0	0	0	0		2	1	1	100%
Melmark	0	0		0	0		0	0	0	0	0	0		1	7	4	57%
Metro Day Program	0	0		1	1	100%	0	1	0	0	0	0		11	5	5	100%
Metro Homes, Inc.	3	3		9	9	100%	3	9	18	15	6	4	67%	39	32	26	81%
Miles of Fitness Personal Fitness	0	0		0	0		0	0	0	0	0	0		0	0	0	
MT & G Enterprise, LLC	1	1		5	4	80%	1	5	0	0	0	0		6	7	7	100%
Multi-Therapeutic Services	2	2		2	2	100%	2	2	0	0	0	0		60	52	52	100%
MVP 123 Fitness and Massage	0	0		0	0		0	0	0	0	0	0		2	1	1	100%
My Own Place Inc.	0	0		4	4	100%	0	4	0	0	0	0		29	43	40	93%
National Children's Center	3	3		14	13	93%	3	13	38	24	16	5	31%	132	95	90	95%
Newman's Bodyshop Personal Training, Inc.	0	0		0	0		0	0	0	0	0	0		3	5	3	60%
On With Life Therapy	0	0		0	0		0	0	0	0	0	0		0	1	1	100%
Pendergrast Alston Consulting Services, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Person Center Services, L.L.C.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Petticare, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Phase II Academy	0	0		1	1	100%	0	1	0	0	0	0		1	1	1	100%
Premier Health Services Inc	0	0		1	1	100%	0	1	0	0	0	0		1	1	1	100%
Premier Integrated Care, LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Progressive Habilitative Services Inc.	0	0		0	0		0	0	0	0	0	0		4	3	3	100%
Project Redirect Inc.	3	2	100%	8	6	75%	3	8	13	10	4	1	25%	48	70	68	97%
Providence Care, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	

PSI Family Services, Inc.	1	1		2	2	100%	1	2	0	0	0	0		10	11	11	100%
Quality Trust	0	0		0	0		0	0	0	0	0	0		0	0	0	
RCM of Washington	5	5		10	10	100%	5	10	23	4	25	18	72%	30	42	40	95%
ResCare WV	0	0		1	1	100%	0	1	0	0	0	0		0	0	0	
Roberta's Developmental Disability Center	0	0		0	0		0	0	0	0	0	0		3	4	4	100%
S.W.A.T. Fitness, LLC.	0	0		0	0		0	0	0	0	0	0		1	1	1	100%
Sanctuary Incorporated	0	0		0	0		0	0	0	0	0	0		0	0	0	
SDM-1 Stop Primary & Urgent Care, LLC.	0	0		0	0		0	0	0	0	0	0		0	0	0	
SEEC-Seeking Equality Empowerment and Community	0	0		0	0		0	0	0	0	0	0		8	0	0	
Simky Family & Healthcare Services	0	0		0	0		0	0	0	0	0	0		0	0	0	
St. John's Community Services	3	3		10	8	80%	3	8	6	10	4	2	50%	120	88	67	76%
St. Coletta of Greater Washington	0	0		0	0		0	0	0	0	0	0		9	5	4	80%
STAAR Alert, An Automated Security Alert, Inc	0	0		0	0		0	0	0	0	0	0		0	0	0	
Starlite Care Services	0	0		0	0		0	0	0	0	0	0		0	0	0	
Superior Caring hands LLC	0	0		0	0		0	0	0	0	0	0		0	0	0	
Supreme Healthcare Services, LLC	1	1		2	2	100%	1	2	10	0	11	11	100%	3	4	4	100%
Symbral Foundation	2	2		4	3	75%	2	3	12	11	6	3	50%	37	34	31	91%
The Arc Tampa Bay	2	2		2	2	100%	2	2	6	5	1	1	100%	0	4	4	100%
The Columbus Organization	0	0		0	0		0	0	0	0	0	0		0	0	0	
The VanMar, Inc.	0	0		3	3	100%	0	3	0	0	0	0		4	6	5	83%
Total Care Services Inc.	1	0	100%	7	5	71%	1	7	1	2	3	1	33%	40	34	28	82%
Total Quality Residential Services, Inc.	0	0		0	0		0	0	6	5	1	1	100%	9	16	5	31%

Triumph Therapeutics, LLC.	0	0		0	0		0	0	0	0	0	0		1	1	1	100%
United Cerebral Palsy	1	1		4	4	100%	1	4	0	0	0	0		21	28	23	82%
United Family Care	0	0		0	0		0	0	0	0	0	0		0	0	0	
Valentine Community Services, LLC	0	0		0	0		0	0	0	0	0	0		4	8	7	88%
Verigreen, Inc.	0	0		0	0		0	0	0	0	0	0		2	0	0	
Vested Optimum Community Services, Inc.	0	0		1	1	100%	0	1	3	1	3	3	100%	40	13	13	100%
Victory Communication Services, LLC	0	0		0	0		0	0	0	0	0	0		1	2	1	50%
Virginia Cares, Inc.	0	0		0	0		0	0	0	0	0	0		0	0	0	
Volunteers of America	2	2		12	11	92%	2	12	5	1	4	4	100%	96	98	92	94%
Ward & Ward	0	0		3	3	100%	0	3	7	6	1	1	100%	15	25	24	96%
Wholistic Habilitative Services	2	2		20	20	100%	2	20	8	3	10	10	100%	75	39	34	87%
Winner's World	0	0		0	0		0	0	0	0	0	0		1	1	1	100%
Woods Services	0	0		0	0		0	0	0	0	0	0		4	3	3	100%

Q49

DISTRICT OF COLUMBIA STATEWIDE TRANSITION PLAN

A Joint Plan of the Department of Health Care Finance & Department on
Disability Services to Meet the Centers for Medicare & Medicaid Services
Home & Community-Based Services Settings Requirements

Updated

September 2018

resumed in August 2018 with the universal tool. The District plans to complete 100% on-site assessment of all three EPD residential facilities by the end of October 2018.

The District continues to estimate that all EPD residential settings will be compliant with modifications as required by the CMS HCBS Settings rule by March 17, 2019.

Section IV: District of Columbia Key Initiatives to Increase Opportunities for Competitive, Integrated Employment and Community Integration & Support Providers to Achieve Compliance with the HCBS Settings Rule

A. Training and Capacity Building to Support Providers to Achieve Compliance with the HCBS Settings Rule

1. Training and Capacity Building to Support IDD Providers

DDS is engaged in a variety of efforts to build the capacity of its staff and provider agencies to support and facilitate greater individualized community exploration and integration, including competitive, integrated employment, all of which support compliance with the HCBS Settings Rule.

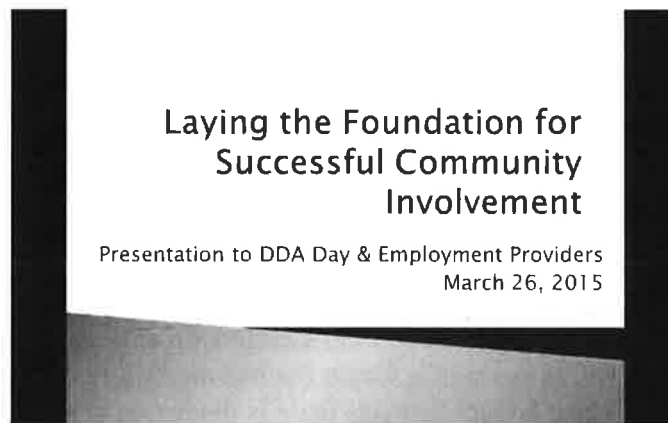
Person-centered thinking (PCT) is the bedrock principle that guides the District's systems change efforts related to provision of services to individuals with IDD. PCT is a participant driven planning process, focused on collaborative decision-making, designed to tailor service delivery to each individual's capacities, preferences, and desired outcomes. PCT is being implemented across the DDS service delivery system. Using PCT as a foundation, DDS has implemented or is planning to implement numerous programmatic initiatives that further community integration for the individuals that receive DDS services, discussed within. Each of these efforts support the District's goals to reduce large congregate day programs; transform practices within those programs; and increase the use of new models.

In September 2015, CMS approved amendments to the HCBS IDD waiver that include additional requirements that owner-operators of the following services complete training in Person-Centered Thinking, Supported Decision-Making, Supporting Community Integration, and any other topics determined by DDS, and in accordance with DDS published guidance within one year from the date the waiver application becomes effective for current providers and prior to any new waiver provider becoming approved to initiate services: Supported Living, Supported Living with Transportation, Host Homes, Residential Habilitation, In Home Supports, Day Habilitation, Individualized Day Supports, Employment Readiness, and Supported Employment. The approved waiver is available on-line at: <http://dds.dc.gov/publication/approved-hcbs-idd-waiver-9-24-2015>. DDS promulgated regulations in the General Provisions governing waiver services that also require these trainings. Please see: <http://www.dcregs.dc.gov/Gateway/NoticeHome.aspx?noticeid=6151660>

September 2018 Update: Over the past year, DDS has continued to offer this training, but using different sources. As discussed below in the Employment First section, DDS held a train-the-trainer series on ACRE/ CESP training, which includes Discovery, Positive Personal Profiles, and Job Search Plans. Additionally, DDS partnered with TASH and ANCOR to create and share with our providers at no cost a webinar on Discovery featuring Kevin Wright Teresa Callahan. Kevin is a young man with a developmental disability who works at DDS. He is a certified People Planning Together trainer. Teresa is a subject matter expert in customized employment and discovery. This webinar was broadcasted live on August 29, 2018. By September 30, 2018 it will be archived on the DDS website so that providers have ongoing access at: <https://dds.dc.gov/page/dc-learners-and-earners>.

Community Integration in Day Programs

In FY 2015, DDS provided training and technical support to traditional day and employment readiness programs to improve the quality of those programs and to help those providers plan for future business models that support community integrated services and compliance with the HCBS Settings Rule. The training and technical support program was entitled “*Laying the Foundation for Successful Community Involvement*.” It involved both big group training sessions, as well as a number of one-to-one strategic planning sessions with each participating provider agency. The PowerPoint which we used when we kicked off the project is available on-line at: <http://dds.dc.gov/publication/laying-foundation-successful-community-involvement>.



Also, DDS provided training and support in person and neighborhood/Ward specific “*Community Mapping*” and training on “*Community-Based Transportation Strategies*.” DDS has developed and shared materials for recruiting Direct Support Professionals (DSPs) with skills in community integration and as community builders. These materials and PowerPoints from the trainings are available on-line at: <http://dds.dc.gov/page/individualized-day-supports-toolkit>. (Although some of these trainings were targeted specifically for providers of Individualized Day Supports, all of those providers also offer day and/ or residential services under the HCBS IDD waiver.)

improving community life engagement (CLE) supports in the District. The District was selected based upon its demonstrated interest in expanding CLE and investment in systems change. CLE refers to supporting people with IDD to access and participate in their communities outside of employment as part of a meaningful day and includes volunteer work; postsecondary, adult, and continuing education; accessing gyms, libraries, and recreation centers; and retirement activities.

DDS has identified three providers – RCM of Washington, Inc., PSI, and Wholistic – as partners in this project. Notably, PSI and Wholistic are two of the seven large day habilitation providers. Through this project, which kicked off on September 29, 2016, DDS is engaged in an eight-month process that includes an introduction to the new ICI/CLE toolkit; opportunities for providers to learn strategies to individualize supports, access community partners, and sequence funds; monthly technical assistance calls; and two site visits to collect b

DDS, in partnership with the participating providers, will share the tools and what it learns through piloting them at the Day and Employment Providers Community of Practice meetings. This means that eventually all day habilitation programs and the people they serve will benefit from this groundbreaking initiative. Participating in this project, combined with existing initiatives, will give DDS's staff and providers additional tools and insight to improve experiences for people throughout the service system.

Person-Centered Thinking Mentoring and Coach Certification

In 2016, DDS built its internal capacity in PCT by training two Learning Community certified PCT mentor trainers. These mentor trainers can train and certify new PCT trainers and coaches, reducing DDS's reliance on external subject matter experts while helping to ensure the sustainability of DDS's PCT work.

Of the seven large day programs, two (*i.e.* PSI and Wholistic) will be engaged in the CLE pilot. For the remaining five programs the District, working with DDS's new mentor trainers, is engage in a year-long process of intensive PCT mentoring and coaching, aimed at building the capacity of staff within the day programs to use person-centered thinking to better support community integration and meaningful days. To achieve the requisite capacity the mentor trainers are leading two sets of activities within each day program: (1) PCT modeling; and (2) PCT coach certification and training.

As the District described below, it has revised the Day Habilitation regulations to require that each Day Habilitation provider develop, with the person served, an individualized schedule of daily activities based upon the person's goals and activities as identified in his or her ISP, and consistent with what is in his or her PCT and Discovery tools, including meaningful adult activities that support the person on his or her pathway to employment, community integration and inclusion. However, some Day Habilitation programs are struggling to implement this well, across the board for everyone who attends their programs. This technical assistance is intended to increase staff competency in collecting and translating person centered information for the development and implementation of meaningful community integration activities and programs.

PCT Mentoring

We learned that the large, congregate Day Habilitation programs were struggling to implement these items well, across the board for everyone who attends their programs. To that end, DDS targeted technical assistance to support the increase of staff competency in collecting and translating person centered information for the development and implementation of meaningful community integration activities.

For PCT mentoring, the DC mentor trainers focused on a ten percent sample of *Evans* class members at each day program. Participants in the sample were identified by the day program and service coordinators as the class members who they have the most difficulty supporting to engage in community integration and meaningful, individualized, daytime activities. Where possible, participants within a program had a range of day composite Level of Need scores, so that the learning is applicable across as many levels as possible.

The PCT mentor trainers guided the day program staff in reviewing and updating PCT and Discovery tools for each person and revising their One Page Profiles. Based on the information discovered, the day program staff updated each person's daily schedule to ensure that it was a true reflection of the activities that are important to and for the person; also documenting where interest in employment exist. Following the activities, the PCT mentor trainers worked with day program staff on how to use PCT tools to record what they learned about the person during the activity and what they will do next.

PCO Organizations

This combination of training and consultation addresses how to become a person centered organization for agencies wanting to transform from a traditional human service agency to one with a strong foundation of person centered supports. For some agencies already experienced with person centered services, the consultation and training provides in depth knowledge and skill development in applying the practices to their management teams and beyond. This includes redesign of how employees of the organization interact with the people they support, AND how managers interact with their employees. This consultation focuses on establishing day-to-day management practices which support the transition to an organizational culture focused on ongoing learning. Emphasis is placed on the development of Person Centered Thinking Coaches and establishes methods for leaders of the organization to learn from the coaches' experience. The end result is the delivery of person centered services designed to support both employees and individuals in having satisfying lives within their communities.

For the PCO Organization work, each provider was asked to select a small group of employees, including front-line managers, to become coaches. The coaches would become the PCT champions and internal experts for the provider. They would be able to support their organization in embedding PCT skills into day-to-day practice and make the use of PCT skills habit. At the end, it would result in each person receiving individualized, person-centered supports.

technical assistance and training to improve staff capacity at senior wellness centers, senior centers, public libraries and recreation centers.

The work group has met several times to assess the present inclusive program offerings and training opportunities, as well as the need and capacity to add additional inclusive daytime programming in FY 2017. In partnership with Office of Disability Rights, the DC Developmental Disabilities Council and RCM Inc., the Inclusive Programming Work Group has developed a “Designing Programming for All” presentation that is presently being customized to address the programmatic training needs of sister agencies. Ultimately, these efforts will create new opportunities for individuals receiving DDS services and supports, including those attending large congregate day habilitation facilities, to access and enjoy District-wide community resources in a meaningful way if they choose.

September 2018 Update: As DDS has expanded opportunities to access individualized community engagement opportunities through programs like IDS and Companion Services, the agency has received feedback from public centers, such as libraries, parks and recreational centers, and senior centers that low-cost high-impact implementation strategies are required to increase inclusive programming options available Monday through Friday from the hours of 9AM to 5PM available to adults—a population traditionally served in the evenings and weekends. DDS and DC Office on Aging are similarly interested in inclusive daytime programming and are partners in to this end through the Olmstead State Plan.

DDS has committed to standing meetings with DC Public Library management to identify opportunities to offer support through monitoring, technical assistance, and service provider engagement. The aim of these strategies are to increase inclusive daytime programming options. This year DCPL staff noted a significant change in people engaging in meaningful activities during the daytime at libraries—DCPL management attributes this to a strong relationship staff have with DDS’ Quality Assurance and Performance Management Administration (QAPMA) and the responsiveness of DDS leadership when issues with service providers may arise. DCPL has a stated goal of offering monthly library orientation sessions open to all adults during the daytime. DCPL management has also started working with DDS to braid person-centered practices into existing training on supporting adults with intellectual and developmental disabilities.

Greater Family Engagement

For waiver participants who have involved family members, educating and persuading those family members to support community integration and employment is a critical part of the support team discussion. More than four years ago, DDS applied for and was one of six states to receive a grant through the Administration on Community Living (ACL) to participate in the Supporting Families of People with Intellectual and Developmental Disabilities throughout the Lifespan Community of Practice. The Lifespan Community of Practice has now expanded to 17 states and includes several new Innovations Workgroups.

DDS will be participating in the new Employment and Families workgroup, which kicks off in 2017. This workgroup will focus on the integral role family member’s play in setting the

- **Policies for Supporting Families: Funding, Regulations, Policies, Structures:** To work across CoP states in developing/aligning Medicaid waivers and other Medicaid authorities in supporting families, analyzing needed policies and recommending changes and tying the LifeCourse Framework into state's overall system and structural transformation efforts across programs, funding and services, including furthering federal regulation implementation through implementing the LifeCourse. The overall purpose of the Family Policy Workgroup is to explore funding, policy and transformation changes that benefit families and individuals with disabilities, while assisting to achieve states' transformation goals.
- **Employment and Families:** The Employment and Family LifeCourse workgroup will focus on the integral role family member's play in setting the expectations and helping their family members explore the world of work and higher education. From giving young children responsibilities early on, encouraging families to dream of a successful, contributing job in the community based on experiences and interests, and encouraging planning for transition for both youth exiting high school and adult family members seeking work and careers, the innovation workgroup's purpose is exploring action steps, activities states are currently doing, and exploring the road ahead for employment through the LifeCourse Framework. This group will also discuss Community Life Engagement.
- **Cultural and Linguistic Competency:** This workgroup discusses how to use the Charting the LifeCourse framework to improve cultural and linguistic competency and increase outreach and engagement of culturally diverse family leaders.

Employment First

DDS's involvement and leadership in the Employment First State Leadership Mentoring Program and the State Employment Leadership Network ("SELN") has provided the framework for our employment systems reform efforts. During the past several years, DOL/ODEP has been supporting state governments in their systems change efforts to improve competitive, integrated employment outcomes of youth and adults with significant disabilities. The District was one of nine states chosen for their targeted technical assistance in FY 2015 and is one of fifteen states supported in FY 2016 and more limited technical assistance in FY 2017.

Through the efforts of the EFSLMP, a set of criteria to help states and service delivery systems successfully implement systems change within a comprehensive Employment First strategic framework has been developed so that there is a consistent approach for measuring success and ensuring continuity and sustainability over time. This framework was published in a technical brief, *Criteria for Performance Excellence in Employment First State Systems Change and Provider Transformation*, which ODEP developed in collaboration with a pool of 18 national subject matter experts in competitive integrated employment for people with significant disabilities, available on-line at:

http://www.leadcenter.org/system/files/resource/downloadable_version/Employment_First

DDS has an Employment First policy that establishes Employment First as a priority and guiding philosophy for people with disabilities who receive services from the agency. That policy, and a description of various activities in support of Employment First, is available at:

<http://dds.dc.gov/page/employment-first>.

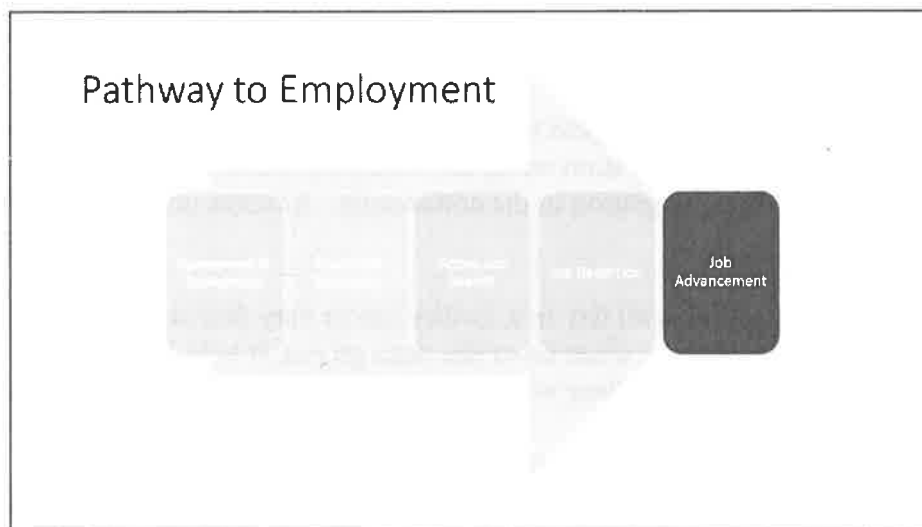
In FY 2015, through a grant from the U.S. Department of Labor's Office of Disability Employment Policy, three HCBS IDD waiver provider agencies received technical assistance focused on Provider Transformation, to assist them in building their capacity to support employment. DDS/DDA also convened a full-day training conference on "*Successful Employment: Partnering in the Job Search Process: Training and Planning to Improve Employment Opportunities and Outcomes*." Please see: <http://dds.dc.gov/event/successful-employment-partnering-job-search-process>. In FY 2016, through the EFSLMP, DDS has coordinated joint capacity-building activities on Customized Employment, employer engagement and alternative vocational assessments (i.e., Discovery). Technical assistance through the EFSLMP in FY 2017 is aimed at: (1) introducing templates and approaches to show the cost benefit of employing youth and adults with disabilities to an employer, and approaches to making the business case to an employer; and (2) designing and providing training to trainers on the guidance to build the capacity of providers and state staff to make the business case to employers for customizing a position to meet an unmet need, incorporating examples and guidance on best practices in employer engagement from other jurisdictions.

In September 2016, the District was awarded a Project of National Significance grant from the Administration for Community Living at the U.S. Department of Health and Human Services, through its Partnerships for Employment Systems Change initiative. The grant, DC Learners and Earners, provides 5 years of funding to create partnerships that increase employment outcomes and economic self-sufficiency for youth and young adults with IDD ages 16–30.

In FY 2017, DDS continues to participate as a grantee in the Department of Labor, Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP), the Administration on Intellectual and Developmental Disabilities' Employment Learning Community (ELC), and the State Employment Leadership Network. Through these initiatives, DDS continues to offer capacity building on Employment First practices.

September 2018 Update: The District was one of 10 states selected by the U.S. Department of Labor's Office of Disability Employment Policy for FY18 as a Core State for intensive technical assistance focused on Capacity-Building, through ODEP's Employment First State Leadership Mentoring Program (EFSLMP). Department on Disability Services (DDS) provided a training-of-trainers for over 30 state and provider staff on the Association of Community Rehabilitation Educators (ACRE) competencies so that they can train others, since ACRE training or Certified Employment Support Professional certification is required for all vocational rehabilitation, supported employment and employment readiness providers. Twenty-seven people completed all of the training requirements so that they can now train others on the ACRE competencies. Most of the trainers are DDA/RSA providers. Representatives from DC Public Schools and the Department of Employment Services also completed the training, as important

- A person who is 65 or older and prefers retirement activities to work would be in the Retirement phase.
- Finally, a person may be facing a life challenge or crisis that is a barrier to achieving or pursuing employment at this time, in which case the conversation is deferred to a later time.



The guided conversation results in each person having a goal that advances the person on his or her pathway to integrated employment or retirement. This is in accordance with DDS's Employment First policy that establishes Employment First as a priority and guiding philosophy for people with disabilities who receive services from the agency. The policy requires that every working-age person with a disability who receives supports shall be presumed to prefer and be capable of individualized competitive integrated employment on a long-term basis in the community over other less integrated alternatives. Please see: <http://dds.dc.gov/publication/employment-first-policy>.

DDS modified the ISP template itself to include a section on the Pathway to Employment, which requires at least one employment or integrated retirement-related goal and includes recommended goals for each stage on the pathway. As examples, a person who is in the Assessment and Exploration phase may have a goal to learn more about the benefits of employment; volunteer in the community; explore his or interests and try new things; improve communications or other soft skills needed to succeed at work and on job interviews; learn about and practice self-determination and/or self-advocacy, etc. A person in the Training and Education or Active Job Search phase might have one or more goals to understand the impact of working on public benefits; get training or education to learn skills for a job; build his or her network of people who will help and support him or her to learn about and get a job; search for jobs that fit the person's interests and skills; etc. DDS also issued guidance that describes benchmarks on the pathway to employment and community integration. Please see: <http://dds.dc.gov/publication/pathways-employment-and-community-integration-benchmarks>.

Next, the service coordinator engages the person in guided conversations to ensure that each person is supported in the most integrated setting appropriate to meet his or her needs, in

In determining the extent of a person's experiences with community integration, DDS offers the following examples: small group community integration activities through facility-based day habilitation or employment readiness programs; a day habilitation or employment readiness programs without walls; volunteering in the community; integrated senior centers; individualized day supports; employment with or without supports; and other meaningful community non-work, such as participation in a club or on an advisory board. A large group community outing is not typically considered a community integration activity.

After establishing where the person currently is on his or her pathway to community integration, the tool takes the team through a conversation to review each goal that is currently being implemented through a day or employment service (Day Habilitation, Individualized Day Habilitation, Employment Readiness, and/or Supported Employment goals). For every goal, the team discusses the following questions:

- Is the goal SMARTER? (Specific, Measureable, Attainable, Relevant and Time-Bound, Evaluated and Revised)
- Does the goal reflect the person's interests and preferences, as documented in the PCT and Discovery tools?
- Are activities to implement the goal taking place, at least some of the time, in the community and with people who do not have disabilities?
- If no: Could the activities take place, at least some of the time, in the community and with people who do not have disabilities?
- If no, is this the person's choice? If it's the person's choice, what alternatives has the person explored? Has that exploration included experiences in other setting and opportunities to assess these other experiences?
- If no, what are the barriers?
- What would need to change so that the person could spend more time in in the community and with people who do not have disabilities?

The service coordinator has specific documentation requirements, which include identifying and describing opportunities for community participation and engagement based on an individual's interests, goals and specific activities; an indication of how engagement in these activities further community integration and inclusion; if a goal cannot be implemented or fully implemented in an integrated community setting at this time, an explanation of why not; and an action plan to address any barriers to community integration and inclusion, based upon the PCT principles of balancing Important To and Important For.

Monthly Provider Leadership Meetings

HCBS related topics at the monthly Provider Leadership and Day Provider are selected to promote clarity on the intent of the HCBS Setting rule, review changes to DDA policies, offer specific "how to's" and introduce District offered community options as resources to support providers efforts to redesigned their service models.

DDS will continue to communicate the need and timing for change in practices, policies, regulations, licensing, certification, the waiver, etc., and educate providers during monthly meetings of the Provider Leadership and the Day/ Vocational Community of Practice. DDS is committed to offering a broad array of topics and presenters to support the Districts provider community as it shifts to meet the HCBS setting standards. Organizations, agencies both government and private from the Greater Washington area are introduced to support providers in the effort to facilitate the utilization of available community resources by people receiving home community based services.

Topics on self-advocacy have also been presented at the forum by DC's self-advocacy group Project ACTION! (July 2016) and again, to promote a new self-advocacy academy in February 2017. At the October 2016 forum training was provided on DDS's revised Individualized Support Plan (ISP), which was redesigned to reflect the agency's shift to Person Centered Thinking to include goals and outcomes of services. The meeting in November 2016 included a presentation by Successful Parenting-DC that provided resources available to persons with disabilities who have children. MTM/ On-the-Move also discussed their community travel training services that they can provide to the people we serve.

Topics such as "Revised General Provision and Personal Funds," "Community Integration vs. Community Inclusion" and "Using Public Transportation" highlight a focus to the major shifts in culture that are needed regarding people controlling their own personal resources, people using various forms of public transportations as their primary means of transportation, people developing personnel networks in the community of their choice, etc. . Special sessions are being developed to support people having their name on the lease of the home in which they live, privacy in their home, and the realization of autonomy and independence in their home/lives. Forums often include guest and community partners as an example, in February 2016, we partnered with the LEAD Center to offer training entitled: "HCBS Settings Rule, Focus on: The Person's Rights to Control of Personal Resources." These discussions with providers will continue, for as long as needed, through March 17, 2019. The PowerPoint for this training is available on-line at: <http://dds.dc.gov/publication/hcbs-training-control-personal-resources-strategies-and-tools>.

New Community Integration Resource

DDS developed a new web-based resource to assist provider direct support staff with community mapping. In collaboration with our Individualized Day Supports Community of Practice, DDS has developed a listing of community activities to support efforts to fully integrate people with disabilities into the community. The tool is designed to work well with smart-phones, so that direct support professionals have access to it from any location.

The Community Integration Resource includes information on the following free or low-cost community organizations, activities and events:

- Spiritual Organizations
- Community Groups
- Volunteer Opportunities
- Library Information
- Interest Groups
- Community Classes
- Social Organizations
- Social Community Resources
- Event Calendars
- Parks & Recreation
- Fitness
- Leisure Activities
- Transportation
- Community Information for Surrounding Counties

The Community Integration Resource can be found on the DDS homepage under ‘Resources’ by clicking “Community Resources & Programs” or by following this link: <http://dds.dc.gov/page/community-integration-resources>.

Building Capacity to Assure Non-Disability Specific Options

More than four years ago, DDS applied for and was one of six states to receive a grant through the Administration on Community Living (ACL) to participate in the Supporting Families of People with Intellectual and Developmental Disabilities throughout the Lifespan Community of Practice (Supporting Families CoP). Through this National CoP, DC was introduced to the LifeCourse Principles and has begun to weave them throughout our HCBS IDD service system.

One of the LifeCourse guiding principles is Integrated Supports:

Individuals and families access an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility; community supports that are available to anyone; relationship-based Supports; technology; and that take into account the assets and strengths of the individual and family. In the past, conversations about

3. Use of technology;
4. Community resources, e.g., adult literacy class through the D.C. Public Libraries; a fitness class through D.C. Parks and Recreation;
5. Eligibility-based supports, e.g., Medicaid State Plan services; and
6. Supports through the HCBS IDD Waiver.

The Annual Individual Support Plan Procedure is on-line at: <https://dds.dc.gov/publication/isp-annual>.

DDS has continued to work on revisions to our ISP format itself, as well as our policy and procedure to further incorporate these principles. Our new ISP and accompanying policy and procedure, which will go live on October 1, 2017, requires a discussion of integrated supports for each goal, specifically including a duty to ensure access to non-disability specific settings options. The new ISP policy and procedure will be posted on the DDS website by October 15, 2017.

To continue to build our capacity to incorporate an Integrated Supports approach, DC is participating in two National Supporting Families CoP Innovations Workgroups:

- **Lifecourse Support Coordination:** To increase the competencies and confidence of support coordinators in their critical role to shape conversations, develop and oversee individual support plan strategies through the person centered planning process that further the LifeCourse framework and share/brainstorm promising individual and systematic practices.
- **Family Front Door Innovation:** To work across states in rethinking, redesigning and implementing changes to the first interaction families have at the Front-Door of agencies when reaching out to the formal service systems, including long term services. The Innovations Workgroup's purpose is to share what states have done and brainstorm what can be done to change the Front Door conversations from solely a discussion of the service system to also provide families information, bridges to connect with other families, community networks, and other strategies that focus on hopeful and positive futures.

DC is also launching an on-line resource portal to help support teams identify public and provide long term service and supports options. The portal will be available to both government staff and to any person with internet access. This is being developed through the DC No Wrong Door initiative and is modelled after successful resource portals developed by the DC Department of Behavioral Health and the Mayor's Office of Veteran's Affairs. Resources are tagged in accordance with the LifeCourse Life Domains to aid in searching. The Life Domains principle states that:

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Our lives as everyday citizens are complex and multi-faceted. What happens in one area of our life (say, in our jobs) affects another (our family or housing situation). It is important to

Provider-specific technical assistance on the HCBS settings rule has been delivered by DHCF, DOH, and DBH relative to the HCBS settings assessments administered to inform the transition plan. In FY17 and FY18, following approval of the plan, DHCF will collaborate with DOH and DBH to provide additional training to EPD and non-Medicaid residential providers who serve EPD waiver beneficiaries. Annual trainings will be offered, thereafter.

September 2018 Update: DHCF continued provider-specific technical assistance in conjunction with monitoring activities. LTCA staff also participated in planning sessions convened by Department of Health with Assisted Living Residence (ALR) providers to inform new ALR regulations. The focus of LTCA participation was on inclusion of the HCBS Settings rule.

Person-Centered Planning and Informed Consent

Funded by a grant from the federal Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS), four District agencies (the Department of Disability Services (DDS), the Department of Health Care Finance (DHCF), the Aging and Disability Resource Center (ADRC) within the District of Columbia Office on Aging (DCOA), and the Department of Behavioral Health (DBH)) are collaborating to develop a plan to implement a No Wrong Door (NWD) system to streamline and facilitate access to long term care services and supports (LTCSS). A major emphasis of the District's planning activities is optimizing informed choice and promoting person-centered thinking and planning among District agency staff and service providers.

It should be noted that while each of the participating agencies' systems address person-centered planning and informed consent already, the NWD planning is providing an opportunity to coordinate these efforts. The HCBS IDD waiver is fully compliant with federal person-centered planning and informed consent standards.

Through the NWD initiative, DC is also launching an on-line resource portal to help support teams identify public and provide long term service and supports options. The portal will be available to both government staff and to any person with internet access. The portal is modelled after successful resource portals developed by the DC Department of Behavioral Health and the Mayor's Office of Veteran's Affairs. Resources are tagged in accordance with the LifeCourse Life Domains to aid in searching. The Life Domains principle states that:

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Our lives as everyday citizens are complex and multi-faceted. What happens in one area of our life (say, in our jobs) affects another (our family or housing situation). It is important to recognize the interconnectedness of everyday life so we can work to make our whole lives as complete and fulfilling as possible.

The Resource Portal will be introduced to government partners in September 2017 at our upcoming Summit: Enhancing the Front Door: Connecting and Collaborating. We will share it with people we support, families, and public and private partners through a series of presentations at upcoming meetings, including those with the Disability Community Outreach

The Quality Trust also discussed self-determination, safety, and supported decision making. In a follow-up session for the ADRC's Community Transition Team in September 2015, specific tools for informed consent at various points in the transition process were reviewed.

During FY15, the ADRC updated its consent forms for transition from nursing facilities to home and community-based settings to ensure informed consent to participation in the District's Money Follows the Person Demonstration. These forms have been used for community transitions since late FY16.

September 2018 Update: DHCF launched its new case management database, DC Care Connect, in July 2018. The person-centered planning template was incorporated in the database. In addition, the database requires monthly clinical notes directly linked to the person-centered plan.

Long Term Services and Supports Assessment

DHCF has been implementing a multi-year, multi-pronged strategy to reform Medicaid-funded long-term care services and supports. The first phase of this effort focused on the development and implementation of a standardized assessment tool and a conflict-free, face to face assessment process. The tool is designed to assess an individual's needs across multiple domains, rather than determining eligibility for a particular service or service setting. The tool provides the individual with a score that allows them to choose from a range of LTCSS options. In support of this strategy, the District drafted a regulation. The 2nd Proposed Rulemaking was published March 18, 2016. These rules amend the previously published standards by: (1) specifying that the face-to-face assessments shall be conducted by an R.N.; (2) specifying that requests for an assessment for LTCSS must be made by the person's referring physician ; (3) delineating who can make unscheduled requests for re-assessments when there is a significant change in the person's condition; (4) establishing timelines for conducting the face-to-face assessment and the receipt of determination notices; (5) adding a link to access the standardized needs-based assessment tool online; (6) establishing that a person shall also qualify for a level of need for PCA services if his/her functional score without medication management is four (4) or higher, or if his/her functional score without medication management is three(3) or higher with a medication management score no higher than a one (1); (7) clarifying terms and phrases used in the Section of the regulation; and (8) defining terms used in the Section of the regulation.

September 2018 Update: As mentioned in reference to personal experience assessments, in 2018, DHCF contracted with a new organization to conduct LTSS assessments. DHCF will work with the new contractor to resume the personal experience assessments conducted by the previous contractor.

Conflict-Free Case Management

DHCF developed its conflict-free case management policy for EPD providers, which was published on July 10, 2015, as a notice of emergency and proposed rulemaking, which received comments during the public comment period. The second notice is currently under review and will be published subsequent to that process. Per the rule, EPD providers had until October 1, 2015, to notify DHCF of their choice with regards to providing case management or direct care services. Fifteen of the HHAs that provided case management services submitted decisions to be

DDS and DHCF have made changes to the HCBS IDD waiver program to further opportunities for community and meaningful day, addressing the need for more individualized integrated approaches of the provision of support to people, and achieving compliance with the HCBS Settings Rule. The waiver amendments were submitted to CMS on March 1, 2014 and approved in September 2015. DDS and DHCF have published implementing regulations for all rules.

DDS's approach is to offer an array of waiver and generic services, so that over the course of a week each person can receive support for community integration and employment in whatever setting works best for them. With this set of waiver amendments, DDS now offers HCBS IDD waiver beneficiaries day supports with ratios from 1:1 to 1:4, so that each person can be supported in community with individualized staffing ratios based upon the person's needs. (IDS has 1:1 and 1:2 ratio options; small group day habilitation has a 1:3 ratio; and day habilitation has 1:1 or 1:4 ratio options.)

Some examples of waiver amendments related to HCBS Settings compliance include:

- **Day Habilitation:** Clarified service definition to require meaningful adult activities and skills acquisition that support community exploration, inclusion and integration based upon the person's interests and preferences. Specified that individualized community integration and/ or inclusion activities must occur in the community in groups that do not exceed four participants and must be based on the people's interests and preferences. Implementing regulations were published on an emergency and proposed basis on May 27, 2016 and are available on-line at: <http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1929>.
- **Small Group Day Habilitation:** Introduced a small group rate with a staffing ratio of 1:3 and no more than fifteen (15) people in a setting for people with higher intensity support needs. Small Group Day Habilitation must be provided separate and apart from any large day habilitation facility. As a new service, these settings must comply with the HCBS Settings Rule immediately. Implementing regulations were published on an emergency and proposed basis on May 23, 2016 and are available on-line at: <http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1929>.
- **Supported Living and Supported Living with Transportation:** Modified the service definition to create more flexibility in the application of the reimbursed staffing hours and ratios, to better reflect the time individual persons may spend in their residence during the course of the day to be responsive to individualized person-centered plans. Modified rate methodology to increase funding for staff providing transportation services for Supported Living with Transportation to ensure adequate funding for people to pursue individualized day and vocational services at different locations. Implementing regulations were published on April 22, 2016. Available online at: <http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1934>.

The Waiver Amendment introduces three new services- adult day health services, and occupational and physical therapy services.

- **Adult day health services:** Established service to enable persons enrolled under the EPD Waiver to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting, to foster opportunities for community inclusion, and to deter more costly facility-based care. These providers will be compliant with all the new HCBS “setting” requirements pursuant to the District’s new Provider Readiness Review process.
- **Occupational therapy and physical therapy services:** Established services to be provided by licensed professionals under a Home Care Agency or by licensed individual practitioners
- **Personal care aide service:** Modified description to mirror the PCA Service Authorization request and submission procedures in accordance with the District’s Medicaid State Plan PCA services rulemaking (Chapter 50 of Title 29 of the DCMR) to include the utilization of a face-to-face standardized needs-based assessment tool that determines each person’s level of need for services. Changes were also made to allow the order for PCA services to be signed by an advance practice registered nurse (APRN) or a physician; conduct beneficiary re-assessments every twelve (12) months to update plans of care; and eliminate any annual caps for the receipt of services.
- **Homemaker and chore aide service:** Amended descriptions to clarify the existing language under the service. A new provider category – general business providing housekeeping services in the District of Columbia – will be added to the list of allowable providers of homemaker and chore aide services. The training criteria for chore aides were also amended.
- **Environmental Accessibility Adaptation (EAA) service:** Modified description to amend the requirement that both renters and certified home-owners need to initially obtain a denial letter from Handicap Accessibility Improvement Program (HAIP), administered by the District of Columbia Department of Housing and Community Development prior to applying for EAA services under the Waiver, as HAIP is only applicable to certified home-owners. Although no change to the total rate is proposed, the disaggregated cost limits associated with each type of EAA modification was removed. The limitations on amount, duration, and scope are to be modified to clarify that the total rate is inclusive of costs associated with the home inspection.
- **Case management and person-centered planning:** Amended requirements to conform to

EPD Waiver Renewal

DHCF received approval for renewal of its 1915(c) waiver for EPD services on March 10, 2017. The renewal includes the following improvements that promote the use of HCBS settings for long term care:

- **Streamlined enrollment:** Outlined the new enrollment process through the District's Aging and Disability Resource Center (ADRC) as referenced above. The Information, Referral and Assistance unit at the ADRC provides information on the EPD Waiver to DC residents who are interested, and initiates the enrollment process for people who choose to enroll in EPD Waiver services. Medicaid Enrollment Specialists (MES) at the ADRC work with prospective enrollees to acquire the information needed to complete the required enrollment forms. Once the forms are completed, ensuring beneficiaries' freedom of choice and rights under the waiver, the MES submit the forms in the EPD Waiver database, and facilitate the eligibility determination based on financial and level of care criteria.
- **Community transition services:** Established a new service that provides up to \$5,000 for household set-up and transition-related expenses for EPD Waiver beneficiaries transitioning from a long term care facility to HCBS. The payment will cover security deposits that are required to obtain a lease for an apartment or home; essential household furnishings and moving expenses required to occupy and use an apartment or home, including furniture, window coverings, food preparation items, and bed/bath linens; set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; services necessary for a person's health and safety such as pest eradication and one-time cleaning prior to occupancy; moving expenses; and activities to procure needed resources.

DHCF State Plan Amendment

DHCF obtained approval of its new 1915(i) State Plan Amendment to establish an adult day health program (ADHP) on February 10, 2015. The accompanying regulation was published January 29, 2016. ADHPs provide essential services including social service supports, therapeutic activities meals, medication administration, and transportation to therapeutic activities for adults, age fifty-five (55) and over, during the day, in a safe community setting outside of their home. All ADHP providers will be compliant with the HCBS settings rule from launch of the 1915(i), which began enrollment June 1, 2015.

In addition, DHCF amended its State Plan with respect to Home Health Care and Personal Care Assistance Services. The amendments are designed to clarify and strengthen program requirements to promote community exploration and integration, among other things. DHCF sent the PCA SPA to CMS on August 25th, 2015 with an effective date of October 1, 2015. DHCF received approval for this SPA on August 6, 2016 with an effective date of November 14, 2015. The District drafted a new PCA SPA to recognize safety monitoring as an allowable task for PCAs, as well as align re-assessment requirements for beneficiaries receiving

**MEMORANDUM OF AGREEMENT
BETWEEN THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES (DDS) AND
CHILD AND FAMILY SERVICES AGENCY (CFSA)**

I. STATEMENT OF PURPOSE

The purpose of this Memorandum of Agreement is to provide guidance for staff within the Child and Family Services Agency ("CFSA") and the Department on Disability Services ("DDS") (collectively "the parties") to coordinate services and case management to eligible children and youth who are in CFSA's care. In addition, the MOA provides guidance to coordinate services for families who are eligible for services from both parties, *e.g.*, when a parent is receiving or is eligible to receive services from DDS and CFSA is working with the family.

II. DEFINITIONS

- A. **Case Plan:** A written casework document that outlines the outcomes, goals, and tasks necessary to ensure child safety, permanency, and well-being.
- B. **Comprehensive Evaluation:** An assessment of a person with a disability, which includes, but is not limited to, a sequence of observations and examinations, by appropriate professionals, intended to determine the person's strengths, developmental needs, and need for other services. The initial comprehensive evaluation shall include, but not be limited to, a physical examination that includes the person's medical history; an educational evaluation, vocational evaluation, or both; a psychological evaluation, including an evaluation of cognitive and adaptive functioning levels; a social evaluation; and a dental examination. The comprehensive evaluation also should address the person's capacity for decision making.
- C. **Developmental Disabilities Administration (DDA):** An administration within DDS that provides services and supports to eligible individual 18 years of age and older who have a diagnosis of intellectually disability and individuals who are dually-diagnosed with mental illness and intellectual disability.
- D. **Individual with a Disability:** means an individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment or who is regarded as having such an impairment.
- E. **Habilitation:** The process by which a person is assisted to acquire and maintain those life skills which enable him/her to cope more effectively with the demands of his/her own person and environment, and to raise the level of his/her physical, intellectual, social, emotional and economic sufficiency.

- F. **Individualized Plan for Employment (IPE)**: A plan developed by the client and the vocational rehabilitation counselor that identifies the employment goal of the client, as well as the services to be provided to achieve that goal.
- G. **Individual Support Plan (ISP)**: Also known as an individual habilitation plan, an individual support plan is intended to incorporate all aspects of an individual's life, such as significant past events, accomplishments and strengths, relationships, home life, work, day, retirement, or school, leisure and community life, health and wellness, and finances. An support individual plan includes, but is not limited to, the following components: an assessment and profile of the individual's current life situation and future vision; assessment and analysis of the individual's abilities, preferences, and support needs; identification of desired outcomes; development of strategies and action plans to address needs, personal goals and desired outcomes; identification of supports and services to be provided; and evaluation of the individual's progress on an on-going basis to assure that the individual's needs and desired outcomes are being met
- H. **Intellectual Disability**: In accordance with the statutory definition at D.C. Official Code § 7-1301.03(19) (2008 Repl. & 2012 Supp.), an intellectual disability as used in this MOA which makes a District resident eligible for services from DDS means a substantial limitation in capacity that manifests before 18 years of age and is characterized by significantly subaverage intellectual functioning, existing concurrently with 2 or more significant limitations in adaptive functioning.
- I. **Rehabilitation Services Administration (RSA)**: An administration within DDS that provides services for eligible persons with physical or mental impairments. These services are designed to enable individuals to prepare for, obtain, maintain or regain employment.
- J. **Youth Transition Plans**: A plan to prepare a youth in CFSA's care for adulthood that is developed with the youth, as appropriate, and with other members of the youth's team. The plans include information about connecting a youth to adult services and supports.

III. **ASSOCIATED LAWS**

- A. **Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978 (D.C. Law 2-137)**: The local law that sets forth the procedural and substantive rights of people with intellectual disability. (D.C. Official Code § 7-1301.01 *et seq.* (2008 Repl.)).
- B. **Prevention of Child Abuse and Neglect Act of 1977 (D.C. Law 2-22)**: The local law that establishes the reporting and investigation requirements of child abuse and neglect cases, the duties and responsibilities of the Child Protection

Services Division and the Child Protection Register. (D.C. Official Code §§ 4-1301.01 *et seq.* (2008 Repl.)).

- C. **Child and Family Services Agency Establishment Amendment Act of 2000 (D.C. Law 13-277)**: The local law that establishes the duties and responsibilities of the Child and Family Services Agency. (D.C. Official Code § 4-1303.01a *et seq.* (2008 Repl.)).
- D. **Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)**: The federal law establishing the Title IV-E Foster Care Program.
- E. **Department on Disabilities Services Establishment Act of 2006 (D.C. Law 16-264)**: The local law that establishes the duties and responsibilities of the Department on Disability Services. (D.C. Official Code § 7-771.01 *et seq.* (2008 Repl.)).
- F. **Data-Sharing and Information Coordination Amendment Act of 2010 (D.C. Law 18-489)**: The local law that allows District of Columbia agencies and departments to disclose health and human services information to other District of Columbia agencies and departments without prior consent for specific purposes, provided that the use is not specifically prohibited under District of federal law. (D.C. Official Code § 7-241 *et seq.* (2008 Repl. & 2012 Supp.)).
- G. **Rehabilitation Act of 1973 (Pub. L. 93-112, Sept. 26, 1973, 87 Stat. 355)**: The federal law and applicable regulations that set forth procedural and substantive rights for RSA to provide vocational rehabilitation and other employment services to eligible persons with physical or mental impairments.

IV. **JOINT RESPONSIBILITIES**

- A. The parties will work together to implement the terms of this agreement.
- B. The parties will provide assistance to staff of the respective agencies in the identification of appropriate services and resources for eligible youth and families.
- C. The parties will share information, as needed, in the identification of appropriate services and resources for eligible youth.
- D. The parties will share information, as needed, to determine if families are receiving services from either agency. Where families are eligible for services from both agencies, the parties will work together to coordinate services.
- E. The parties will work together to identify or develop services for parents with intellectual disabilities to assist in parenting skills or other supports.

- F. The parties will coordinate and provide cross training for staff at both agencies on the terms of this agreement, services provided by both agencies, and the application process for DDA and RSA services.
- G. The benefits staff for both parties will coordinate to ensure that eligible youth are receiving benefits, such as Medicaid, SSI, and SSDI, and that those benefits are transferred to the DDS system when the youth transitions from CFSA's care.

V. RESPONSIBILITIES FOR CHILD AND FAMILY SERVICE AGENCY

- A. CFSA will designate an employee who is responsible for coordinating the requirements of this agreement.
- B. CFSA will remain responsible for case management services and resources for a youth in its care and custody who are or are likely eligible for DDS funded services until the youth reaches 21 years of age, except where the parties determine that the youth would be better served transitioning to DDS prior to his or her 21st birthday.
- C. CFSA will submit applications for youth who are eligible for SSI and/or SSDI prior to the youth's 18th birthday.
- D. CFSA will submit applications for any youth, 16 years old or older, with a disability to RSA. Applications will include all available evaluations related to the youth's disability.
- E. For youth with a developmental, physical, or sensory disability, other than an intellectual disability, CFSA will submit a referral to RSA for independent living services or vocational rehabilitation counseling services as appropriate.
- F. CFSA will provide space at CFSA's Office of Youth Empowerment for an RSA representative to be co-located with CFSA staff.
- G. CFSA will provide DDA with information on youth, 16 years old or older, with intellectual disabilities and are likely to be eligible for DDA services. This information will be provided quarterly.
- H. CFSA will ensure that a pre-18 year old psychological evaluation, including an accepted test of cognitive functioning and an accepted scale of adaptive behavior, is conducted for all youth who have an intellectual disability.
- I. CFSA will ensure that a post-18 year old psychological evaluation conducted for youth who have an intellectual disability will include as assessment of the youth's capacity (*e.g.*, medical consent, habilitation).

J. For youth who have an intellectual disability and are likely to be eligible for DDA services, CFSA will convene a team meeting (*e.g.*, during the youth transitioning plan or case plan meetings) when the youth is 18 years old. The team will include a representative from DDA, and other relevant agencies (*e.g.*, Department of Mental Health and District of Columbia Public Schools) to discuss and determine, as needed:

1. Service needs and supports (including placement) for the youth;
2. Whether additional evaluations are needed; and
3. The timing of submitting an application to DDA.

The team will reconvene as often as needed to address the youth's needs and will reconvene at least one year prior to transitioning from CFSA to DDA.

K. As determined at the teaming meeting, CFSA will submit a complete application for a youth 18 years who has an intellectual disability to transition to DDA services. The application will include:

1. Intake Application;
2. A pre-18 year old psychological evaluation (including an accepted test of cognitive functioning and an accepted scale of adaptive behavior) and any other available psychological and educational testing; and
3. Available medical records and/or information and a current social history.

L. CFSA will notify DDA when a youth with an intellectual disability is likely to be emancipated before age 21 years.

M. CFSA will refer adult parents with intellectual disabilities to DDA for services and supports.

VI. RESPONSIBILITIES FOR THE DEVELOPMENTAL DISABILITIES ADMINISTRATION

A. DDA will designate an employee who is responsible for coordinating the requirements of this agreement.

B. DDA will track CFSA youth age 16 years and older who are or are likely to be eligible for DDA services for future planning purposes, including budgeting and Medicaid waiver slot determinations.

C. DDA will participate in teaming meetings (transition or case planning meetings) for CFSA youth 18 years and older who have an intellectual disability and are or are likely to be eligible for DDA services.

1. DDA will assist CFSA in identifying transition services and supports and to determine the timing of transitioning the individual from CFSA to DDA.

2. DDA will confirm in writing whether the CFSA youth meet the eligibility criteria for DDA services at or within 2 weeks of the first teaming meeting (when the youth is 18 years old).
- D. For youth who have been confirmed as eligible for DDA services, DDA will continue to participate in youth transition plan or case plan meetings as often as needed to address the youth's needs and at least one year before the youth transitions from CFSA to DDA.
 - E. DDA will initiate service planning and Individual Support Plan meetings for youth who are determined to be eligible for DDA services.
 - F. Prior to age 21 years, CFSA and DDA may agree to transfer responsibility for providing supports and services to DDA, including placement. Such transfers may require an MOU of funding transfer, benefits, and service coordination responsibilities. DDA will not refuse to transfer responsibility for providing supports and services for any eligible CFSA youth who is 18 years or older.
 - G. DDA will notify CFSA of service planning meetings and DDA will attend teaming meetings held by CFSA, to review the eligible youth's case plan or youth transition plan and provide linkages to community resources.
 - H. DDA will assume responsibility for case management services and resources for eligible individuals with intellectual disabilities who were in CFSA's care when the youth turns 21 years old.

VII. RESPONSIBILITIES FOR THE REHABILITATION SERVICES ADMINISTRATION

- A. RSA will designate an employee who is responsible for coordinating the requirements of this agreement. In addition, RSA may assign a representative to be co-located at the CFSA's Office of Youth Empowerment to assist in transition services.
- B. RSA will accept applications from CFSA for youth, 16 years old or older with a disability, and will assign an intake staff member for the Youth Transition Unit to review the application and make an eligibility determination within 60 days of receipt of the application.
- C. Eligible youth will be assigned a vocational rehabilitation counselor from the Youth Transition unit to work with the youth and CFSA to develop an Individualized Plan for Employment (IPE).
- D. For youth with a developmental disability, not eligible for DDA services, a referral will be made to RSA's Independent Living Services Program for

assessment and referral for necessary services to assist with transition from CFSA to independence.

VIII. AMENDMENT AND TERMINATION

This agreement shall become effective upon signature of the persons indicated below, and shall continue unless terminated. This agreement shall be reviewed, at a minimum, annually. The agreement may be amended by mutual, written consent of both parties, or may be terminated by one signatory with 30 days advance, written notice to the other party.

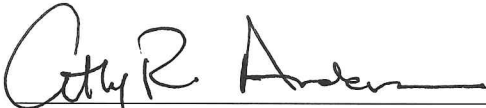
IN WITNESS THEROF, the Parties have executed this MOA as follows:

DEPARTMENT ON DISABILITY SERVICES:



Laura L. Nuss
Director, DDS

3/4/2013
Date



Cathy R. Anderson
DDS Deputy Director for DDA

03.05.2013
Date



Andrew Reese
DDS Deputy Director for RSA

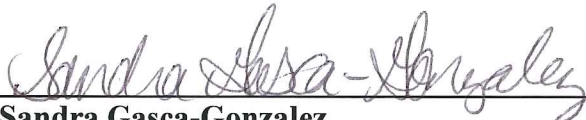
3/5/2013
Date

CHILD AND FAMILY SERVICES AGENCY:



Brenda Donald
Director, CFSA

3.7.13
Date



Sandra Gasca-Gonzalez
CFSA Deputy Director for Entry Services

3-7-13
Date

Department on Disability Services (DDS)
Summary of Sanctions (as of 1/7/2019)

Eight (8) concerns led to 60 sanctions for 42 unique providers.

Of the six (6) concerns currently open:

- One concern resulted in prohibiting seven (7) unique providers from receiving new referrals only.
- Five concerns resulted in five (5) unique providers being placed on Enhanced Monitoring (and Do Not Refer).
- DDS recommended to the Department on Health Care Finance (DHCF) the termination of three (3) providers' Medicaid Agreements:
 - On April 24, 2018, DHCF sent a Notice of Intent to Terminate the Medicaid Provider Agreement between DHCF and Eckington House Mental Services for failure to comply with provisions of the provider agreement and pertinent District laws and regulations to Eckington House Mental Health Services
 - On April 24, 2018, DHCF sent a Notice of Intent to Terminate the Medicaid Provider Agreement between DHCF and L'Arche for failure to comply with provisions of the provider agreement and pertinent District laws and regulations.
 - On September 17, 2018, DHCF sent a Notice of Intent to terminate the Medicaid Provider Agreement between DHCF and Joyful Healthcare concerning the provision of In-Home Supports and Supported Living Periodic Services.

Of the 14 sanctions (ten (10) unique providers) currently open:

- Seven (7) providers were sanctioned as a result of failing to pass an initial Provider Certification Review (PCR).
- Two (2) providers were sanctioned as a result of failing to pass an Annual follow-up PCR. (failed initial and required a follow-up)
- Two (2) providers were sanctioned due to the provider's failure to timely address deficiencies known as "issues" in the DDS information system (MCIS).
- One (1) provider was sanctioned due to DDS having significant concerns regarding the services delivered, adherence to DDS policy, or for consumer safety.
- One (1) provider was sanctioned as a result of the provider's failure to address repeat deficient PCR indicators.
- One (1) provider was sanctioned as a result of specific and general Health & Wellness concerns.

FY18 and FY19 to date Provider Sanctions Report:

In FY18 through FY19 to date, eight (8) concerns led to 60 sanctions for 42 providers (some providers are listed multiple times, (i.e., Volunteers of America is listed five (5) times for four (4) concerns resulting in five (5) sanctions).

Of the eight (8) concerns:

- 43 sanctions resulted in prohibiting 38 unique providers from receiving new referrals (Do Not Refer List only).
- 17 sanctions also resulted in 13 unique providers being placed on Enhanced Monitoring.
- DDS recommended that DHCF terminate the Medicaid Agreements of three (3) unique providers for failing to pass a follow-up annual PCR.

Of the 60 sanctions imposed:

In FY18, 50 sanctions based on five (5) concerns:

- 37 were based on the provider failing the initial PCR.
 - Seven (7) were based on providers' failures to timely address issues.
 - Three (3) were based on Health & Wellness concerns.
 - Two (2) were based on Incident Management/Incident Management Enforcement Unit (IMEU) concerns.
 - One (1) was based on the provider's failure to comply with Individualized Day Supports (IDS) Requirements.
-
- In FY18, 39 out of 50 sanctions were closed.
 - Sanctions were open from 14 to 137 days.
 - The median was 72 days. The average was 75 days.
 - 69 days for Do Not Refer only (the median was 70 days).
 - 107 days for Enhanced Monitoring (the median was 92 days).

For FY18 – FY19 to date:

- 47 out of 60 sanctions have been closed.
- Sanctions were open from 14 to 299 days.
- The median was 73 days. The average was 80 days.
- 75 days for Do Not Refer only (the median was 71 days).
- 87 days for Enhanced Monitoring (the median was 69 days).

In FY19 to date, there have been ten (10) sanctions based on five (5) concerns:

- Nine (9) unique providers were placed on the Do Not Refer List (DNRL).

Question 79f

- Three (3) sanctions are based on failure to pass an initial PCR resulted in Do Not Refer Only (one (1) concern).
- Two (2) sanctions are based on failure to pass an annual follow-up PCR resulting in two (2) unique providers being placed on Enhanced Monitoring (includes being placed on DNRL).
- Two (2) sanctions were based on MCIS “Issues” resulting in one (1) provider being placed in Enhanced Monitoring (includes being placed on DNRL).
- Two (2) sanctions were based on the providers failure to address deficient repeat PCR indicators ((includes being placed on DNRL).

Overall, five (5) providers were placed on Enhanced Monitoring (in addition to being placed on DNRL):

- Vested Optimum Community Services
- Volunteers of America
- Total Quality Residential Services
- Kennedy Institute
- MBI Health Services

Of those five (5), two (2) have since been removed from the DNRL, and are open for referrals:

- Kennedy Institute
- MBI Health Services

The active sanctions list can be found here:

[https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List 19 01 28.pdf](https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Provider%20Sanctions%20List%2019%2001%2028.pdf).



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT ON DISABILITY SERVICES

Pre-ETS Data Breakdown

In the District during this reporting period, there were 3,352 students who were eligible to receive Pre-Employment Transition Services (Pre-ETS). These students have either already been determined eligible for VR services, or are potentially eligible for services based on their status of having an Individualized Education Plan (IEP), a or 504 plan, or identified as having a disability while a student in the secondary educational environment. RSA successfully reached 2,608 students during school year 2017-2018, which meant that 78% of students, who were eligible to receive a pre-employment transition service Pre-ETS, received at least one. This was an increase from 57% in the previous FY.

Pre-ETS Activity*	# Students Reached in FY18	# Students Reached in FY19
Work-Based Learning Experiences	212	131
Job Readiness Training	698	98
Counseling on Postsecondary Education	1,192	512
Career Exploration	1,827	189
Self-Advocacy Training	2,372	312

*Some students participated in multiple Pre-ETS activities

Age	# Students Reached in FY18	# Students Reached in FY19
16 Years Old	691	125
17 Years Old	710	130
18 Years Old	751	219
19 Years Old	311	118
20 Years Old	78	21
21 Years Old	54	13
22 Years Old	13	1

LEA	# Students Reached in FY18	# Students Reached in FY19
DCPS	1,612	464
Charter Schools	892	146
Non-Public	104	17

Coordination between the LEAs and RSA for alignment of IEP transition goals with IEP employment goals happens within all of the pre-ETS activities for students who have applied and been determined eligible for vocational rehabilitation services through RSA. Not all students receiving a pre-ETS service will apply for RSA services; as a result this is best achieved through counselors attending IEP meetings, which is noted in question 77, e. Last year, RSA attended a total of 178 IEP meetings throughout the city.





GOVERNMENT OF THE DISTRICT OF COLUMBIA Q109a
DEPARTMENT ON DISABILITY SERVICES

**Pre-Employment Transition Services
2018-19 School-based Activities**

Job Exploration Counseling

MPD Cadet Corps

300 Indiana Avenue, NW Washington, DC 20001 Phone: 202-645-0445

The Police Cadet Corps is designed to prepare candidates for entrance into the Metropolitan Police Officer Recruit Program. Cadets are 17-24 year-old uniformed civilian employee, working part-time for MPD while attending UDC. Must have HS diploma / GED Equivalent. To coordinate info session, contact Officer Trina.Bruce@dc.gov / cadet.adminbox@dc.gov.

Fire & EMS Cadet Program (FEMS)

DC Fire and EMS Recruitment Office

2000 14th Street NW, Washington, DC 20009 Phone: 202-673-3330

The Cadet Program is a one-year program that provides District of Columbia residents ages 18-21 years old the opportunity to become members of the D.C. Fire and Emergency Medical Services Department (DCFEMS). During the program, Cadets attain their National Registry EMT, Firefighter I & II, and Hazardous Materials Awareness & Operations Certificates. Coordinate information sessions thru Battalion Chief Willis.Thomas@dc.gov / 202-673-3726 and Lieutenant Gregory.Johnson@dc.gov / 202-673-3392.

US Coast Guard (Coast Guard Recruiting Office Washington)

645 Pennsylvania Avenue SE, Suite 202, Washington, DC 20003 Phone: 202-543-8313

Interested youth (ages 17-32) must be U.S. citizen and have a high school diploma to enlist. To coordinate an information session, contact Petty Officer Second Class / Recruiter Miguel.A.Luzardo@uscg.mil / 202-543-8313.

DC Central Kitchen

425 2nd Street NW, Washington, DC 20001 Phone: 202-601-7310

The goal of DC Central Kitchen's Culinary Job Training program is to prepare adults facing high barriers to employment for careers in the food service industry. 14-week, intensive training program provides **culinary arts education, career readiness training, and real-world internships**. Attend an open house (Tuesdays @ 10am) or schedule an information session with Lachele Corbin at LCorbin@DCcentralKitchen.org / 202-601-7310.





Potomac Job Corps Center

1 DC Village Lane SW, Washington, DC 20032-5206 Phone: 202-574-5000

1443 Maryland Avenue NE, Washington, DC 20003 Phone: 202-399-8595

Job Corps is a career development program through the Department of Labor. Students who leave Job Corps either go on to the workforce or continue their education in college through our partnerships. Training in one of over 100 differed career pathways, including: **Health Care, Construction, Culinary Arts, Information Technology, Automotive Maintenance, Finance and Business, Office and Administration, Transportation, Green Energy.** On-the-job training at real work sites through work-based learning opportunities. To schedule an info session, contact DC Outreach & Admissions Counselor Wohner.Ivan@jobcorps.org.

Work-Based Learning Experiences

Students ages 17+ who are referred to DDS/RSA are eligible to participate in paid WBLEs.

- CEO Academy (Pre-ETS / Mentoring / Exit)
- CVS Health Externship Program
- General Explorations Internship Program
- CTE / NAF / OAT Internship Program
- Workforce Development Center @ RTEC
- ProjectSEARCH @ Embassy Suites
- High School Internship Program (PCS Students Only)

Counseling on Postsecondary Education and Training Programs

Career Technical Institute (CTI)

1101 Vermont Ave NW, Suite# L-0002, Washington, DC 20005 Phone: 888-516-5339

CTI offers training to help young adults (17+) pursue careers in **office management, healthcare services, hospitality, and information technology.** In addition to hands-on, job-specific skills, CTI also provide training in job searching and interview prep for open positions in a chosen career field. Coordinate on-site tour or school presentation with Sylvia.Williams@CareerTechnical.edu / 202-552-3045.



United Planning Organization (UPO) Youth Services Center

301 Rhode Island Avenue NW, Washington DC, 20001 Phone: 202-610-0466

1649 Good Hope Road SE, Washington, DC 20020 Ph: 202-610-5874 (Anacostia Center)

Providing Opportunities With Educational Readiness (POWER)

POWER is a 6-year program to help Ward 8 students do well in middle school and high school. After-school, weekend, and summertime activities include **STEM programming, college Readiness lesson, field trips, and workshops on financial literacy**. To participate, contact Kenny Carroll at 202-610-0466.

College Tours Program

College Tours Program exposes DC students to nearby schools/universities such as Howard, Georgetown, Delaware State, Virginia Tech, and Princeton. Students have a chance to experience campus life and speak with admissions counselors during free, daylong visits. To participate, contact UPO-YSC.

Workforce Institute Culinary Arts Training (Anacostia Community Service Center)

Attend an information session on Tuesdays at 10am or schedule an event with Training Program Manager Reginald Glenn at RGlenn@upo.org / 202-610-5837.

Workplace Readiness Training

Workforce on Wheels (WoW)

4058 Minnesota Avenue NE, Suite 200, Washington, DC 20019 Phone: 202-724-7000

The Workforce on Wheels (WOW) team is a cutting-edge mobile service operation developed by DOES to address the needs of District's youth and residents in the communities where they live. WOW features workforce programming and employer services, designed to engage and educate partners and stakeholders in areas of workforce development while providing residents with employability tools to guide them on a pathway to the middle class. Services include **Resume & CL review, interview coaching, job searching assistance, job leads, and prescreening for hiring events**. For more information email WorkforceOnWheels@dc.gov or complete [WoW Request Form](#). *Requests for mobile unit must be submitted 14 days in advance.*

DOES Office of Youth Programs

4058 Minnesota Avenue NE, Suite 200, Washington, DC 20019 Phone: 202-698-3492

Youth Earn And Learn Program (YEALP) / Pathways for Young Adults Program (PYAP)

YEALP provides **occupation skills training, career awareness counseling, work readiness modules, basic education, GED prep, and supported internship experiences** for out of school youth ages 16-24. Vocational skills training includes **Retail, Hospitality, Administrative Assistant, IT, Culinary Arts, Automotive**





Services. PYAP merges work readiness instruction, life skills development, and occupational training with on-the-job experience for out-of-school youth ages 18-24. UDC-CC Certification available in **Hospitality, Nursing Assistant/Medical Office Admin, or Basic IT.** Contact Samuel.Moore@dc.gov / 202-698-3492 to coordinate.

SOME Center for Employment Training

2300 Martin Luther King Jr. Ave SE, Washington, DC 20020 Phone: 202-292-4460

SOME CET provides training to prepare individuals for careers as **Medical Administrative Assistant & Building Maintenance/Service Technician.** Walk-in Hours: M-F 8:30-10:30am. To schedule an information session, call 202-292-4460.

Independent Living Skills

Financial Literacy Presentations

Wells Fargo Bank / Bank of America / DC Credit Union

To request presentation, coordinate with RSA VR counselor on possible dates/times.

MTM On The Move

300 M Street SE, Suite 825, Washington DC, 20003 Phone: 240-670-0248

Free **travel training services** for students to navigate the community independently.

Contact Andrew Shaw at ANShaw@mtm-inc.net to coordinate services for students.

Instruction in Self-Advocacy

DC Youth Leadership Network (SchoolTalk DC)

1875 Connecticut Ave NW, Suite 660, Washington DC, 20009 Phone: 202-907-6887

SchoolTalk staff and youth leaders from the DC Youth Leadership Network implement Youth Leadership Workshops collaboratively. Workshops are implemented using arts-based strategies and technology to include **self-awareness, self-advocacy, youth leadership, conflict resolution, disability awareness & disclosure, employment prep,** and more. To request a workshop, contact Sarah.Grime@SchoolTalkDC.org.

DC Center for Independent Living (DCCIL)

1400 Florida Avenue NE, Suite 3A, Washington, DC 20002 Phone: 202-388-0033

DCCIL provides IL skills training in specific areas needed to achieve independent living, ensuring that people with disabilities achieve and maintain their independence.

DCCIL implements peer support to achieve objectives set by the disability community itself. To coordinate a workshop, contact Shelita Gorham at sgorham@dccil.org.





DISTRICT OF COLUMBIA
PUBLIC SCHOOLS



Office of Teaching and Learning

DSI Transition Programming Unit School Assignments

Ashlie Roney, Manager, Transition Programs

Ashlie.Roney@dc.gov

Erica Wingate, Coordinator Erica.Wingate@dc.gov (202) 276-5121	Kier Gaines, Specialist Kier.Gaines@dc.gov (202) 431-7825	Wendy Parker, Specialist Wendy.Parker@dc.gov (202) 907-7465
Coolidge HS	Anacostia HS	Banneker HS
Dunbar HS	Ballou HS	Cardozo HS
Eastern HS	Ballou STAY	CHEC
HD Woodson HS	Roosevelt HS	Duke Ellington
McKinley Tech	Roosevelt STAY	Luke C. Moore
Ron Brown HS	IYP	Phelps ACE
Washington MET	YSC	River Terrace EC
		SWW EC
		Wilson

 Competitive Employment Opportunities Oluwaseyi Oseni, Coordinator Oluwaseyi.Oseni@dc.gov (202) 821-9561	 Competitive Employment Opportunities Coordinator Coming soon! *Interim: Oluwaseyi Oseni
Cardozo EC	Dunbar HS
Coolidge HS	McKinley Tech EC
CHEC	IYP
Duke Ellington	YSC
SWW EC	River Terrace EC
Anacostia HS	Roosevelt HS
Eastern HS	Roosevelt STAY
Banneker HS	Ballou HS
Ron Brown College Prep	Ballou STAY
Wash MET/CHOICE	HD Woodson HS
Luke C. Moore	
PHELPS ACE HS	
Wilson HS	

RSA PROVIDERS CONTACTS

Question 113

RSA PROVIDERS CONTACTS

Provider Name	Services Provided	Provider Contact Person	Provider Corporate Address	Provider Main Number	Provider E-mail Address	Assigned Contractor Administrator
ABC Technical Solutions	Computer and Accessories	Ali Izadpanah	1200 G Street, NW Washington, DC 20005	(202) 393-5999	ali@abctsi.com	Siavosh Hedayati
Academy of Hope	Career Assessment	Melissa Hensel	601 Edgewood Street, NE Washington, DC 20017	(202)269-6623	ged@aohdc.org	Edmund Neboh
Amazing Love Health Services	Job Placement	Sharisse Y. O'Banion	702 15th Street, NE Washington, DC 20002	(240) 825-3179 424-3203	sobanion@alhs-health.com	Siavosh Hedayati
America Works of Washington DC	Job Placement	Marsha Netus	1720 I Street, NW, 9th Floor, Washington, DC 20006	(202) 466-5627	mnetus@americaworks.com	Edmund Neboh
ASM Educational Center, Inc.	Vocational Training	Adrienne Stewart	11200 Rockville Pike Bethesda, MD	(301) 984-7400	adrienne@asmed.com	Frank Van Atta
Anchor Mental Health	Evidence Based Supported Employment	Kimberly Gill	1001 Lawrence Street NE Washington, DC 20017	(202) 635-5973	Kimberly.Gill@cc-dc.org	Edmund Neboh
ARC of DC	Supported Employment, Job Placement, Work Readiness	Jennifer McGlure	3525A V Street, NE Washington, DC	(540) 344-0339	jmcclurearcofdc@gmail.com	Edmund Neboh
Art and Soul Solutions, Inc.	Tutoring And Academic Support	Donnica Scates	4914 B Street, SE Washington, DC 20019	202-715-1655 x700 641-6867	donnica@artsoulsolutions.com	Frank Van Atta
Art Enables	Supported Employment, Job Placement, Work Readiness	Tony Brunswick	2204 Rhode Island Ave NE Washington, DC 200017	202 554 9455	tbrunswick@art-enables.com	
Aveda Institute	Vocational Training	Aliya DeGeneste	713 7th Street, NW Washington, DC 20001	202-824-1624	aliyad@aisouth.com	Frank Van Atta
Bladensburg Barber School	Vocational Training	Sam Wallace	4810 Annapolis Road Bladensburg, MD 20710	301-277-8913	bladenburgbarberschool@verizon.net	Frank Van Atta
C.G. Dixon & Associates, Inc.	Career Assessment	Charlotte Dixon	42 S. Ingram Street Alexandria, VA 22304	(813)340-0383	cgdixonrhd@gmail.com	Edmund Neboh
Capital Care Inc.	Supported Employment, Job Placement, Work Readiness	Paul Atang	2401 Blueridge Ave., Suite-301 Silver Spring, MD 20902	301-949-0466x105 202-787-0333	bebai@capitalcareinc.com patang@capitalcareinc.com	
Capitol Hill Supportive Services	Supported Employment, Job Coaching, Job Readiness	Natasha Prince & Sherri Newsome	6153 Kansas Ave., NE Washington, DC 20011	(202) 853-3714	nprince@chssp.org & snewsome@chssp.org	Edmund Neboh
Career Technical Institute (CTI)	Computer and Accessories	Eric Wideman	1101 Vermont Avenue NW Washington, DC	(202)467-4223	eric.wideman@carrertechnical.edu	
Catholic Charities	Vocational Training	Dr. Nancy Butler	1001 Lawrence Street NE Washington, DC 20017	(202) 772-4316	nancy.butler@catholiccharitiesdc.org	Frank Van Atta
CDL Training Center for NOVA	Vocational Training	Theodora Johnson	5716 Telegraph Road, Suite-B Alexandria, VA 22303	(703) 347-7999	theodora@cdlnow.com	Frank Van Atta
CDS Tractor Trailer Training	Vocational Training	Holly Porch	6200 Jefferson Davis Hwy Woodford, VA 22580	540-582-8200 857-4022	cdsholly@gmail.com	Frank Van Atta
Club Z!	Tutoring And Academic Support	Ron Joiner	1633 Crittenden Street, NE Washington, DC 20017	202-269-2718	rvjoiner@comcast.net	Frank Van Atta
Columbia Lighthouse for the Blind	Supported Employment, Job Coaching, Job Readiness	Darren Moore	8757 Georgia Ave., Suite-804 Silver Spring, MD 20910	240-737-5163	dmoore@clb.org	Siavosh Hedayati
Community Connections	Evidence Based Supported Employment	Katarzyna Long	801 Penn. Ave. SE, suite 201 Washington, DC 20002	202 608 4761	kkysiak@ccdc1.org & ndaee@ccdc1.org	Edmund Neboh
DC Center for Independent Living (DCCIL)	Independent Living	Debbie Berhane	1400 Florida Avenue, NE Ste 3A Washington, DC	202 388 0033	dberhane@dccil.org	
Diana J. Wall Psy.D	Psychological/ Neurological Evaluation	Dianan J. Wall, Psy.D	2000 P Street, NW, Suite-740 Washington, DC 20036	202-355-6713	dr.dianajwall@gmail.com	Edmund Neboh
Digi Docs Inc. Document Mgers	Computer and Accessories	Tom Pathiyil	510 Florida Ave., NW Washington, DC 20001	202-299-1011 935-2724	tpathiyil@ps2g.us	Siavosh Hedayati
Dupont Computers	Computer and Accessories	Moe Sobhani	1761 S Street, NW Washington, DC 20009	202-232-6363	moe@dc-online.com	Siavosh Hedayati
Full Circle	Benefit Counseling	Amy Walsh	8541 Georgia Ave. Silver Spring, MD	240 478 8436	amy.wallish@fullcircledc.com	Siavosh Hedayati

RSA PROVIDERS CONTACTS

Global Resources	Job Readiness, Supported Employment	Jeannette Headley	6475 New Hampshire Ave, Ste 750 Hyattsville, MD	202 731 2120	jheadley@globalrs.org	Siavosh Hedayati
Grace and Mercy Health Services	Personal Care Assistant	Mercy Forlu	6475 New Hampshire Ave. Ste., C-410 Hyattsville< MD 20783	301-441-2368 202-359-9725	gmhs10@yahoo.com	Edmund Neboh
GWU Speech & Hearing Center			2115 G Street, NW Washington, DC	(202)994-7360	ghatch@email.gwu.edu	
Hands on Educational Services, Inc	Vocational Training	Debi Dato	P.O. Box 261987 Tampa, FL 33685-1987	877-386-5600 813-886-5600	debi.dato@gmail.com	
Harper Career Services, LLC	Career Assessment	Rosalinde Harper	7614 Mandan Road Greenbelt, MD 20770	240-701-4729	rharper.hcs@gmail.com	Edmund Neboh
Health Resources Service Intake Center	Supported Employment, Job Coaching, Job Readiness	Michelle Posey	4105 First Street, NE Washington, DC 20032	202-270-8810	michelle.posey@hrsic.info	Edmund Neboh
Hi-Tech Solutions, Inc.	Computer and Accessories	Linda Mirhady	1300 Penn., Ave., NW, Ste.-700 Washington, DC 20004	202-870-4422 202-378-3494	linda@htsimail.com	Siavosh Hedayati
IMA Professional Services of DC, PC	Psychological/ Neurological Evaluation/ Medical Assessment	Doreen Muriel & Karen Piecuch	660 White Plains Rd., Ste.-630 Tarrytown, NY 10591	800-245-4245x341, 349	doreen.muriel@ima-us.com & karen.piecuch@ima-us.com	Siavosh Hedayati
Interdynamics, Inc.	Psychological/ Neurological Evaluation	Angela Stewart	4601 Forbes Blvd., Ste.-100/120 Lanham, MD 20706	301-306-4590	rsareferrals@interdynamicsinc.com	
JM Davis Consulting Group, LLC	Supported Employment, Job Coaching, Job Readiness	Jonathan M. Davis	1400 Staples Street, NE, #4 Washington, DC 20002	202-888-1175	jdavis@jmdavisllc.com	Edmund Neboh
Kennedy Institute	Job Readiness, Supported Employment	Chandra Connolly	801 Buchanan Street, NE Washington, DC 20017	202-550-4547	chandra.connolly@cc-dc.org	
MBA Non-Profit Solutions	Job Readiness, Supported Employment	Marco Mitchell	1612 Hopefield Road Silver Spring, MD 20905	202-853-9629 240-205-3075	mmitchell@mbanps.org nbalogun@mbanps.org	Siavosh Hedayati
MBI Health Services, LLC	Supported Employment, Job Coaching, Job Readiness	Kevin McLaurin	4130 Hunt Place, NE Washington, DC 20019	202-581-0490 x109 202-486-5275	kmclaurin@mbihs.com mblack@mbihs.com	Edmund Neboh
National Children Center (NCC)	Benefit Counseling, Job Placement, Supported Employment, Job Coaching, Job Readiness & Vocational Training	Wanda Jasper Kimberly Hoodberry	8757 Georgia Ave., Silver Spring, MD 20910	202-722-2317 & 202-315-6026 202-590-8388 & 202-722-2319	WandaJasper@NCCINC.ORG kimberlyhoodberry@nccinc.org	Siavosh Hedayati & Frank Van Atta
Pathways to Housing DC	Evidence Based Supported Employment & Job Coaching	Tonya Ridley	101 Q Street, NE, Ste.-G Washington, DC 20002	202-697-0684	tridley@pathwaysdc.org	Edmund Neboh
Pendergrast Alston Consulting	Benefits Planning, Customized Employment, Discovery Assessment, Job Coaching, Job Placement, Job Readiness	Kesha Pendergrast	3919 Georgia Ave., NW, Unit-1 Washington, DC 20011	202-291-7227 & 202-351-8636	pendergrast_kesha@pendergrastconsulting.com & Info@pendergrastconsulting.com	Siavosh Hedayati & Frank Van Atta
Project ReDirect, Inc.	Supported Employment, Job Coaching, Job Readiness	Keisha Moore	1812 12th Street, NW Washington, DC 20009	202-839-7333 & 202-6444-0849 240-839-7363	kmoore@ProjectReDirect.org dwilliams@projectredirect.org	Edmund Neboh
PSI Services	Supported Employment, Customized Employment, Job Readiness	Yvonne Ali	770 M. Street SE Washington, DC	202-547-3870	yali@psifamilservices.com william.howard@psifamilyservices.com	Edmund Neboh
Psychiatric Center	Evidence Based Supported Employment	Kim Dillard	3001 Bladensburg Road, NE Washington, DC	202 635 1518	kdillard@psych-center.com	Edmund Neboh
Psychiatric Rehabilitation Services (PRS)	Evidence Based Supported Employment	Nova Washington	3845 South Capitol Street, SE Washington, DC	202-907-6887	nwashington@prsinc.org jgetch@prsinc.org	Edmund Neboh
RCM of Washington, Inc.	Supported Employment, Job Placement, Benefits Counseling, Discovery, Job Coaching, Job Readiness	Omotola Faturoti "Tola"	64 New York Ave, NW, Ste. 100 Washington, DC	202 789 1930	ofaturoti@rcmofwashington.com	Edmund Neboh
School Talk DC	Pre-ETS	Leila Peterson & Emily Lehman	1875 Connecticut Ave NE Ste 660 Washington, DC	202 907 6887	leila.peterson@schooltalkdc.org & emily.lehman@schooltalkdc.org	
SEEC	Supported Employment, Job Coaching, Job Readiness	Hope Christensen	8905 Fairview Rd., Ste. 300 Silver Spring, MD 20910	301-312-7690	hchristensen@seeonline.org cthomas@seeonline.org	Siavosh Hedayati

RSA PROVIDERS CONTACTS

St. Johns Community Services	Supported Employment, Job Placement, Pre-ETS	LaRita Mongan	2201 Wisconsin Ave., NW, Ste. C150 Washington, DC 20007	202-200-2077 747-4112	202- jmonagan@sjcs.org jjones@sjcs.org	Edmund Neboh
Stratford College	Vocational Training	Chef Noree Hatheway	2900 Eisenhower Ave. Alexandria, VA 22314	571-699-3200	nhatheway@stratford.edu	Frank Van Atta
TCS Associates, LLC	AT Assessment, AT Training, Interpreting Services	Bryan Moseley (AT Training) Jessica Mosely (Interpreting)	(AT Services) 7361 Calhoun Pl., Ste. 340 Rockville, MD 20855 (Interpreting Services) 8757 Georgia Ave., Ste. 500 Silver Spring, MD 20910	240-428-1825 377-9002	757- bryan@tcsassociates.com jessica.moseley@tcsinterpreting.com	Siavosh Hedayati
Toni Thomas Associates, inc.	Vocational Training	Toni Thomas	3845 South Capitol Street, SW Washington, DC 20032	202-610-1080	imtoni@ttai-ceta.com	Frank Van Atta
United Planning Organization (UPO)	Vocational Training	Olayinka (Ola) Amodu	1649 Good Hope Rd., SE Washington, DC 20020	202-610-5900	oamodu@upo.org	Frank Van Atta
University Legal Services	AT Assessment Services	Alicia Johns	220 I Street, NE, Suite-130 Washington, DC 20002	202-547-2662	ajohns@uls-dc.org	Siavosh Hedayati
VMT Education Center	Vocational Training	Jay Yearwood	901 First Street, NW Washington, DC 20001	202-282-3011	jyearwood@vmtltc.com	Frank Van Atta
Westlink Career Institute	Vocational Training	Dr. Dasia M. Merriweather	1512-A Rhode Island Ave., NE Washington, DC 20018	202-529-5465	dcwestlink@live.com	Frank Van Atta
Work Opportunities Unlimited	Discovery Assessment, Job coaching, Job Placement, Supported Employment, Job Readiness, Trial Work Experience	Salsi Mane	11002 Veirs Mill Road Wheaton, MD 20902	202-615-4467 210-6201	240- smane@workopportunities.net layalew@WorkOpportunitites.net	Siavosh Hedayati



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT ON DISABILITY SERVICES

Question 115

Parent Contact Transitioning Youth and Outreach

FY2018 & FYTD2019 (October 2017- January 2019)

October 5, 2017 (8:15am-6:45pm) - Brenda Davis, Community Liaison Specialist, and Brooke Clayborne, Administration Support Specialist

Department on Disability Services Community Resource Fair. Provided information regarding Rehabilitation Services Administration (RSA)/Developmental Disabilities Administration (DDA) services to people with disabilities, parents and community members
Location: Convention Center

October 11, 2017 (10:00am-12:00noon) - Michelle Hawkins, Community Liaison Specialist

Presenter at the DHS Homeless Services Program provider monthly meeting regarding RSA/DDS services and overall referral process. Meeting was led by Angela Hardiman, MSW, LGSW, Homeless Services.
Location: DHS, 64 New York Ave. NE

October 24, 2017 (8:30am-10:30am) - Brenda Davis and Michelle Hawkins

Attended an informational breakfast, "[Share the World of Work](#)", in honor of National Disability Employment month, and in an effort to raise awareness, promote discussions and get community more involved in the Edlavitch DC Jewish Community Center's (DCJCC) Vocational Volunteer Program and Outreach Internships

October 25, 2017 (6:00pm-8:00pm) - Brenda Davis & Michelle Hawkins

Presenters at the Parent Engagement Meeting hosted Rehabilitation Services Administration (RSA) and SEEC (Seeking, Equality, Empowerment, and Community for People with Developmental Disabilities) regarding Project SEARCH.

October 26, 2017 (8:30am-3:00pm) - Brenda Davis & Michelle Hawkins

Represented DDA in the Office of Disability Rights, Mayor's 10th Annual Disability Awareness Expo
Discussed DDA Employment Services at the end of a RSA presentation

November 2, 2017 (9:00am-2:00pm) - Brenda Davis and Michelle Hawkins

Represented DDA at the DC3C Next Step Community Fair. The purpose of the fair was to provide charter school students with disabilities exposure to careers and postsecondary training and education opportunities in D.C.
Location: DDS

November 6, 2017 (9:30am-12:30pm) - Michelle Hawkins

Invited participant in discussion of interest in exploring the effects of children with autism transitioning to adulthood, particularly communities of color the current state in the District of Columbia. Discussion involved the trends in Autism services: screening/identification, intervention services, and resources/support for families. The meeting identified the perceived gaps in services for children and adults who age out of child-focused services. Meeting participants QT/Rhonda White, Parent/Chioma Oruh, Ph.D. HU staff: Dr. Gouridine, Dr. Cross, and Ms. Atkinson.
Location: School of Social Work, Howard University, 601 Howard Place





November 17, 2017 (10:00am-12:00noon) - Michelle Hawkins

Attended OSSE Secondary Transition Community of Practice Meeting and provided information to parents about RSA/DDA services. Other agencies included ULS, EIL, Quality Trust, Georgetown, and DCPS. Meeting led by SchoolTalk/Emily Lehmann.

Location: The DC (Re) Engagement Center, 4058 Minnesota Ave NE, Room 2309

November 28, 2017 (5:00pm-6:45pm) - Brenda Davis

Provided information regarding applying for DDA services to students, including graduating seniors, at Ballou High School. A copy of the Intake application for DDA services was given to parents, the intake process, as well as reviewed required documents needed.

December 8, 2017 (9:30am-3:30pm) - Brenda Davis and Michelle Hawkins

Attended Supporting Families of Individuals with Intellectual & Developmental Disabilities Community of Practice State Team Meeting

Location: Department on Disability Services, 250 E St. SW

Other Participating Agencies: DC Association for Special Education and Got Transition; an organization that aims to improve transition from pediatric to adult-centered health services through the use of innovative strategies

December 13, 2017 (8:00am- 2:30pm) - Brenda Davis and Michelle Hawkins

Represented DDS at the Mayor's Holiday Party for seniors

Location: Stadium Armory 2001 East Capitol Street SE

Informed grandparents and other family members of services that RSA and DDA provides

January 19, 2018 (10:00am-11:45am) - Brenda Davis

Attended OSSE Secondary Transition Meeting

Location: 1050 1st St. NE; Room 523

Participated in discussion with Middle School Transition group regarding developing a tool for students transitioning from middle to high school. The team agreed to use the Positive Personal Profile tool and make adaptations.

January 24, 2018 (9:30am – 11:00am) - Brenda Davis

Visited Cesar Chavez Public Charter School to complete a Front Door Tool and shared community resources with school administrator.

Location: 709 12th Street SE

January 24, 2018 (11:30am-12:45pm) - Brenda Davis

Visited Saint Elizabeth Hospital to complete a Front Door Tool and shared transition process and community resources with assigned Social Worker and Social Worker Intern

January 29, 2018 (am) Brenda Davis

Spoke to Chuck Durgan, Kennedy Krieger, and explained the dual role of RSA & DDA with the transitioning youth process.





February 7, 2018 (1:00pm-4:00pm) - Michelle Hawkins

Participant in training "Supporting & Teaching Parents with Intellectual Disabilities" - Approximately 5-10% of persons supported by DDA are or become parents. This training discussed unique challenges to supporting parents and the DDA Health Initiatives, Parent Teaching Program by Georgetown University. DDA Providers, Service Coordinators, RSA Counselors and other staff attended this training.

February 7, 2018 (6:00pm-7:30pm) - Brenda Davis

Represented DDA at DDS/SEEC ProjectSearch Information Session for 2018 Internships and their families
Location: DDS

February 9, 2018 - Brenda Davis

Spoke to Concepcion King, Transition Coordinator for The Frost School, in Rockville, which is Part of the Sheppard Pratt Health System and discussed the criteria for eligibility to receive services from DDA. Additionally, an email was sent as followed up that contained a summary of our conversation.

February 13, 2018 (9:30am- 11:00am) - Brenda Davis

Discussed DDA's Intake process, Front Door Tool and services to Mr. Williams' class, 3 of who are 18 years old, and gave them hard copies of the Intake application and Eligibility Criteria. The entire class was given a copy of DDA's brochure.

Location: Coolidge High School- 6315 5th St. NW 20001

February 16, 2018 (10:00am- 12:00noon) - Brenda Davis

Attended OSSE Secondary Transition Meeting

Location: 1050 1st St. NE; Room 622

Participated in Parent Group Discussion; the group agreed to review case studies related to RSA and DDA services, with parents, during the Voices of Change Conference Secondary Transition for DC Youth by DC Youth Conference. Representatives from RSA and DDA will respond to questions regarding the scenarios.

February 21, 2018 (9:00am-12:15pm) - Brenda Davis and Michelle Hawkins

Attended World Cafe: A Convening on Sex Education and Creating Healthy Relationships for DC Youth with Disabilities. Parents, Transiting Youth and School Staff attended

Location: DC Jewish Community Center- 1529 15th Street NW

February 22, 2018 (1:30pm- 3:00pm) - Brenda Davis

Participated in a teleconference about DDA Self-Direction where parents of people with Intellectual Disabilities asked questions and gave their input.

February 23, 2018 (9:30am-10:30am) - Brenda Davis

Visited Harbour of Annapolis Non-Public School and met with VRS and LEA Coordinator from the school. The DDA Eligibility Criteria, Intake Application and Front Door Tool were reviewed.

Location: 1277 Green Holly Drive Annapolis, MD 21409





February 27, 2018 (1:10pm- 2:00pm) - Brenda Davis

Met with Director of the Upper School and parents of a student who is scheduled to graduate this semester. The DDA Intake process was discussed and hard copies of the Intake application, Front Door Tool, locations of Medicaid offices in the District and eligibility guidelines were given to parents and Kingsbury staff.

Location: 5000 14th Street NW

February 28, 2018 (11:00am-12:30pm) - Brenda Davis

Met with Mr. Frost, DCPS Manager-Secondary Transition Workforce Development and Mr. Hall, Workforce Development Center staff at River Terrace. DDA Intake process was discussed and hard copies of the Intake application, Front Door Tool and eligibility criteria, as well as and locations of Medicaid offices. Soft copies of the above documents were emailed also. Front Door Tools will be completed with students and assistance will be given to complete the Intake application between the hours of 7:15am and 9:00am before the students go in the community.

March 1, 2018 (11:00am-2:00pm) - Brenda Davis and Michelle Hawkins

Represented DDS at the 2018 Senior Lifestyle Expo.

Informed grandparents and other family members of services that RSA and DDA provides

Location: Kenilworth Parkside Recreation Center, 4321 Ord Street NE

March 7, 2018 (3:00pm-5:30pm) - Brenda Davis and Michelle Hawkins

Represented DDA at Dunbar Senior High School Resource Fair sponsored by the Mayor's Office.

Discussed RSA/DDA's Intake process to students, parents, staff and other interested participants at the fair.

March 9, 2018 (3:00pm-5:30pm) - Brenda Davis and Michelle Hawkins

Represented DDA at HD Woodson Senior High School Resource Fair sponsored by the Mayor's Office.

Discussed DDA's Intake process to students, parents, staff and other interested participants.

March 13, 2018 (10:45am- 11:15am) - Brenda Davis

Presented an overview of DDA's Intake process to Special Education Teacher at The Columbia Heights Education Campus (CHEC) and Jessica Stern, Workforce Development Coordinator DCSP

March 13, 2018 (11:30am-12:30pm) - Brenda Davis

Presented an overview of DDA's Intake process to Special Education Teachers at Francis L. Cardoza High School and Jessica Stern, Workforce Development Coordinator DCSP during 2 different sessions

March 14, 2018 (1:30pm-2:00pm) - Brenda Davis

Presented an overview of DDA's Intake process to 16 students, Special Education staff at River Terrace Work Development Center (WDC) and Christin G., RSA Vocational Rehabilitation Specialist, Transition Unit. A packet of information was given to them that contained a "Cheat" sheet for DDA Eligibility Requirements; Intake Application; Medical Form; Locations of Medicaid Offices; Information Sheet regarding Natural Supports, Community Supports, and State Plan Services; Summary of Waiver Services.



March 14, 2018 (3:00pm-5:30pm) - Brenda Davis

Represented DDA at Coolidge Senior High School Resource Fair sponsored by the Mayor's Office. Discussed DDA's Intake process to students, parents, and staff and other interested participants.

March 16 (10:00-12:00noon) - Michelle Hawkins

Represented RSA at the YOUTH ENTREPRENEURSHIP ROUND TABLE (MARCH 2018) Department of Small and Local Business Development, office of Innovation & Equitable Development (IED), in partnership with My Brother's Keeper DC, will host a fourth, quarterly community round table discussion on the topic of youth entrepreneurship. The roundtable is open to all interested parties. Organizations and individuals interested in learning or advancing the conversation on youth entrepreneurship support and opportunities in the District are especially encouraged to participate.

March 17, 2018 (12:30pm-2:00pm) - Brenda Davis and Christopher Nace, Program Manager, Transition Services, RSA

Discussed Employment Services that DDA provides to a Healthcare Services for Children with Special Needs (HSCSN) Youth and Young Adult support group, Christopher Nace, Supervisor of Intake and Outreach DDS discussed RSA Employment Services.

Location: River Terrace; 405 Anacostia Ave. NE

Saturday, March 17 (4:00pm-8:00pm) - Brenda Davis and Michelle Hawkins

Represented DDS at the Renaissance Center for Culture and Education (RCCE) for the 6th Annual Cultural Celebration Day (theme "Francophonie") In partnership with Galaxy Healthcare Solutions, Several of their Individual with Intellectual Disability will participate in the event which will include Songs, Dance, Music, Foods, storytelling, face painting activities. DDS was a vendor for the event in order to provide information to families for RSA/DDA services. RCCE promoted community inclusion.

Location: St Martin's Catholic Church in DC located at 1908 North Capitol St NW,

March 19 (3:00pm-5:30pm) - Michelle Hawkins

Participant/Vendor at the Cardozo High School Resource Fair -Mayor Muriel Bowser, DCPS leaders, district agencies, and nonprofit organizations will be hosting Resource Fairs at each DCPS comprehensive high school to provide direct access to resources for DCPS students and their families

March 22, 2018 (5:00pm-7:00pm) - Brenda Davis

Attended Parent Night for CES/ILS Programs at Roosevelt SHS. Gave an overview of DDA's Intake process to parents and gave them an Intake application and copy of eligibility requirements.

April 5 (12:00noon-2:30pm) - Michelle Hawkins, Yufanyi Nshom, Project Manager, RSA and Christopher Nace

Represented DDS at the Family & Community High School Resource at Eastern Senior High School; provided information on RSA/DDA services to parents and students. Mayor Muriel Bowser, DCPS leaders, district agencies, and nonprofit organizations hosted the Resource Fairs at each DCPS comprehensive high school to provide direct access to resources for DCPS students and their families. DCPS high school students and families are invited to attend resource fairs hosted at their schools. 1700 East Capitol Street, NE





April 11, 2018 (5:30pm-7:30pm) - Brenda Davis and Michelle Hawkins

Co-Hosted RSA/DDA Student & Family Information Night. The guests were welcomed/ greeted by Glenn Cassis, Program Manager RSA and Winslow Woodland, Acting Deputy Director, DDA. Michelle Hawkins assisted with the Icebreaker, "Get To Know You Bingo". Christopher Nace, Intake & Outreach Supervisor, DDS and Yufanyi Nshom, Project Manager, RSA presented Power Point overview on DDS Disability Services: DDA & RSA. Christopher Nace also presented an overview of Benefits. Other community resource provider representatives, who gave presentations of services they provide, as well as had an exhibitor's table included: Seeking employment, Equality and Community for People with Developmental Disabilities (SEEK); Health Services for Children with Special Needs, Inc. (HSCSN); Got Transition; Smithsonian Institution Accessibility Program; Dreams For Kids DC; Kids enjoy Exercise Now (KEEN) Greater DC- Baltimore; Edlavitch DC Jewish Community Center (DCJCC) and Special Olympics DC. Additionally, a former ProjectSEARCH Intern, who is currently employed, and her mother gave a testimony regarding their experiences during the internship. Moreover, exhibitors only included: Advocates for Justice and Education- the DC Parent Training & Information Center; Office of the People's Counsel for DDC; ARC of DC; Quality Trust and Disability Rights DC at University Legal Services. In addition, approximately 30 students, parents and other attended the event.

April 12, 2018 (9:00am-10:30am) - Brenda Davis

Met with Erica Harris- Jordan, Associate Director of High Roads Academy, Social Workers and Special Education

Met with Erica Harris-Jordon, Associate Director of High Roads Academy, Special Ed Teacher and Social Workers at High Road Academy of Prince George's County and discussed the DDA Intake process, answered questions, as well as gave each of them a packet of information that included DDA Eligibility Requirements; DDA Intake Application; Medical Form; locations of Medicaid offices; information on accessing Natural Supports, Community Resources and State Plan before receiving services from Waiver; a description of Waiver Services and copy of a Front Door Tool.

Location: 5100 Philadelphia Way Lanham, MD

April 13, 2018 (1:00pm-3:00pm) - Brenda Davis

Meet Ashley Nelson, DCPS Workforce Development Coordinator, Transition team; Charis Toney, Vocational Rehabilitation Specialist, RSA; and 7 students, one of whom was 17 years old, at Ballou High School. DDA's Intake process was explained and assistance was given to 18 year olds with completing the application. DDA Eligibility Requirements, Medical Form, Information sheet regarding Natural Supports, Community Supports, and State Plan versus Waiver Services and a summary of Waiver Services were sent home to parents.

Location: 3401 4th Street SE

April 17, 2018 (9:00am-10:15am) - Brenda Davis

Visited St. Coletta Public Charter School and completed a Front Door Tool and explained/answered questions the mother had regarding RSA/DDA's Intake process.



April 17, 2018 (11:15am-2:00pm) - Brenda Davis and Michelle Hawkins

Represented DDA at Job Fair; Informed students and parents of RSA/DDA services

Location: 1525 Newton Street NW WDC 20010

Hosted by: New Beginnings Temp Family Shelter

April 19, 2018 (11:00am-12:30pm) - Brenda Davis

Completed a Front Door Tool for DT, a graduating student at E. L. Haynes Public Charter School. His mother was present.

Location: 4501 Kansas Ave. NW WDC 20011

April 19 (9:30am-12:00noon) - Michelle Hawkins and Brooke Clayborne

Represented RSA at the Foundation School of PG Event held at Foundation School of PG,

Location: 1330 McCormick Drive, Largo, MD

April 20, 2018 (8:30am-2:30pm) - Brenda Davis and Michelle Hawkins

Attended the 9th Annual Voices of Change Conference: Secondary Transition for DC Youth by DC Youth The DC Youth Leadership Network, a group youth with disabilities and their peers, partnered with SchoolTalk to plan and facilitate this event.

Provided information to students and parents regarding RSA/DDA's Intake Process

April 26, 2018 (10:00am-1:00pm) - Brenda Davis

Met with one student, his mother, teacher and RSA Vocational Specialist.

Location: River Terrace

May 2, 2018 (8:00am -930am) Brenda Davis

Met with Transition Coordinator and Special Education team at Eastern High School and discussed the DDA Intake process. A packet of information, including the application, medical form, and other documents explaining the eligibility requirements, and required documents were given to the team and there was a Q&A session.

May 3, 2018 (12noon-2:00pm) - Brenda Davis

Attended 2 Exit Meetings at High Roads Academy and explained DDA's Intake process, as well as gave student/parent a packet of information and forms needed to apply for DDA services.

Location: 5100 Philadelphia Way Lanham, Maryland 20706

May 9, 2018 (9:00am-10:30am) - Brenda Davis

Meet with students in Mr. O'Donnell's class, reviewed DDA/RSA Power Point presentation, explained the intake process to students, answered their questions and left them a packet of information to share with their parents.

Location: Dunbar High School; 101 N Street NW WDC 20002



May 11, 2018 (9:00am-1:45pm)- Brenda Davis and Michelle Hawkins

Represented DDS at the 2018 Mental Health and Habilitation Fair by providing attendees with information regarding RSA/ DDA.

Location: Superior Court of DC Moultrie Courthouse- 500 Indiana Ave.

May 12, 2018 (10:30-1:00pm) - Brenda Davis and Michelle Hawkins

Represented DDS at Dream & Do Resource Fair. Provided people with disabilities and parents with information on DDA and RSA Services, as well as community resources in the District.

Location: Pepco Edison Place Gallery- 702 8th Street, NW WDC 20008

May 19, 2018 (9:30am-11:30am) - Brenda Davis and Michelle Hawkins

Presented Power Point presentation on DDA /RSA services, eligibility and application process to parents of Transitioning from DC and Maryland at St. Coletta's Transition Training session. Additionally, hard copies of information and community resources were made available.

Location: 1901 Independence Ave. SE

May 19, 2018 (11:45am-1:45pm) - Brenda Davis and Christopher Nace

Represented DDS at the Autism Town Hall and Resource Fair and provided parents and community members information regarding RSA/DDA

Location: National Children's Center (NCC) Early Intervention Center; 3400 Martin Luther King (MLK) Ave SE WDC 20032

May 25, 2018 (10:00am-2:00pm) - Brenda Davis and Michelle Hawkins

Represented DDS at the Community Preservation and Development Corporation: Older Americans Month Celebration and provided information to parents and community members regarding RSA/DDA services.

Location: THEARC Black Box 1901 Mississippi Avenue, SE

June 8, 2018 (8:15am-12:00noon) - Brenda Davis

Visited Ballou High School to complete Front Door Tools for graduating seniors. A Front Door Tool was completed for one senior who was available before graduation rehearsal commenced.

July 9, 2018 (12:00noon-1:30pm) Michelle Hawkins and Yufanyi Nshom

Represented RSA/DDA presentation to Advocates for Justice in Education on "Youth Transition Services". The meeting was led by Maria E. Blaeuer, Esq., Director of Programs and Outreach Advocates for Justice and Education - The DC Parent Training & Information Center,

Location: 25 E Street, NW

July 13, 2018 - Brenda Davis

Engaged in telephone conversation with Rudolph Hall, Workforce Development Coordinator, at River Terrace to brainstorm about strategies to encourage parents to take an active role in the process of applying for services for DDA and how we can assist them.





July 25 (8:00am-3:30pm) - Michelle Hawkins

Represented DDS as Parent participant on the panel: Autism: The Full Spectrum: A Workshop for Parents and Professionals. Participants were clinicians, and parents. Conference coordinated by Yetta Myrick, Community Outreach Coordinator, Center for Autism Spectrum Disorders.

Location: Children's Health Center – at THEARC, 1801 Mississippi Ave SE

August 20, 2018 (9:00am-2:00pm) - Brenda Davis and Michelle Hawkins

Attended 10th Annual Olmstead Community Integration Conference. Provided information on RSA and DDA services.

September 5, 2018 (10:00am-1:00pm) - Brenda Davis and Michelle Hawkins

Attended River Terrace Workforce Development Center's Back to School Fair. Explained DDA application process to parents, as well as gave them an application packet.

Saturday, September 8, 2018 (9:00am-3:00pm) - Brenda Davis and Michelle Hawkins

Attended Purple Wave Festival and shared information regarding eligibility and referral process for RSA and DDA to parents, and community members.

September 10, 2018 (5:30pm-7:30pm) - Brenda Davis

Attended Back to School Night at The Village Academy. Explained the Eligibility Requirements to Transition Coordinator, Social Worker and Principal and left packets of the Intake documents and information for staff and parents, as well as flyer announcing DC Secondary Transition CoP "Back to School Night", and community resources.

Location: 8601 Ashwood Drive Capitol Heights, MD

September 20, 2018 (9:00am-3:50pm) - Brenda Davis, Michelle Hawkins, Mark Agosto, Intake and Outreach Supervisor, RSA

Attended Project Homeless Connect. Provided information to parents/community on RSA/DDA services. Location: DC Armory

September 20, 2018 (5:30pm-8:10pm) - Brenda Davis and Michelle Hawkins

Attended DC Secondary Transition CoP: Back to School Night 2018. Provided information to parents and community members regarding RSA/DDA services.

Location: DDS

Saturday, September 29, 2018 (8:30am-3:30pm) - Brenda Davis

Represented DDS at the DC Fifth Annual Parent & Family Engagement Summit (OSSE) with Kevin Wright and Natalia Volkonsky, Intern RSA, Transitioning Youth to engage families as partners in education and provide support and resources to ensure families have access to high quality education for their children, in accordance with the parental engagement provisions of the Elementary and Secondary Education Act (ESEA, 1965), as updated by the Every Student Succeeds Act (ESSA, 2015) and the Individuals with Disabilities Education Act (IDEA). Participated in Birds of a Feather table discussion on Discipline and was chosen as spokesperson for the group.

Location: Walter E. Convention Center- 801 Mount Vernon Place NW





Parent Contact Transitioning Youth and Outreach

FY2019 (October 2018 - present)

October 2 (1:30pm-3:00pm) - Christopher Nace, Michelle Hawkins, Yufanyi Nshom, and Brenda Davis, Participant in Health Care Transition w/ "Got Transition" Team Margaret McManus, Samhita Ilango, Patience White. Discussions were on collaborations and partnerships. Objective is to improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families

October 4 (8:00am-1:00pm) – Michelle Hawkins and Brooke Clayborne

Represented DDS at Winter Ready DC (Public Service Commission of the District of Columbia) w/Brooke Clayborne. The event was designed to partner and share information with community groups ensuring that District consumers- especially seniors, low-income and individuals with disabilities - have direct access to resources.

October 10 (10:00am-12:00noon) - – Michelle Hawkins and Brenda Davis

Participant in the bi-annual *Voter Access Forum* discussing voting accessibility and language access, during the upcoming 2018 General Election. Voter Access Forum gave opportunity to engage with local voters, advocates, and other members of the disability rights community. Event held at D.C. Board of Elections. Event sponsored by Terrica Jennings, Esq. Attorney Advisor, ADA Coordinator, District of Columbia Board of Elections, 1015 Half Street Southeast

October 17 (9:30am-1:00pm) – Michelle Hawkins and Brenda Davis

Represented DDS w/Brenda Davis at Southwest Waterfront, AARP Chapter 4751 7th Annual DC Office on Aging Sponsored Community Health, Wellness and Informational Fair. Event sponsored by Dr. Betty Jean Tolbert Jones.

October 23 (9:00-2:00) - Mark Agosto, Yufanyi Nshom, Brooke Clayborne, and Beverly Cummings

Represented DDS at the 11th Annual Mayor's Disability and Diversity Expo @ UDC . Sponsored by Office of Disability Rights

October 25 (9:30am-1:30pm) - Brenda Davis, Yufanyi Nshom, Brooke Clayborne, and Michelle Hawkins

Represented DDS at Councilmember Brandon Todd " State of the Ward 4 Senior Address". Event held at LaSalle Recreation center. Point of contact was Dolly Turner.

October 29 (11:00am-1:00pm) - Michelle Hawkins and Brenda Davis

Information session with DCOA/Alice Thompson, Mr. Borje; LaShone Davis of Housing Opportunities Limited. Meeting was to discuss what services are provided by DDS and DCOA for residents of Ms. Davis' housing units.

November 8 (2:30pm-4:00pm)- Christopher Nace, Brenda Davis, Taylor Kenny, and Martina Kraemer

Cohort Workforce Innovation Webinar: "Employer, Engagement, Connecting Future Pieces." Enhancing outcomes for IDD and older populations.





November 16 (3:00pm-4:00pm) - Michelle Hawkins and Brenda Davis

Support Coordination Innovations Group Webinar with National Supporting Families Group. Continued our discussion regarding the various ways states are enhancing the competencies of support coordinators and case managers. Reviewed the competencies and functions of these important professionals as they relate to specific principles of the Charting the LifeCourse Framework.

Dec 6 (11:00am-12:00noon) - Michelle Hawkins and Brenda Davis

Parent Cafe Demo by DCPS to help SF CoP core team members explore the use of the Parent Café structure with future SF CoP meetings. Meeting led by Emily Price w/Brenda Davis

Dec 6 (12noon-1:00pm) - Michelle Hawkins and Brenda Davis

World Cafe Facilitator meeting led by Emily Price w/Brenda Davis. Practice for DC Supporting Families CoP meeting

Dec 6 (2:30pm-4:00pm) – Christopher Nace and Brenda Davis

Workforce Innovation Cohorts – Disability & Employment Session 2 webinar w/Nace, Brenda Davis

Dec 7 (1:00pm-2:00pm) - Michelle Hawkins and Brenda Davis

Presentation to HSCSN/DDS Liaison LaShon Dean w/Brenda Davis. Providing guidance on submitting DDA/RSA applications for HSCSN individuals

Dec 10 (9:30am–3:30pm) - Michelle Hawkins, Brenda Davis, and Yufanyi Nshom

Supporting Families Community of Practice State Team Meeting. The DC Supporting Families Community of Practice (SF CoP) is a group of diverse stakeholders who are working together to create policies, practices and systems that support families that include a member with an intellectual or developmental disability across the life span. We had small group conversations regarding people receiving DDA residential supports: contributing to costs of residential supports, having housing choice, Learn about the Family Ties program, Learn about family benefits counseling

Dec 11 (10:00am-12:00noon) – Michelle Hawkins, Brenda Davis, and Yufanyi Nshom

Secondary Transition Community of Practice Meeting hosted by Broad Futures at the National Youth Transitions Center, 2013 H St NW, Washington, DC 20006, Carriage House Conference Room

January 4 (10:00am-12:00noon) - Christopher Nace, Mark Agosto, Pauletter Hall, Brenda Davis and DDD

DDA/RSA Presentation regarding DDS and DDD intake procedures for Health Services for Children with Special Needs at 1101 Vermont Avenue, NW

January 15 DSN Meetup (1:00pm-3:00pm) – Michelle Hawkins and Yufanyi Nshom

Working with entrepreneurs What's the difference between a goal and objective? How to break down your goals throughout the year? What are the strategies that you can use to better measure your goals? What's the relationship between your professional goals and your business goals? Meeting led by Anjie D. Shelby, Community Management Coordinator for DISABILITY START-UP NETWORK (DSN) Meeting held the Department of Small and Local Business Development, 441 4th NW





January 16 (10:00am-11:00am) - Christopher Nace with Yufanyi Nshom, Montrel Tennessee

U.S. State Department - International Visitor Leadership Program Uzbekistan

This was a group of 7 participants from Uzbekistan, and they are working on a project called “Support and Advocacy for Disabled Youth”. The group included policy and advocacy experts, as well as education, employment, and rehabilitation specialists from government agencies and centers for youth with disabilities. IVLP Uzbekistan delegation was interested in helping disabled youth develop independent living skills and assisting them with a transition into employment.

January 18 (10:00am-12:00pm) - Yufanyi Nshom, Montrel Tennessee, and Christopher Nace

Represented DDS in the The DC Secondary Transition Community of Practice meeting which supports DC youth with disabilities as they transition into a self-directed life. CoP is a city-wide, cross section of stakeholders who come together to strengthen our individual and collective ability for action. Discussion this month: Information Session/Request for Feedback: Health Care Transitions (Got Transition). Host & Location were “Got Transition”, OSSE, 1050 1st Street.

January 24 (10:00am-12:00pm) - Yufanyi Nshom, Brenda Davis, Michelle Hawkins, and Montrel Tennessee.

Participant in the DDS Family Support Council Public Meeting: Focus Group on Supported Decision Making. The Family Support Council provides recommendations, assists, and advises the Department of Disability Services and sister agencies on developing person and family-centered systems of support for families throughout the lifespan of their family members with intellectual and developmental disabilities. The Family Support Council meets monthly, rotating between public meetings and voting member-only meetings. Meeting led by Emily Price, QT/ Rhonda White, Molly Whalen, Meeting held at OSSE, 1050 First Street NE



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT ON DISABILITY SERVICES

Question 115a Referrals by School

Referral Source	Total
ACCOTINK ACADEMY	7
ANACOSTIA HIGH SCHOOL	4
BALLOU HIGH SCHOOL	24
BALLOU STAY PROGRAM	15
BASIS PCS	3
BELL MULTICULTURAL HIGH SCHOOL	17
CAPITAL CITY PCS	2
CAPITOL CITY PUBLIC CHARTER SCHOOL	15
CARDOZO HIGH SCHOOL	11
CESAR CHAVEZ (CAPITOL HILL)	12
CESAR CHAVEZ (PARKSIDE)	3
CHELSEA	3
CHILDREN'S GUILD	2
COOLIDGE HIGH SCHOOL	13
DC CHILD AND FAMILY SERVICES	1
DUKE ELLINGTON SCHOOL	3
DUNBAR HIGH SCHOOL	17
DYRS	3
E. L. HAYNES PCHS	20
EASTERN HIGH SCHOOL	37
FOUNDATION SCHOOL OF PG	5
FRIENDSHIP COLLEGIATE ACADEMY	27
FRIENDSHIP PCS TECHNOLOGY PREPARATORY ACADEMY	18
GOODWILL INDUSTRIES	6
HARBOR SCHOOL (ANNAPOLIS)	2
HIGH ROAD (BELTSVILLE)	4
HIGH ROAD (LANHAM)	2
HIGH ROAD ACADEMY (UPPER SCHOOL EDGEWOOD)	3
IDEA (Integrated Design Electronics Academy) PUBLIC CHARTER SCHOOL	6
IDEAL SCHOOLS HIGH SCHOOL	1
IVYMOUNT	4
KATHERINE THOMAS	10
KENNEDY INSTITUTE	4
KENNEDY KRIEGER HIGH SCHOOL	1
KINGSBURY DAY SCHOOL	18
KINGSMAN ACADEMY CHARTER SCHOOL (previously OPTIONS PUBLIC CHARTER)	5
KIPP SCHOOL	37
LUKE C MOORE ACADEMY SCHOOL	10
MAYA ANGELOU	14
MAYA ANGELOU ACADEMY AT NEW BEGINNING	2
McKINLEY TECH	6
NATIONAL COLLEGIATE PREP ACADEMY	7





NEW BEGINNINGS	3
NEXT STEP	1
PATHWAYS SCHOOL (EDGEWOOD CAMPUS)	1
PAUL PUBLIC CHARTER SCHOOL	16
PHELPS HIGH SCHOOL	15
PHILLIPS SCHOOL - ANNANDALE (VA)	6
RICHARD WRIGHT PCS	9
RIVER TERRACE EDUCATION CAMPUS	8
ROOSEVELT HIGH SCHOOL	4
ROOSEVELT STAY PROGRAM	3
SEED PCS	4
SOMERSET PREP	7
ST. COLETTA SCHOOL	5
THE FROST SCHOOL	6
THE MONROE SCHOOL	7
THE PATHWAYS SCHOOL - NORTHWOOD	2
THE PATHWAYS SCHOOL - SPRINGFIELD	1
THURGOOD MARSHALL	7
VILLAGE ACADEMY	4
WASHINGTON LATIN PUBLIC CHARTER SCHOOL	5
WASHINGTON MATHEMATICS SCIENCE TECH CHARTER	15
WASHINGTON METROPOLITAN HIGH SCHOOL	6
WILSON SENIOR HIGH SCHOOL	33
WOODSON HIGH SCHOOL	13
Grand Total	585