



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

**Department on Disability Services (DDS)
Responses to FY20-FYTD21 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 FY20 or to date in FY19.

Please see attachments Q1 Charts 1-13.

There have been no substantive organizational changes during FY20. In August 2019, the Health and Wellness Unit, which includes 2 supervisory nurses, 8 nurse consultants and 1 nurse practitioner, was moved from the Quality Assurance and Performance Management Administration to the Developmental Disabilities Administration (DDA).

2. How many vacancies were posted during FY20? To date in FY21? 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 Q2 attachments

Effective April 5, 2020 through September 30, 2020, Mayor's Order 2020-057 froze all hiring except for service coordinators, service coordination supervisors, investigators, supervisory investigators, nurse practitioners, and Medicaid waiver specialists. Since the end of the freeze, the agency is actively recruiting for several positions.

In addition, DDS posts vacancy announcements on the DDS website and on DCHR's career site for at least ten days. We also send the announcements to our university partners such as Coppin State University, University of Maryland Eastern Shore, George Washington University, and the University of the District of Columbia (UDC). We also send RSA vacancy announcements to the Council of State Administrators of Vocational Rehabilitation (CSAVR). In order to identify candidates with the necessary subject matter expertise and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments (MOTA) and

recruits talent from posting on the Mayor's Office of Latino Affairs (MOLA), 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 FY20 and to date in FY21, please describe the process for establishing employee goals, responsibilities, and objectives; and the remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.

For all DDS employees, the performance year begins on October 1 of each year, and 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 beginning of the third quarter, mid-year evaluations are held for all employees. The performance year then closes on September 30 of each year.

Performance reviews are scheduled to review the employee's annual performance, where the employee and the supervisor meet to discuss the overall goals of the agency and establish the employee's SMART goals. The employee's SMART goals are established based on the overall goals of the agency and the employee's anticipated performance during the year.

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

The agency follows the guidelines given in the District Personnel Manual, 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 FY20 and FY21, to date.

Please see attachment Q4 -Q7.

5. Please provide a list of all intra-district transfers received by or transferred from DDS during FY20 and to date in FY21. 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 attachment Q4 -Q7.

6. Please identify any reprogrammings received by or transferred from DDS during FY20 and to date in FY21. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.

Please see attachment Q4 -Q7.

7. Please provide DDS' fixed costs budget and actual dollars spent for FY20 and to date in FY21, 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 attachment Q4 -Q7.

DDS currently occupies leased space in a 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

8. Please list each contract, grant, and procurement ("contract") awarded or entered by DDS during FY20 and FY21 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 attachment Q8: Contracts, Grants and Procurements.

9. Please provide the following information for all contract modifications made during FY20 and FY21, 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.

There were three contract modifications made during FY20 and FY21, to date, as follows:

- i. A) Motir Services, Inc.; B) clinical consultants (physical therapy, speech, and language pathology, psychology, medical) for people with IDD; C) May 28, 2020- September 30, 2020; D) budgeted amount \$86,184, actual amount spent \$86,184; E) added 216 hours for medical consultations related to COVID-19 cases; F) 100% locally funded.
- ii. A) Columbus Medical Services; B) Mortality investigations; C) April 24, 2020- September 30, 2020; D) budgeted amount \$656,000, actual amount spent \$0 (pending receipt of final invoices- projected \$246,000); E) based on the number of COVID-19 related deaths in April 2020, DDS projected that the total number of deaths for the fiscal year would surpass the contract's annual limit; F) 100% locally funded.
- iii. A) Bread for the City; B) primary care service delivery for people with IDD; C) January 19, 2021- March 9, 2021; D) budgeted amount \$43,896, actual amount spent \$0 (pending receipt of final invoices); E) the modification changed the price schedule from "unit price per visit" to "unit price per person per month;" F) 100% locally funded.

10. 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 attachment Q10: FY21 MOUs.

11. 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.

Local Education Agency	Status
Academy of Hope	MOA sent, awaiting school
BASIS	MOA sent, awaiting school's signature
Briya	MOA sent, awaiting school
Cesar Chavez	MOA sent, awaiting school
Capital City	MOA sent, awaiting school
Carlos Rosario	MOA sent, awaiting school
CC Prep Academy	MOA sent, awaiting school
DCI	MOA sent, awaiting school
EL Haynes	MOA returned with signatures; See attachment
Friendship Collegiate & Tech Prep	MOA sent, awaiting school
Global Girls Academy	MOA sent, awaiting school
Goodwill Excel Academy	MOA sent, awaiting school
IDEA	MOA sent, awaiting school
Kingsman Academy	MOA returned with signatures; See attachment
KIPP DC & Somerset	MOAs sent, awaiting school
LAYC	MOA sent, awaiting school
See Forever Foundation (Maya Angelou)	MOA returned with signatures from school; See attachment
National Collegiate	MOA sent, awaiting school
PAUL	MOA returned with signatures from school; See attachment
Richard Wright	MOA sent, awaiting school
SEED	MOA sent; awaiting school
St. Coletta Special Education Campus	MOA sent; awaiting school
Thurgood Marshall	MOA sent
Washington Latin	MOA sent, awaiting school
Washington Leadership Academy	MOA sent, awaiting school
YouthBuild	MOA returned with signatures from school; See attachment

Grievance/Complaint Procedures

12. Please respond to the following for FY20 and FY21 to date:
- a. The number of complaints received by DDS' Customer Relations Unit;



DDS Customer Service Unit responded to the following number of complaints/concerns; 221 in FY20 and 49 in FY21 (through 1/19/21).

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

FY20

Inquiry/Concern/Complaints	Total
Clarification of Case Status	40
Feedback about DDS staff services-communication	27
Feedback about DDS staff services-other	31
Feedback about provider services	29
Feedback regarding payment of services	6
Inquiry: how to receive DDS services	39
Inquiry: not related to DDS services	16
Other	21
Request for new Service Coordinator/VR Counselor	6
Transportation	2
Vendor inquiry	4
Grand Total:	221

FY21 (Through 1/19/21)

Inquiry/Concern/Complaints	Total
Clarification of Case Status	8
Feedback about DDS staff services-communication	8
Feedback about DDS staff services-other	5
Feedback about provider services	5
Inquiry about how to receive services	1
Inquiry: how to receive DDS services	11
Inquiry: not related to DDS services	3
Other	4
Request for new Service Coordinator/VR Counselor	4

Vendor inquiry (non-DDS matter)	3
Grand Total:	49

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

FY20

Administration	Total
DDA	66
DDD	37
DDS	32
RSA	84
Other	2
Grand Total:	221

FY21 (Through 1/19/21)

Administration	Total
DDA	12
DDD	7
DDS	7
RSA	23
Grand Total:	49

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

As of January 19, 2021, DDS has received 221 complaints/inquiries in FY20 and 49 complaints/inquiries in FY 21 (as of 1/19/21). There are 2 pending complaints waiting for resolution. The action and outcome of 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.

FY20 - 7.9 Days (avg.)

FY21 – 7.6 Days (avg.)

- f. How many Customer Service Surveys did DDS receive?

DDS continues to collect voluntary exit-point input from visitors to DDS offices through our “Rate our Service Today” tools. In FY19, DDS logged 4,452 new exit responses since the last report. DDS continued to receive high reports of customer satisfaction. In FY19, 92 percent of those who weighed in indicated they felt very positive or positive about the services they received.

- g. How many complaints received by the Customer Relations Unit were associated with service delivery difficulties due to the COVID-19 pandemic?

The Customer Relations Unit received zero (0) complaints surrounding service delivery regarding Covid-19. However, the Customer Service Unit received one call regarding PPE availability and three calls regarding reporting of DSPs not wearing the appropriate PPEs.

- h. How has the new DDA Formal Complaint System, launched in January 2020, affected complaint procedures and outcomes?

DDA has had 2 formal complaints that have been accepted. One was an Administrative Closure and one went to external review and is still in that phase of the DDA Formal Complaint System.

Performance Plans and Measuring Success

13. Please indicate if DDS met the objectives set forth in the performance plan for FY20. 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 attachment Q13: DDS FY 20 Performance Accountability Report.

14. Please provide the agency’s performance plan for FY21 and explain how it differs from the performance plan for FY20.

DDS does have a performance plan for FY21. There were changes made to internal tracking procedures and methodology, but this did not impact pre-existing Key Performance Indicators (KPIs).

Please see attachment Q14: Department on Disability Services FY21.

15. Please provide an update on the progress of the RSA statewide needs assessment.

The Comprehensive Statewide Needs Assessment is completed, and a public presentation will take place on Feb. 24, 2021 at 1:00pm.

16. At last year's Performance Oversight hearing, the Department discussed the Culture of Quality initiative – what was accomplished over this period with respect to the targets of that initiative?

Due to the Public Health Emergency, the Department had to suspend the activities of the Culture of Quality Committee, and therefore most of the goals of the initiative were not met. The initiative has been extended for one more year to accomplish the previous goals; and, the committee restarted its work in January 2021 towards meeting the goals of the initiative.

Communication

17. Is there a person(s) at DDS who is responsible for the content and/or vehicles used to communicate with families/persons supported? What position in the organization is responsible for making those determinations?

The Department's Public Information Specialist is responsible for delivering content to external stakeholders. The development and dissemination of information and content is done in coordination with the DDS Executive Team.

18. How does DDS leadership ensure that DDS staff are communicating with families/persons supported? Is a metric used to assess performance?

DDA Service Coordinators have monthly contact with all people supported and where permitted their families and this engagement are documented in the person's record. DDA Service Coordinator Supervisors monitor the Service Coordinator's monthly contacts.

19. How have updates and guidance related to the COVID-19 pandemic been communicated to people served by DDS as well as providers, and how frequently has that information been communicated?

Pertinent COVID guidance updates are released via email to all external and internal stakeholders as the information becomes available, and as is relevant. Information for people supported and their caregivers / supported decision makers / teams are sent and verbally communicated by Service Planning and Coordination Division (SPCD) staff. Providers receive mandates, guidance documents, and other applicable communications from the Quality Assurance and Performance Management Administration (QAPMA). QAPMA Quality Resource Specialists (QRS) also follow-up with providers to ensure that the information has been received. In addition, updates and guidance are communicated weekly to stakeholders at a public forum. Information related to COVID-19 is posted to the website. DDS leadership meets with providers and self-advocates biweekly.

20. What are the demographics of people served by DDA and RSA, broken down by waiver setting as well as race and gender?

Please see attachment Q20.

Group Homes

21. How many group homes currently exist in the District for individuals with developmental disabilities? How frequently did DDS perform inspections of these group homes as a measure of quality control in FY20 and in FY21 to date?

DDS does not use the term “group homes” to refer to residential settings, rather there are Intermediate Care Facilities (ICF) and Residential Habilitation community residential facilities. (ResHab) There are a total of 77 ICF and ResHab residences in the District. 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 habilitation settings are also 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.

22. What is the geographic distribution of group homes for individuals with developmental disabilities? Are there areas of the District that have a disproportionate share of these group homes or areas where there may be demand without sufficient group home space?

There is a total of 61 Intermediate Care Facilities (ICFs) and 16 residential habilitation residences (ResHab) within the District of Columbia (77 total):

- 1 Res Hab in Ward 1
- 1 ICF in Ward 2
- 27 ICF and 10 Res Hab in Ward 4
- 14 ICF and 1 Res Hab in Ward 5
- 1 ICF and 1 Res Hab in Ward 6
- 15 ICF and 2 Res Hab in Ward 7
- 3 ICF and 1 Res Hab in Ward 8
- There are sufficient ICF and Residential Habilitation residences throughout the District of Columbia.

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

In the Incident Management Enforcement policy and procedure documents, 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, while DDA investigates SRIs. DDS began using its incident management system to track, positive COVID-19 cases, and exposure of any kind to COVID-19.

Time Period	Total Incidents	RI	SRI
FYTD21 (12/31/20)	314	259	55
FY20	1259	958	301
FY19	1052	730	1227
FY18	1319	967	352

Civil and Criminal Commitments

24. How many people with intellectual disabilities are currently civilly committed? How many are criminally committed?

As of January 28, 2021, there are 571 District residents with intellectual disabilities who have provided informed consent for continued civil commitment and another 8 District residents

who remain committed in the context of being found incompetent in a criminal case and likely to cause injury to others as a result of their intellectual disability.

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

As of January 28, 2021, there have been 31 District residents with intellectual disabilities whose commitment was terminated as a result of DSRAA.

Medicaid Managed Care

26. What is the status of the move to Medicaid managed care of?

a. People who receive services from DDA? Please provide specific information concerning people receiving services through the Home and Community Based (HCBS) Waiver and those who receive residential services or any other DDA administered services. Specify whether or not people who receive HCBS Waiver services will be enrolled in Medicaid managed care for medical services at any time in the near or distant future (e.g., physician office visits).

People who receive waiver services or are receiving services in an Intermediate Care Facility (ICF) will not be included in the move to Medicaid Managed Care. People who do not receive services other than Service Coordination maybe included in the transition from fee-for-service to managed care. Once the procurement process is completed and contracts are awarded, outreach can begin.

b. People who receive services from Rehabilitation Services Administration (RSA)?

People who receive RSA services and receive their medical services through Medicaid may be included in the move to Managed Care.

c. People with developmental disabilities who need but are not eligible or do not receive services from DDA?

When people come through DDA intake, regardless of whether they are ultimately found eligible, the outreach specialist completes the Person-Centered Front Door Tool, which identifies and helps them access outside services.

27. What is the array of medical and health services currently provided by DDA through the Medicaid HCBS Waiver for individuals with intellectual disabilities? How will this array of services change under the proposed Medicaid managed care system?

The array of medical and health services is:

- a. Occupational Therapy Services
- b. Physical Therapy Services
- c. Personal Care Services
- d. Skilled Nursing Services
- e. Speech, Hearing and Language Services
- f. Dental Services
- g. Wellness Services (Nutrition, Fitness, Sexuality Education, Massage Therapy, Bereavement Counseling)

The Medicaid HCBS Waiver population will not be included in the move to Medicaid Managed Care.

28. What efforts has DDA made to coordinate with DHCF on the move to Medicaid managed care to ensure that the health, medical, and support needs are met during this transition?

DDS has worked with DHCF to identify people supported by DDA, who do not receive waiver or ICF services from our agency, who may be moved into managed care by DHCF.

In addition, please see the response to Question 26.

Individual and Family Support Waiver

29. How many people are receiving services under the Individual and Family Support (IFS) Waiver?

There are no enrollees in the IFS waiver as of 1/15/21

30. How many available slots are there under the IFS waiver?

There are 30 available slots for FY21

31. What data is available on the characteristics, needs, and outcomes of people receiving services under the IFS waiver?

N/A. Please see the response to question 29

Direct Support Professionals Workforce

32. What actions has DDS taken to strengthen the vital workforce of DSPs?

DDS in partnership with Revitalizing Community Membership (RCM) of Washington and The District of Columbia Public Schools, developed the DSP Academy. It is a customized vocational training program for individuals with intellectual disabilities that, upon completion, participants will have all the training and certifications needed to be a DSP in the District. DDS provides training to DSPs such as Person Centered, Assuring Rights During COVID, as well as Trained Medication Employee.

33. How have budget enhancements made during FY21 improved wages for DSPs – are these improvements tied to the public health emergency or has DDS taken steps to permanently improve wages?

DHCF received an enhancement which will be used to provide bonuses to DSPs. In addition, in the District's Appendix K to the HBCS Waiver, DDS Waiver rates were adjusted to allow providers to increase wages during the public health emergency. DHCF has made similar adjustments to allow an increase in wages for ICF staff

34. In response to performance oversight questions last year concerning efforts to strengthen the workforce, DDS stated that it was drafting an amendment to introduce Self-Direction into its Waiver effective October 2020. What is the status of that amendment?

DDS had to delay Self Direction as a result of the COVID-19 pandemic, but expect to implement it in the future.

35. How many people with intellectual disabilities have participated in the vocational training program offered by the DSP Academy, which was created by DDS in partnership with RCM of Washington and the District of Columbia Public Schools?

a. How many people with intellectual disabilities completed the training and received the certifications needed to be a DSP in the District?

12

b. How many of those people were hired as DSPs in the District?

8

Developmental Disabilities Administration (DDA)

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

Please see attachments Q1 Charts 1-13.

37. 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 attachments Q1 Charts 1-13.

38. How many DDA vacancies were posted during FY20? To date in FY21? 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 Q2 attachments.

39. How many people applied for DDA services in FY20 and FY21 to date?

In FY 20, 130 people applied for DDA services. In FY21, (as of 12-31-20) 24 people have applied.

40. How many people are currently in the intake process awaiting an eligibility decision?

We currently have 5 people awaiting a decision on eligibility.

41. How many people did DDA deny who applied for DDA services in FY20 and FY21 to date? Please provide the reasons/categories for denial and the number of denials in each category.

In FY20, 47 people have been denied, As of December 31, 2020, 6 people have been denied

Reason for Denial	FY20	FY21
Documented evidence of a pre-18 IQ score that does not indicate intellectual disability, considering the standard error of measure	5	3
Documented evidence of no pre-18 limitations in adaptive functioning	25	1
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	10	1
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	7	1
No evidence of DC residency	0	0
TOTAL	47	6

42. How many were denied when they had an IQ Score within the standard error of measurement of a Full-Scale IQ Score of 69?

Eligibility is based on a set of criteria and an individual can meet the IQ score and still be denied for other reasons. Twenty-five people did not have at least two (2) concurrent deficits in adaptive functioning. Therefore, they did not meet the eligibility criteria.

43. How many were denied, even though they submitted documentation that included a diagnosis or determination that they had an intellectual disability?

DDA does not track instances where eligibility was denied even though documentation was provided of an intellectual disability diagnosis or determination. The reason is that, the eligibility for DDA services requires an IQ of 69 or less (including consideration of the standard error of measurement) and at least two adaptive deficits across the three domains (i.e. social, conceptual, and practical) based on the statutory definition at DC Code 7-1301.03 (15A). On the other hand, a diagnosis of an intellectual disability under the DSM-V only requires one adaptive deficit.

44. Of those who were denied eligibility in FY20 and FY21 to date, how many appealed through the internal appeals process? How many of those denials were reversed in the internal appeals process?

Of those who were denied eligibility, in FY20 four (4) people appealed and, in FY21(as of 12-31-2020), three people appealed through the internal appeals process.

Of the denials in FY20, one determination was reversed due to documentation being supplied at the appeal meeting which wasn't available during the original determination period. No determinations were reversed in FY21(as of 12-31-20).

45. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY20 and FY21 to date? How many of those denials were reversed in the OAH?

There have been no appeals of ineligibility determinations in FY21 to date. In FY20, two ineligibility determinations by DDA were appealed to OAH: OAH Case Nos. 2020-DDS-00007 and 2020-DDS-00009. OAH Case No. 2020-DDS-00007 had a virtual evidentiary hearing on September 28, 2020, and the decision is pending. OAH Case No. 2020-DDS-00009 was voluntarily dismissed by the petitioner on August 20, 2020. Please note that an OAH decision is pending in OAH Case No. 2018-DDS-00013, which had an evidentiary hearing in February 2019 and briefing in March 2019.

46. In FY20, 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 FY19?

In FY20 the average number of days from when an application for DDA services was submitted to and eligibility decision was made is 59 days. There was an increase in number of days from FY19, which was 45 days. While DDS continued the work to support the community with accessing services, there were delays in accessing records as well as obtaining assessments due to social distancing restrictions necessitated by COVID-19.

47. For the people found eligible for DDA services in FY20, 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? For both, is this an increase or decrease from prior years? What is DDA doing to decrease both of these times?

In FY20, the average number of days from eligibility to the initial ISP is 102 days. There was an increase in number of days from eligibility to the initial ISP from FY19, where the average was 87 days. DDA finds that the length of time from ISP to initial utilization of HCBS Waiver service means overall that people do not have an immediate need for waiver services. Examples of this are transition cases which are people presently receiving DC Public School services and/or Health Services. Other examples include people referred by RSA, who were determined eligible for DDA and requested supported employment. RSA services are maximized prior to utilizing waiver services for coaching and ongoing supports.

48. 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 FY20 and in FY21 to date?

DDA arranged for people to receive psychological assessments twenty-four (24) times in FY20 and eight (8) times in FY21 (as of Dec 31, 2020).

49. 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.

50. 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 ISP's based on person's individual strengths, interests, and needs.

51. How is DDS acting to help support the rising number of transitioning youths entering services with Autism or ASD diagnoses?

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

52. Will these persons with Autism/ASD qualify for District services if they have an IQ above 70? If not, what supports are they given and which agency or agencies are responsible for assisting these persons/families?

If they have a diagnosis of an Intellectual Disability, they may be eligible for services through DDA. RSA is able to provide time limited employment services to all people with disabilities. Upon completion of the Front Door Tool, other services may be identified and assistance with accessing those services would be provided at that time.

53. Does DDA consider the standard error of measurement when making eligibility determinations? What if any, training or guidance is provided to DDA staff in the intake division regarding IQ testing and the standard error of measurement? Does DDA ensure their contract psychologists consider the standard error of measurement when conducting their evaluations?

Consideration of the standard error of measurement is for the psychologist interpreting the results in order to arrive at a diagnosis. DDA considers the standard error of measurement when making eligibility determinations, as consideration of the standard error of measurement is the well-established standard of practice in test score interpretation and is required by DDS' Intake and Eligibility Determination Procedure. DDA gave training to its new vendor MECCA in May 2019. The DDA Psychologists are involved in all eligibility determinations with the intake staff.

54. Please provide the number of incidence reports for FY20 and FY21, to date, by provider.
a. For each incidence, provide the response by DDS.

Please see the attachment Q54a.

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

Please see the attachment Q54b, Provider Report Cards.

55. How many people who DDA supports were competitively employed in FY20 and in FY21, to date? How does this compare with FY19? How many were affected by furloughs, layoffs, or other consequences of the pandemic?

In FY20, 359 people were competitively employed with 344 being employed in FY21 (as of December 31, 2020). Comparatively, 412 people were competitively employed at the end of FY19.

56. How many day programs has DDA determined are not in compliance with CMS' Settings Rule?

Although a number of day programs have temporarily closed due to the pandemic, there are no day programs that are not in compliance with CMS's Settings Rule.

57. What improvements, if any, has DDA seen in response to the DDA policies regarding integration in day habilitation programs?

Due to the pandemic assessing the integration of people within day habilitation programs is not feasible due to the temporary closure of such facilities.

58. How many individuals receive Individualized Day Supports (IDS)? How many providers provide IDS? Has the number of individuals receiving IDS and the number of providers providing IDS decreased or increased in FY20 when compared to FY19?

In FY20 474 people received Individual Day Supports from 38 providers. This number decreased significantly because IDS is intended to work with one or two individuals doing community integrated activities which was not possible due to the shut down during the public health emergency.

59. In FY20 and FY21 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?

In FY20 there were 235 people and 169 people in FY21 (as of 12/31/2020) in pre-vocational or employment readiness (ER) programs. Of those, 89 people moved to Supported Employment who received ER services.

60. In FY20, how many new customized employment opportunities were created for people receiving DDA services? In FY21 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.

61. 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.

DCRSA continues to participate in the Secondary Transition Community of Practice hosted by the Office of State Superintendent of Education (OSSE). The other government partners that participate in the Secondary Transition Community of Practice are 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 assist in coordination of services for transition-age students to have successful postsecondary outcomes.



DCRSA, in partnership with OSSE and the Kennedy Center for Performing Arts, has continued its collaboration with a community provider, SchoolTalk Inc to host a transition conference for DCPS and DCPCS students. In response to the COVID-19 Pandemic, SchoolTalk hosted a Virtual Voices of Change Conference from September 14-September 30, 2020. SchoolTalk provided transition- and employment-related sessions directly to students, which were tailored to fit individual schools' schedules.

SchoolTalk hosted citywide events on September 16 and September 23, 2020 and flexible class-based sessions any day of the week to fit the schools' schedules. Most events included pre- and post-session activities teachers could use to further engage their students.

DCRSA has continued its MOU with DCPS in FY20 that provides staffing support to the schools for the coordination and delivery of Pre-Employment Transition Services (pre-ETS). For FY 21, DCRSA funded four staff at DCPS provide programming to reach all DCPS students who qualify for pre-ETS.

RSA coordinates pre-employment transition services with DCPCS and a local Non-Profit organization, DC Special Education Cooperative (CoOp), to provide similar staff support to eligible students or potentially eligible students in the Public Charter Schools.

RSA's partnership with DCPS and the CoOp has led to an increase in counseling on post-secondary education and training as well as paid work-based learning experiences for students with disabilities in the District. DCRSA will continue its partnership with both organizations to deliver pre-employment transition services to students with disabilities who are eligible or potentially for services.

RSA coordinates with a community rehabilitation provider, Seeking Employment, Equality and Community for People with Developmental Disabilities (SEEC) to provide access to ProjectSEARCH programming at the Smithsonian, Embassy Suites and Hilton Hotels, and the National Institute of Health. Project Search is a ten-month training program for adult participants (ages 18-35) with intellectual or developmental disabilities who are interested in pursuing careers in the hospitality and tourism and healthcare career pathways.

In addition, RSA provides paid work-based learning experiences (WBLEs) for high school students with intellectual or development disabilities from the DCPS Workforce Development Center at River Terrace. RSA continues to fund wages for students participating in paid WBLEs including the DCPS General Explorations Internship Program and DCPCS High School Internship Program. RSA continued its partnerships in the community with CVS Health and YMCA

to provide student intern opportunities to obtain job sampling experiences. RSA also partnered with SchoolTalk Inc. in Summer 2020 to provide job readiness supports for 31 students with significant disabilities during the JumpStart/SYEP (Summer Youth Employment Program) program.

During FY20, DCRSA participated in the State Advisory Panel on Special Education (SAPSE), which is a community advisory entity that provides advice to OSSE on implementing the Individuals with Disabilities Education Act. DCRSA serves as a government agency representative on this panel to provide feedback and insight on matters regarding youth with disabilities in education, training, employment, and independent living.

62. 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 people with intellectual / developmental disabilities, and beyond that currently looks at healthcare needs with regards to how it may impact employment outcomes and/or Individual Plan for Employment (IPE) development. If the person is connected to DDA, then healthcare is addressed as a main component of their ISP.

- a. Please provide an update on the Parenting Support program. How many parents or expectant parents utilized this service during FY20 and how many of those parents also have CFSA involvement?

In FY20, 41 parents or expectant parents in residential and natural home settings utilized waiver funded parenting services. Nine of these parents also have CFSA involvement. Three parents utilized community-based services through Georgetown, the Mary Center, and a community-based pregnancy center. One parent utilized parenting supports through the waiver and the community

63. How many residential providers currently provide supports to parents with intellectual disabilities who live with their minor children? Does DDA believe there is sufficient capacity to support these parents? If not, how is DDA taking steps to increase its capacity?

Nineteen residential providers support parents with intellectual disabilities who live with their minor children; Parenting supports through the waiver or through the community are offered to parents; all parents who request or agree to receive parenting supports are referred for waiver services and/or community supports. Currently there are 19 providers approved to provide parenting supports including Deaf Reach for parents. Seven of these providers are currently providing parenting supports through the waiver

64. How many waiver providers provide support to parents under the new waiver service, Parenting Supports? How many individuals does each provider support?

As of December 31, 2020, 7 waiver providers provided parenting support			
Provider	Number of parents supported		
1 Axiom	1		
DC Residential Services	4		
Innovative Life Solutions	2		
KBEC Group Inc.	1		
MT and G Enterprises	1		
Total CareServices Inc.	1		
Verigreen Inc.	12		
Total Number of parents authorized	22		

65. What, 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 Q65 CFSA MOA.

66. Describe the coordination in services between DDA and the Department of Behavioral Health. How many individuals receive services from both DDA and DBH?

DDS meets monthly with DBH to discuss issues affecting both agencies. In addition, there are individual meetings where appropriate to coordinate about the discharge of persons determined eligible for DDA services who are currently experiencing psychiatric hospitalizations. There are 168 people who receive services from both DDA and DBH.

67. Does DDA coordinate with St. Elizabeth's Hospital to identify individuals who are eligible for DDA services? If so, please explain that coordination. Did DDA provide support to individuals at St. Elizabeth's to facilitate their discharge?

DDA's intake unit regularly receives referrals from St. Elizabeth's hospital of people considered eligible for DDA services. St. Elizabeth's hospital assists with completing the referral which is then forwarded to DDA's intake unit for review and processing. DDA intake staff may meet with people referred at St. Elizabeth's hospital to conduct interviews or collaborate with the hospital's social worker to obtain supporting documents and/or assessments during the intake and eligibility process. For persons at St. Elizabeth's hospital who are found eligible for DDA services, the DDA SC starts the person-centered planning process while the person is hospitalized at St. Elizabeth's. DDA SCs participate in treatment team meetings for DDA persons hospitalized at St. Elizabeth's. Persons supported by DDA may receive housing vouchers from DBH or receive mental health services including medication management, counseling, and mobile crisis services.

68. Does DDA coordinate with CFSA or DYRS to identify youth who will be or are eligible for DDA services? If so, please explain that coordination.

DDA and CFSA participate in quarterly meetings to collaborate on joint cases and identify strategies for support. Upon a receipt of referrals from CFSA or DYRS, DDA coordinates services for youth who are determined eligible for DDA services.

69. Does DDA coordinate with the DC Department of Corrections to identify individuals who are eligible for DDA services? If so, please explain that coordination. How many incarcerated individuals did DDA provide support to in order to facilitate their release?

To the extent the Department of Corrections or a person's advocate identifies a person as potentially eligible for services, or the agency otherwise receives an application, the agency works on establishing eligibility. For persons who have been found eligible, or who were in services prior to incarceration, the agency works with the person on appropriate services to be put in place once the person is released. The agency also works with the U.S. Attorney's Office and the Office of the Attorney General on those persons who may be eligible for forensic

commitment if the person has been found incompetent to stand trial or to participate in sentencing or transferring proceedings for a crime of violence or sex offense.

70. In October 2019, DHCF initiated a process across District Human Service agencies that work with vulnerable adults to align investigation processes and definitions. What resulted from that work? Does DDA continue to investigate incidents involving MTM, the Medicaid transportation provider?

In October 2019, DHCF initiated a process across District Human Service agencies that work with vulnerable adults to align our investigation processes and definitions. Unfortunately, the pandemic has stalled the continued work of this group. We will continue to work with DHCF on this project and ensure that incidents not investigated by MTM will be investigated by DDS to ensure the health and safety of people supported by DDA.

71. Is there currently a waiting list for service and supports under DDS' Home and Community Based Waiver ("Waiver")?

No, currently there is no waiting list for service and supports.

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

N/A

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

As of February 1, 2021, there are 66 slots presently available of a total of 1,903 waiver slots.

- c. Does DDS anticipate having a waiting list at any time during FY 2021?

At this time, DDS does not anticipate having a waiting list at any point of FY21.

- 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.

72. What is the status of the HCBS I/DD Waiver amendment to allow for the implementation of self-directed services?

The HCBS I/DD Waiver was amended, effective November 1, 2020, however self-direction was not included in the amendment at this time.

73. What is the status of the Individual and Family Supports (“IFS”) Waiver targeted to support those who live at home with families?

The IFS waiver was approved and went into effect November 1, 2020. There have been no enrollees to date. One person has inquired and is being supported with an eligibility application and has been provided information on the IFS waiver. If found eligible for DDA the person will be supported to apply for IFS.

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

No, the District is not under enhanced form of monitoring since CMS released the District on September 1, 2018.

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

Yes. The IDD amendment and IFS waiver went into full effect on November 1, 2020.

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

N/A

75. How many skilled nursing providers agencies are certified to provide services under the I/DD Waiver? Of these agencies, how many provide ventilation care for DDA consumers?

DDS has 15 certified skilled nursing provider agencies, none of which are providing ventilation care under the I/DD Waiver.

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

Six providers. All DDS Medicaid Waiver personal care aide (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.

77. How many DDA consumers experienced a lapse in their DC Medicaid benefits during FY20 and the first quarter of FY21?

From October 1, 2019 through September 30, 2020, 18 supported persons experienced a brief lapse in their D.C. Medicaid benefits. DDA worked immediately to address these cases. In the first quarter of FY 2021, there were no lapses in Medicaid coverage for persons supported by DDA.

78. Has the alignment of recertification dates with ISP lowered the number of consumers lapsing in DC Medicaid benefits compared to prior years? What additional steps has DDA taken to resolve the lapse in consumers' DC Medicaid benefits?

Yes, the alignment of recertification dates with ISP dates has lowered the number of lapses in D.C. Medicaid benefits compared to prior years. Please see DDS's response to question 80 for the additional steps taken to resolve lapses in benefits.

79. 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," but the DDA Medicaid Waiver Unit has standard operating procedures that specifically guide the work completed to recertify Medicaid benefits for persons enrolled in the Home and Community Based Services waiver.

While DDA staff are responsible for Medicaid recertification for those in the waiver, providers maintain the primary responsibility to assist supported persons with recertification for other public benefits for which they may be eligible, and their staff accountability systems apply.

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

DDA has implemented several accountability measures to ensure the timely recertification of benefits by staff. These measures include the process improvements listed below:

1	<p><u>Tracking Medicaid eligibility status request</u></p>	<p>In February 2020, DDA operations staff developed a spreadsheet to track visibility of all consumers who received Medicaid denials, were over income or over resourced, as well as COVID-19 only approvals. Prior to the development of this tracking sheet, only one person, the Health Insurance Analyst had visibility of the pending Medicaid issues. The DDA team meets weekly to resolve pending action items. Additionally, DDA developed an electronic system within MCIS similar to an IT ticketing system to track and manage problematic Medicaid eligibility cases. The new Benefits Helpdesk rolled out to DDA staff and 145+ providers in January 2021. The new Benefits Helpdesk eliminated the need for a tracking spreadsheet and allows DDA to assign completion due dates, update the status with current comments, run reports and successfully close out issues with management visibility.</p>
2	<p><u>Insufficient Time</u> DDA found it did not have sufficient time to correct information uploaded for Medicaid renewal when a problem was discovered upon Economic Security Administration (ESA) review.</p>	<p>ESA's policy is to allow DDA 30 days to correct an issue and issue a "blocked" status in QuickBase on the consumer's renewal case. In some instances, ESA was not providing DDA with sufficient notice to allow DDA an appropriate timeframe to upload corrections in QuickBase. ESA now effectively uses the "block" status appropriately and the waiver staff have 30 days to make corrections. ESA will review the corrections and make an eligibility determination prior to denying a consumer's Medicaid benefits.</p>
3	<p><u>Current Documents</u> DDA has experienced an ongoing issue with providers of not uploading current bank statements and paystubs. Waiver specialists are unable</p>	<p>Operations staff participate in provider meetings to disseminate information, re-iterate agency policies & procedures that ensure providers have a clear understanding of their first line responsibility to upload supporting documents and the importance of uploading paystubs into MCIS for people who work. Communication with providers is ongoing and the 90-day electronic renewal notification requesting documents be</p>

	to submit required documentation for renewal when the provider has not uploaded current financial documentation.	uploaded is consistently occurring. In fact, when a person is no longer employed, providers have been asked to upload a document indicating that the person is no longer employed and the name of their last employer and date, so that the Waiver unit is not waiting for paystubs that do not exist and can recertify timely.
4	<u>Excess income and over resourced persons on Medical Spend down</u>	DDA staff continue to track persons identified as over income or over resourced. Waiver staff maintain frequent contact with providers to follow up on requests for invoices that demonstrate medical expenditures or higher than income can support and proof of asset reduction to bring persons below income threshold for resources to qualify for Medicaid. A new policy is being drafted to address the course of actions needed for consumers who have been identified as over resourced and/or those who do not cooperate with the guidelines for submitting evidence of a plan to reduce assets. The policy will also address excess income when there is no visible plan in place to obtain invoices or supporting documentation from providers for ESA consideration to reduce the burden on the agency through the use of local funding.

81. How many I/DD Waiver participants did DDA terminate waiver services for during FY20?

During the first quarter of FY21? **73** During the first quarter of FY21? **12**

82. 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.)

During FY20:

- a. 8 refusal of services
- b. 1 over resourced Medicaid ineligible
- c. 43 deaths
- d. 1 enrolled in EPD waiver
- e. 7 hospitalized in LTAC
- f. 1 incarceration
- g. 4 individuals moved to ICF

h. 8 moved out of state

During the first quarter of FY21

- a. 1 refusal of services
- b. 10 deaths
- c. 1 individual moved to ICF

83. How many I/DD Waiver participants appealed DDA's termination of services? What was the outcome of the appeals?

One IDD Waiver participant appealed and the case was resolved without the need for a hearing.

84. What is the average caseload of DDA service coordinators? What is the highest number of individuals a service coordinator has on their caseload? How are caseloads determined and readjusted?

The average caseload of DDA service coordinators is 30. The highest number of people on a caseload for Service Coordinator is 34. Service Coordinators' caseloads are determined by skills, experience, location of placement, and caseload size based on DDS policy.

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

There are currently no vacancies in service coordination.

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

Seven requested a change in Service Coordinator in FY20 (October 1, 2019 to September 30, 2020) and nine have requested a change in service coordinator, to date/as of January 21, 2021.

a. How many requests were granted? For those that were not, why was the request denied?

Three requests for a new service coordinator were granted in FY20 and eight requests were granted in FY21 to date/as of January 21, 2021.

The person or guardian decided to withdraw the request for a new service coordinator; DDS denied requesting; and a request pending meeting with person.

87. In FY20 and FY21 to date:

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

For FY20 to FY21 to Date, 38 providers received some form of formal sanctions. Currently 9 providers are on sanctions.

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

Vested Optimum Community Services received the highest number of sanctions: 3.

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

The top three categories were:

Failed Initial PCR Review	22
Corrective Action Plan required	11
DDS Personal Funds policy	4

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

In FY20 to FY21 to Date, 31 providers were placed on the “Do Not Refer List.”

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

Timeframes provided in calendar days:

Average	89
Min	20
Max	437
Median	77

- f. After a provider is removed from the “Do 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 they have been released from sanctions if a request has been made for that provider specifically.

88. How many serious reportable incidents (SRIs) did DDA investigate in FY20? Please provide the number of SRIs by category.

FY 2020 - 1230, in the following categories:

Abuse	132
Death	81
Exploitation	25
Missing Person	52
Neglect	193
Other	6
Serious Medication Error	24
Serious Physical Injury	148
Serious Reportable Incident/ COVID-19 (Person Supported – EIH)	53
Suicide Attempt	4
Unplanned or emergency inpatient hospitalization	507
Use of unapproved restraints	5
Total	1,230

FY 2021 - 298, in the following categories:

Abuse	38
Death	21
Exploitation	10
Missing Person	11
Neglect	49
Serious Medication Error	2
Serious Physical Injury	31
Serious Reportable Incident/ COVID-19 (Person Supported – EIH)	17
Unplanned or emergency inpatient hospitalization	119
Total	298

89. How many allegations of abuse and neglect were substantiated in FY20?

In FY20, there were 192 neglect allegations of which 106 were substantiated and 129 abuse allegations of which 44 were substantiated.

90. How many deaths were substantiated as the result of abuse, neglect or the use of restraints by a DDA provider? Was law enforcement involved in investigating any of these deaths?

None. When a person dies, there is an external investigation performed by an outside contractor, The Columbus Organization, which determines whether a death was expected or unexpected, and preventable or unpreventable. Deaths are reported to local law enforcement and the applicable medical examiner's office.

91. What percentage of the SRIs were investigated within 45 days as required by DDA's policy?

DDA investigated 99.3% or 1221 of 1230, within 45 days

92. 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?

DDS serves as representative payee for 1,165 people.

93. 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?

Under the draft Contribution to Costs policy and procedure, each person who receives residential supports and has employment income or other sources of income will be led by their service coordinator through an individualized process designed to calculate their required Contribution to Costs monthly amount. We anticipate roll-out in Spring 2021.

94. 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.

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

DDA has a draft policy and procedure which will likely roll-out in FY21.

96. What efforts has DDA made in assisting the providers in securing affordable accessible housing, specifically with DCHA? Is DDS partnering with 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 has and will continue to collaborate with other District agencies, including Department of Housing and Community Development (DCHD), to explore options that would assist providers in securing affordable accessible housing.

97. When will the rental caps for Human Care Agreement (HCA) recipients increase? Will they be re-considered for FY21?

DDS increased rental caps on supported living and residential habilitation settings by 3%, effective October 1, 2020.

98. 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 the 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%201.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.

99. What specific training is underway and/or being considered for DDS staff in FY20 and 21?

Please see attachment Q99, DDS 2020 Staff Training Catalogue.

In addition to the training catalogue, we have provided several staff trainings on COVID, including Assuring People's Rights During COVID, How to Properly Use PPE, and Coping During COVID.

Rehabilitation Services Administration (RSA)

100. 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 attachments Q1 Charts 1-13.

101. How many RSA vacancies were posted during FY20? To date in FY21? 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. How many individuals received services from RSA in FY20 and FY21, to date?

Please see attachments Q1 Charts 1-13.

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

The average caseload for counselors across the agency is 87. The average caseload for counselors by unit is as follow:

- VR General: 83 Transition: 106

- Supported Employment: 78
- Sensory (Blind/Visually impaired/Deaf-Hard of Hearing): 92

103. Is there a maximum number of cases recommended for the caseloads of RSA counselors? How many, if any, counselors have more than the recommended maximum of cases on their caseloads?

In accordance to the current VR State Plan, the caseloads of RSA counselors are as follow: VR general caseloads — 125-150:1; Blind and Visually Impaired or Deaf and Hard of Hearing Caseloads — 75-100:1; Transition Caseloads — 125-150:1. In FY20 there was one transition counselor and one sensory VR counselor who have more than the recommended maximum of cases on their caseloads. Caseload balancing is being addressed in the current fiscal year with new employees hired in FY21.

104. Of the total number of counselors who worked at RSA at any time during FY20, how many of those counselors left their positions (either by way of promotion, termination, or resignation)?

The average tenure of a VR Counselor is 7.4 years. In FY20, four (4) VR Counselors left the agency by way of resignation.

105. What percentage of RSA clients had no record of contact with their counselor for more than 60 days?

There are 1,008 out of 4,015 active clients that have no case notes (documentation to support client contact) that are at 60 or more days as of January 2021.

Pursuit to the RSA case management policy, VR specialists are responsible for maintaining contact with clients on their caseloads at minimum frequency of every 90 days. The contact can include face to face, phone calls, letter, text, or any other virtual medium that is the preferred method of communication. For clients who are pursuing post-secondary education or training VR specialists are to maintain monthly contact to persons who are in their first year of post-secondary education or training. RSA provides weekly reports to the VR supervisors to address when there has been a lack of contact to clients on the VR specialists' caseloads, who are assigned to the VR supervisor in each unit. This item is also addressed in the weekly RSA leadership meeting with management and supervisors. RSA continues to improve their customer service to clients by ensuring response is given to all voicemails and emails within 24 hours or the next business day.

106. Of those RSA clients who requested support for attendance in postsecondary education or training programs in FY20, what portion did RSA decline to support for any reason?

At the present time, any RSA client who requested support for attendance in postsecondary education or training programs in FY20 has received a decision letter by their assigned VR counselor. Decision letters have appeal rights included for the client to appeal at their liberty. There is no metric in place that can be tracked via RSA's case management system.

107. Of the RSA clients who were denied support to obtain postsecondary education (at a college or university) in FY20, what portion were informed of RSA's denial once the semester for which they sought support had already begun?

VR counselors adhere to the Postsecondary Education and Training Procedures when a client request tuition support for postsecondary education. If the client is denied in receiving support when the semester has already started, the proper documentation will need to be submitted within a timeframe to the VR counselor. There is no metric in place that can be tracked via RSA's case management system.

108. What portion of RSA clients currently enrolled in a training or a postsecondary education program are not receiving any tuition support from RSA?

As RSA is noted as a Vocational Rehabilitation Services organization, the primary goal is to identify what the consumer's vocational outcome goal(s) are. If a vocational goal leads to additional post-secondary education and/or training, the VR counselor discusses with the consumer the post-secondary education and or additional training opportunities to include the funding and supports necessary for the consumer to be successful in achieving their employment goal. RSA is not a primary post-secondary education and/or training support agency and when it does fund these activities for consumers, RSA is always the payer of last resort. It is imperative that the community and consumers of the agency have an understanding that RSA is a Vocational Rehabilitation organization designed for supporting consumers in gaining, retaining, securing, and maintaining competitive integrated employment. RSA does not currently measure this because in the course of IPE development there are questions that would lead to discovery of the need for post-secondary education and/or training, hence the lack of knowledge about RSA funding tuition is only necessary at the point that training and/or postsecondary education is identified in conjunction with the IPE goal.

109. How many RSA cases were there in FY20? How many were unsuccessful case closures?

RSA had 6,069 cases in FY20. Of those, 970 were unsuccessful closures.

110. How many vocational evaluations were funded by RSA in FY20? To date, in FY21?

Internally, there were 22 vocational evaluations completed by RSA during FY20. The FY21 YTD total for internal vocational evaluations is 0 as of January 25, 2021. Due to COVID-19, RSA moved all services to a virtual platform. Remote testing training was completed; however, the logistics and staffing to implement remote testing are still being coordinated. The staff assigned to the vocational evaluations are working through technical issues and OSSE is providing support regarding limitations and barriers to remote testing at this time.

111. 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, the metrics used to measure RSA placement successes are wages two quarters and four quarters after case closure, as well as, whether clients-maintained employment two and four quarters after case closures. A collaborative effort nationwide using the State Wage Interchange System (SWIS) data system allows RSA and our partner agencies (i.e. Department of Employment Services) to monitor and track successes of our clients whom are employed in the district. RSA applies these tools through monitoring employment sustainability, longevity, and competitive wage earnings.

An additional component that strengthens RSA ability to monitor placement success is through the review of measurable skills gained and credentials attained from the training experiences in which our clients participate. As trending is concerned, RSA sees a gradual progression and sustainability of long-term placement successes, and we continue to identify strategies and ways to perfect the process of placing clients in competitive integrated employment.

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

There are 301 clients who are receiving supports from DDA and RSA's supported employment unit.



113. What percentage of cases in FY19 did DDS meet the 60-day target for determinations of RSA eligibility? To date in FY20?

The following percentages of cases in FY19 and FY20 met the 90-day target for IPE development:

FY20 – 97.88%

FY21 (as of January 2021) – 94.83%

114. What percentage of cases in FY19 did DDS meet the 90-day target for Individual Plan for Employment (IPE) development? To date in FY20?

The following percentages of cases in FY19 and FY20 met the 90-day target for IPE development:

FY20 – 96.85%

FY21 (as of January 2021) – 98.39%

115. How many individuals attained employment for 90 days or more in FY20? To date in FY21? Of those individuals who attained employment, what percent were earning within \$1.00/hr. above the minimum wage for the District of Columbia? What portion were earning less than the minimum wage?

In FY20 there were 524 successful closures and year to date in FY21, there are 128 successful closures. For FY20, 283 people earned within \$1.00/hour above the minimum wage for DC. For FY21, 68 people earned within \$1.00/hour above the minimum wage for DC. For FY20, there were 90 people and for FY21 there were 33 people, who were placed in jobs less than minimum wage, as they were provided informed choice and chose to work in positions that were either outside of the DC area or less than minimum wage true to their desired employment goal. FY20, 151 earned more than \$1.00/hour above minimum wage for DC. For FY21 year-to-date, 27 people earned more than \$16.00 an hour.

116. How many vocational evaluations were completed internally at RSA in FY20 and FY21 to date? How many vocational evaluations were completed by external vendors?

Please refer to answer in Q110. 21 vocational evaluations that were paid for in FY20.

117. How many clients received job development services from RSA internally in FY20? How many RSA clients have found employment as a result of working with RSA's internal job development specialists?

In FY20, there were 961 clients who received job development services from external vendors. Of the 961 consumers who received job development services from external providers, 240 found employment (placed by vendors).

118. How many clients received job development services from external vendors in FY20? How many of those clients found employment as a result?

In FY20, there were 1283 clients who received job development services from external vendors. Of the 1283 consumers who received job development services from external providers, 452 found employment.

119. The top languages spoken, aside from English, in DC are Spanish, French, Amharic/Ethiopian, German, and Chinese. How many FTEs are employed by RSA that speak each of these languages?

There are five RSA staff who speak Spanish. Of the five, four staff members are certified proficient, as well as, DDS Director Andrew Reese who is Spanish speaking. There are two French-speaking RSA staff; and two Ethiopian employees who speak Amharic. There are currently zero German-speaking RSA staff and zero Chinese-speaking RSA staff.

120. How many complaints were received by RSA in FY20? How did the number of complaints compare to FY19?

There were 84 RSA complaints in FY20 and that is down by 4 total complaints in FY19. There were 88 cases noted in FY19.

121. How many informal administrative review meeting requests were made in FY20? What portion of the subsequently held review meetings resulted in reversal or partial reversal of the decision of RSA?

There were 8 informal administrative review meetings in FY20. Of the 8 review meetings, 7 review meetings were RSA decisions that were upheld, and 1 decision resulted in reversal or partial reversal.

122. How many students, broken down by school, were eligible for PETS, and how many were reached during the school year compared to the prior two years? What challenges has DDS identified with reaching DCPS students?

Please see the attachments Q122 Pre-ETS Data Breakdown and supporting attachments including: Q122 Examples of Pre-ETS Activities, Q122 Pre-ETS Activity Descriptors, Q122 DSI Transition Team School Assignments SY20-21. 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**

A challenge that DDS has identified with reaching DCPS students is the same one we encounter with DC Public Charter School students, which are the lack of parental consent to provide pre-employment transition services. RSA is required to have parental consent to provide services to students with disabilities under the age of 18. RSA has worked with DCPS and the DC Special Education Cooperative (provider who supports coordination of services with charter school) to continue its outreach efforts to parents, students, and school-based staff. RSA has encountered challenges with coordination of Pre-ETS while school staff and students are engaged in virtual instruction due to COVID-19. RSA continues to coordinate with its DCPS counterparts at the central office level to engage schools with RSA VR counselors and the DC Special Education Cooperative to work with the charter schools to provide pre-employment transition services.

123. What criteria is used to determine if an individual “demonstrates the aptitude and ability to succeed in college level work”? 29 DCMR § 122.2. Please include any documents used in this process. In FY20 and FY21 to date, how many individuals were determined to NOT have the aptitude or ability to succeed in college level work? How was that decision communicated to the individual? And when is that decision communicated?

RSA uses the following criteria aligned with 29 DCMR § 122.2 to determine an individual’s aptitude and ability to be successful at the college or university level. This determination is only

made after an Individualized plan for employment goal is identified by the client through guidance and counseling with the VR counselor that post-secondary education or training is needed to successfully reach the client's employment goal.

The following criteria are used by VR counselors to determine college readiness.

Aptitude, which is the client's ability to perform at that academic level may be assessed by high school grades, whether a standard or advanced high school diploma was awarded, college board score or SAT score or entrance examination score, vocational evaluation, IQ score and teacher/guidance counselor recommendations. The VR Specialist shall also consider the disability and functional limitations as well as the ability to handle the demands and stresses of school now and job later.

Attitude is assessed by the VR counselor considering the client's attitude, motivation, organizational skills, time management, maturity level, independence, responsibility, follow through, and completion of assignments on time.

Accommodations are considered by the VR Specialist to determine if existing needs assessments are sufficient, or if additional information is needed. For transition students, accommodation appropriate for college may be different than for high school, and there may be a need for new needs assessments.

Advocacy skills are needed by the client to effectively engage with instructors and campus disability services staff. The client may benefit from career counseling or assertiveness training.

Here is a [link](#) DDS's Postsecondary Education Training Procedure for more information.

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 e-CASAS, 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.

VR counselors also request either a psychoeducational assessment or a vocational assessment, usually in conjunction with the e-CASAS 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 these factors have been weighed, then a counselor can determine the person's aptitude and ability to be successful in the postsecondary environment. The data sought for this question is not a metric RSA can track in System 7, RSA's database. The decision is documented in a decision letter to the person from the VR counselor.

124. In FY20 and FY21 to date, how many vocational assessments did RSA complete for transition-age youth?

Please refer to answer in Q110. This data displays all vocational evaluations funded in FY20 and FY21 to date. The data is not disaggregated by adults and youth.

125. Pursuant to DC Code Section 38-2614, please provide an update on the transition services that RSA has provided to 14- and 15-year-old youth during FY20.

In FY20, RSA continued to provide work-based learning programs for students 14-16 years old. Those programs included: JumpStart/SYEP (vendor: SchoolTalk DC), CEO Program (partner: DC Public Schools), Career Preparatory Program (vendor: DC Special Education Cooperative) and ASPIRE program (vendor: Outstanding Possibilities Revealed). Besides these programs, students with disabilities who are eligible or potentially eligible ages 14-15 can participate in all the other Pre-ETS categories offered by the VR Counselor assigned to their school or by a contracted provider of RSA, same as students with disabilities who are ages 16-22.

RSA continues to visit any middle school who requests pre-ETS and that school is visited by a member of the transition outreach team. An outreach team member meets with the middle school point of contact or staff and discusses the pre-ETS that is available.

126. 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? How have trainings adapted to a virtual environment?

Please see the attachment Q126.

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

Progression in assistive technology (AT) have made it possible for people with disabilities to substantially obtain and maintain employment. RSA uses technological advances by providing appropriate technical assessments and AT trainings. RSA also leverage in-house AT and Mobility and Orientation specialists, as well as, external providers for AT assessments and supports.

RSA has partnered with our Project Search sites in implementing an innovative AT program. The agency 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.

Presently, The Director of the DC AT Center is a member of the State Rehabilitation Council in order to advise the agency. DDS has a representation on the AT Advisory Council which has made significant strides.

128. What efforts have been made to increase the number of RSA vendors in FY20 and FY21, to date?

RSA currently has an adequate provider network to meet the VR needs of the people supported

129. 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?

In partnership with the Workforce Investment Council (WIC), RSA 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.

130. Please describe the progress made in MOAs between the DBH, RSA and DOES to participate in the Data Vault coordinated by OSSE.

In January 2021, OSSE provided a revised version of the MOA which was updated to include additional information on data management and privacy practices. All participating agencies are in the process of reviewing this updated version and expect to obtain approval from agency directors in February 2021 (pending additional revisions by OSSE).

131. DDS indicated that in FY20 receive technical assistance to build the capacity of staff at DDS, DBH, and DOES to support people with behavioral health disabilities to gain and maintain employment. How has this assistance modified agencies' approach and how many staff were involved?

In FY20 DDS hosted a Cross Training in collaboration with DBH, titled "Supporting People with Dual Diagnosis to Work: Success Stories Using Individual Placement and Support (IPS)". The event was held on Wednesday, September 16, 2020. There were approximately 78 people registered for the event, and 59 participants attended the day's event. Trainers included executive staff from the Supported Employment Services Adult Services Division, Office of Programs and Policy, Community Connections, as well as, DDS/RSA supervisory VR Specialist.

132. The Rehabilitation Act, as amendment 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. How many people are currently in Category I ("individuals with most significant disabilities")?

In FY20, there are 2,372 consumers that make up Category I.

- b. How many people are currently in Category II ("individuals with significant disabilities")?

In FY20, there are 1,017 consumers that make up Category II.

- c. How many people are currently in Category III ("individuals with non-significant disabilities")?

In FY20, 105 consumers make up Category III.

133. What is the status of the Aspiring Professionals program through the Rehabilitation Services Administration (RSA) and the DC Human Resources (DCHR)?

Cohort 2 of the program ended in May 2020. RSA delayed initiating cohort 3 because of a lack of availability of in-person internships due to the public health emergency. Cohort 2 experienced the same successes as Cohort 1, as reflected in the data below:

Aspiring Professional Internship Program Facts/Successes – Cohort 2

- 15 RSA job seekers were selected to participate in the program
- 7/46% of the 15 participants were SSI/SSDI recipients
- 13/86% of RSA job seekers successfully completed the internship
- 7/53% RSA job seekers gained employment since completing their internships.
- 3/42% of the RSA job seekers to gain employment were SSI/SSDI recipients
- One former intern from Cohort 1 also gained employment with former host, the Department of Forensic Sciences
- Since program inception, 62% (20 out of 32) of the interns who completed the internship gained employment
- Clients gained employment with the following DC Government agencies:
 - Department on Disability Services (1)
 - Department of Behavioral Health (1)
 - District of Columbia Consumer and Regulatory Affairs (1)
 - Department of Health (1)
 - Department of Forensic Sciences (1)
 - Department of Energy and the Environment (1)
- Clients who gained employment outside of DC Government Agencies:
 - U.S. Department of Agriculture (1)

COVID-19 Response

134. Have any providers had difficulties obtaining an adequate supply of PPE required by DC Health?

At the onset of the pandemic certain providers had issues getting PPE that was required by DC Health. This is in line with the shortage of PPE the country has experienced. The DC Health's Health Emergency Preparedness and Response Administration (HEPRA) provided emergency supplies of PPE to cover people effected by COVID-19 and prioritized providers by need. Currently, there is no known shortage of PPE among DDA providers. The Quality Resource Specialists (QRS) continue to check in with providers

frequency and as part of their check in they discuss provider resources, topics including PPE.

135. Since the Committee on Human Services' Roundtable held on November 4, 2020, how have the trends of people with disabilities testing positive and dying from COVID-19 compared to trends in the general population?

The trend comparison between the DDS target population and the general population (residents of the District of Columbia) shows that as cases increase within the general population so did positive cases within the DDA population. The DDA population of 2401 experienced a 5%-17% positivity rate overall compared to 0.7% - 6.6% overall positivity rate of the adult population of the District of Columbia since tracking this data began in April 2020. The rate of death for the general population for DC citizens was 5% (April 2020) and reduced to 3% (February 2021) whereas the DDA population death rate per positive cases was 14% (April 2020) down 12% (February 2021)

COVID-19 has had profound effects on the District of Columbia and specifically those living with intellectual disabilities. Attention has focused on those most physically affected by the pandemic. The experiences of the pandemic by people with ID need to be elicited to understand the impacts on their lives and how they have protected themselves from infection. It is essential that we learn from the pandemic on how to protect people with ID as they are inherently vulnerable to infection and of the measures put in place to manage the pandemic may have lasting impacts on their ability to engage within their respective community.

136. What proactive measures has DDS and/or its physician consultant taken to prevent people served by DDA from contracting COVID-19?

The physician consultant assisted with the interpretation of the current public guidance in real time supporting DDS units and provider agencies. The physician consultant provided recommendations on health related mitigation strategies, such as high dose vitamin D, DDS working with DC Health to develop strategies for mitigation, meeting regularly to plan for testing strategies, developing guidance for providers on hand washing, doffing and donning of PPE, proper isolation and care of positive COVID case. DDS provided nursing round tables for nurses working with our target population on strategies to mitigate the virus.

137. What role did DDA’s physician consultant play in the treatment of people served by DDA who tested positive for COVID-19?

The physician consult is made aware of all cases of people who have tested positive. When the person’s condition requires a complex clinical referral, the physician becomes involved and works with the person’s treatment team at the hospitals or provider clinical staff.

138. Were any protocols established by DDA’s physician consultant shared with other health care providers? If so, how and with whom?

The physician consultant has been involved in the development of protocols on mitigation of the virus, the development of testing strategies, and vaccine distribution rollout.

Vaccination of People Served by DDS

139. How many people served by DDA have received vaccines against COVID-19? What percentage of people in the following settings have received vaccines?

- a. Intermediate Care Facilities
- b. Residential Habilitation
- c. Supported Living
- d. Natural Homes
- e. Host Homes
- f. Other

DDS has not previously tracked health vaccinations. People supported by DDA in ICF and Residential Habilitation placements were offered the opportunity to receive their first vaccination on January 26 and 27, 2021. DDS is beginning to track this data now.

140. What steps has DDS taken to help people served by DDA understand the vaccine?

DDS has shared FAQ guidance from DC Health on the benefits of the vaccine and asked that this be shared with all people supported as well as with their staff. DDS meets with PA!, the self-advocacy group, regularly and provides education. The DC Health Principal Senior Deputy Director also provided education to the people we support, providers, and families.

141. What steps has DDS taken to encourage provider staff and persons served by DDA to get vaccinated?

DDA has engaged with all providers in the DDA regarding the process for registering their staff and people supported for the vaccine, as more information is released from DC Health. DDA Service Coordinators are working with providers to have the discussions on which persons-supported would like to receive the vaccine. In addition, DDA has encouraged provider leadership to receive the vaccine and in so doing setting an example for their staff.

142. What obstacles has DDS encountered in ensuring that all people served by DDA receive the vaccine?

The nationwide shortages of available vaccines are the principal obstacle to vaccinating all people served by DDA.