



**FY 22 – FY 23 PERFORMANCE OVERSIGHT
PRE-HEARING QUESTIONS AND ANSWERS**

Agency Organization

- 1. Please provide a current organizational chart for DDS and identify the number of full-time equivalents at each organizational level. If applicable, please also provide RSA and DDA’s organizational charts, to the activity level.**

Please see *Attachment A: DDS Organizational Chart through December 27, 2022.*

- 2. Please provide an explanation of any organizational changes made during FY 22 or to date in FY 23.**

No organizational changes were made in FY 22, and none have been made in FY 23 to date.

- 3. 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 *Attachment A: DDS Organizational Chart through December 27, 2022.*

- 4. Please identify the number of full-time equivalents at each RSA organizational level and the employee responsible for the management of each program and activity.**

Please see *Attachment A: DDS Organizational Chart through December 27, 2022.*

- 5. How many vacancies were posted during FY 22? To date in FY 23? 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 *Attachment B: DDS Vacancies and Posting Report for FY 22 and FYTD 23.*

6. What is the department’s position with respect to recruitment and retention needs for FY 23 and FY 24 regarding wages, bonuses, or other incentives so that the service delivery system is able to recruit and retain an adequate workforce for services without backsliding in quality for the following job classifications:

- a. Direct Support Professionals**
- b. LPNs**
- c. RNs**
- d. Qualified Intellectual Disabilities Professionals**
- e. House Managers, and**
- f. Program Coordinators.**

Mayor Bowser recently convened, and Director Reese joined, a Healthcare Workforce Taskforce dedicated to mitigating workforce challenges across all healthcare delivery systems, the report and recommendations of which are forthcoming.

During the public health emergency, DDS requested, and was approved for, additional Waiver funding to support increased wages for RNs, LPNs and DSPs. Additionally, DDS is using \$1.1 million in ARPA funds to support a Waiver rate study. The agency will conduct a study on the adequacy of reimbursement for providers under the IFS and IDD waivers by engaging the services of an external actuary to evaluate Medicaid reimbursement rates for all services.

7. Please describe the DDS/DDA staff on-boarding and training process; training curriculum synopsis (including the training course titles, topics and hours of training under each course title); all departmental assessments which are given to demonstrate staff competency; supervision and oversight responsibilities; and continuing education requirements of the Department’s:

- a. Service Coordinators,**
- b. Quality Resource Specialists,**
- c. Health & Wellness monitors, and**
- d. Incident Management and Enforcement Unit team members.**

During their first week of work, all DDS employees receive trainings on, in part, the following subjects: Human Resource Benefits; HIPAA; Language Line Policies and Language Access Training; Sexual Harassment; Information Technology; Introduction to DDS; PeopleSoft; Person-Centered Organization Foundation; Workplace Safety and Evacuation; Communication Skills; Conflict Resolution; the Mentor Program; Managing Your Performance; AWS (Telework); DDS: Becoming a Person-Centered Organization; and DDS: Beyond Forest Haven.

During their second week of work, Service Coordinators and Quality Resource Specialists receive additional trainings on, in part, the following subjects: Home and Community-Based Services (“HCBS”) Waiver 101; DDS Waiver Services; Respite; Referral Process; Do Not Refer List; Positive Behavior Support and Behavioral Health; Serious Reportable Incidents; Incident Management and Enforcement; Level of Need (“LON”) and Individual Service Plan (“ISP”) Development; Immediate Response Committee; Service Coordinator Role with Health and Wellness Clinicians; Declining Health & Hospitalizations; Nursing Home or Long-term Acute Care Hospital Placement; End of Life Planning; Quality Management Training; Court Reporting and Processes; MCIS (DDS’s information management system); Monitoring; Clinically Complex Referrals; Remote Supports; Restrictive Controls Review Committee; and Human Rights Committee.

Investigators, meanwhile, are required to complete a comprehensive certification through Labor Relations Alternative.

Health and Wellness staff complete a week of in-house training and a week of shadowing with an experienced staff member. Each of these staff members are registered nurses or nurse practitioners and maintain licensure as a requirement of employment. Other continuing education requirements are determined by the licensing authorities of the relevant workers’ professions, and the character of supervision and oversight varies based on the role of the DDA employee and the nature of their team.

Spending and Payroll

- 8. Please provide a chart showing the agency’s approved budget and actual spending, by program and activity, for FY 22 and FY 23, to date.**

Please see *Attachment C: Approved Budget v. Actuals*.

- 9. Please provide a list of all intra-district transfers received by or transferred from DDS during FY 22 and to date in FY 23. 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 D: Intra-District Transfers*.

- 10. Please identify any reprogrammings received by or transferred from DDS during FY 22 and to date in FY 23. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.**

Please see *Attachment E: Reprogrammings*.

Contracting and Procurement

- 11. Please list each contract, grant, and procurement (“contract”) awarded or entered into by DDS during FY 22 and FY 23 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 F: DDS Contracts, Grants, and Procurements*.

- 12. Please provide the following information for all contract modifications made during FY 22 and FY 23, to date:**
- a. Name of the vendor;**
 - b. Purpose of the contract;**
 - c. Modification term;**
 - d. Modification cost, including budgeted amount and actual spent;**
 - e. Narrative explanation of the reason for the modification; and**
 - f. Funding source.**

Please see *Attachment F1: DDS Contract Modifications*.

13. 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 G: DDS MOU Listing, FY 23*. Copies of all MOUs are included at the end of the Attachment.

14. 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	Fully executed
Basis	Fully executed
Briya	In progress (waiting on school)
Cesar Chavez	In progress (waiting on school)
Capital City	Fully executed
Carlos Rosario	In progress (waiting on school)
CC Prep Academy	In progress (waiting on school)
DCI	Fully executed
EL Haynes	Fully executed
Friendship Collegiate & Tech Prep	In progress (waiting on school)
Global Girls Academy	In progress (waiting on school)
Goodwill Excel Academy	In progress (waiting on school)
IDEA	In progress (waiting on school)
Kingsman Academy	Fully executed
KIPP DC & Somerset	In progress (waiting on school)
LAYC	Fully executed
Maya Angelou	Fully executed
National Collegiate	In progress (waiting on school)
PAUL	Fully executed
Richard Wright	In progress (waiting on school)
SEED	In progress (waiting on school)

St. Coletta Special Education Campus	In progress (waiting on school)
Thurgood Marshall	Fully executed
Washington Latin	Fully executed
Washington Leadership Academy	In progress (waiting on school)
YouthBuild	Fully executed

Grievance/Complaint Procedures

15. Please respond to the following for FY 22 and FY 23, to date:

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

The DDS Customer Service Unit responded to the following number of complaints/concerns: 212 in FY 22 and 37 in FY 23, as of January 3, 2023.

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

Inquiry/Concern/Complaints	FY 22	FY 23
Clarification of Case Status	49	4
Feedback about provider services	31	6
Feedback about DDS staff services - Communication	18	2
Feedback about DDS staff services - Other	22	7
Inquiry: How to receive DDS services	68	12
Other	4	2
Request for new Service Coordinator/VR Counselor	13	2
Vendor Inquiry	6	2
Transportation	1	0
Total	212	37

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

Administration	FY 22	FY 23
DDA	68	7

DDD	43	2
DDS	33	3
RSA	64	25
Other	4	0
Total	212	37

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

DDS received 212 complaints/inquiries in FY 22. As of January 3, 2023, DDS had received 37 complaints/inquiries in FY 23. Each outcome is specific to that inquiry or complaint and may contain protected and confidential information. This person-specific information, therefore, cannot be shared in this context. None of the responses to these complaints necessitated corrective action beyond the scope of the individual complaint.

e. Provide the response time for responding to complaints.

Administration	FY 22 (mean)	FY 23 (mean)
DDA	4 Days	3 Days
DDD	5 Days	4 Days
DDS	2 Days	3 Days
RSA	3 Days	7 Days

f. 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 did not receive any complaints related to service delivery difficulties caused by the COVID-19 pandemic.

16. How many serious reportable incidents (SRIs) did DDA investigate in FY 22? Please provide the number of SRIs by category.

Incident Type	Incidents
Abuse	116
Death	40
Exploitation	55
Missing Person	89
Neglect	358
Other	3
Repeated use of emergency restraints	2

Serious Medication Error	27
Serious Physical Injury	113
Serious Reportable Incident/COVID-19 (Person Supported - EIH)	9
Suicide Attempt	8
Unplanned or emergency inpatient hospitalization	366
Use of unapproved restraints	2

17. How many allegations of abuse and neglect were substantiated in FY 22?

Incident Type	# of Incidents
Abuse	28
Neglect	210

18. 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?

No deaths were substantiated as the result of abuse, neglect, or the use of restraints by a DDA provider. 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 whether a death was preventable or unpreventable.

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

99% of IMEU investigations regarding SRIs were completed within 45 days in FY 22.

20. How many informal administrative review meeting requests were made in FY 22? What portion of the subsequently held review meetings resulted in reversal or partial reversal of the decision of RSA?

There were 11 informal administrative review meeting requests in FY 22.

Of the 11 administrative review meetings held, 6 resulted in RSA decisions that were upheld, and 5 resulted in reversals or partial reversals.

Waiver Services

21. Please provide the number of people currently receiving services under the following Medicaid waivers, and the number of available slots for each waiver:

a. People with Intellectuals and Developmental Disabilities (I/DD) Waiver

As of December 31, 2022, 1,814 people were receiving services under the I/DD waiver, and there were 129 available slots.

b. Individual and Family Supports (IFS) Waiver

As of December 31, 2022, 11 people were receiving services under the IFS waiver, and there were 79 available slots.

Direct Support Professionals Workforce

22. What is the most current state of DSP wages and funds at DHCF meant to meet the pay rate goals of the “Direct Support Professional Payment Rate Act of 2019”?

During the public health emergency, the Appendix K to the DDS Waivers has included increases in rates to provide for a 15% increase in DSP wages. This increase is expected to remain in place until six months after the end of the federal public health emergency. Additionally, DDS and DHCF provided local funds to support DSP bonuses in FY 22.

Mayor Bowser included \$11.5 million in her FY 23 budget to provide increased wages for Direct Support Workers across District healthcare workforces. This initiative, made possible by ARPA funding, will support providers’ compliance with the Direct Support Professional Payment Rate Act of 2019 through March 2025.

Developmental Disabilities Administration (DDA)

23. How many people currently receive services from DDA?

As of February 2, 2023, 2,371 people were receiving services from DDA.

24. How many people applied for DDA services in FY 22 and FY 23 to date? Please provide the reasons/categories for service denial and the number of denials in each category.

During FY 22, 103 people applied for DDA services, 21 of whom were denied.

Between October 1, 2022, and December 31, 2022, 54 people applied for DDA services, 4 of whom had been denied as of December 31, 2022.

Reason for Denial	FY22	FY23 as of 12/31/22
Pre-18 or pre-22* IQ score that does not indicate intellectual disability, considering the standard error of measure and no pre-18 limitations in adaptive functioning	12	3
Pre-18 or pre-22* IQ score that does not indicate intellectual disability, considering the standard error of measure	2	0
Documented evidence of no pre-18 limitations in adaptive functioning	7	1
Total	21	0

*As of October 1, 2022, the relevant age cut-off, for eligibility purposes, is 22, not 18.

25. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY 22 and FY 23 to date? How many of those denials were reversed in the OAH?

There have been no appeals of ineligibility determinations in FY 23 to date.

In FY 22, four DDA ineligibility determinations were appealed to OAH. One was dismissed on May 26, 2022. The second was withdrawn by Petitioner on June 8, 2022, after DDS reversed its ineligibility determination. The third was withdrawn by Petitioner on January 31, 2023, and dismissed the same day. The fourth remains pending and is currently scheduled for an evidentiary hearing.

Please note that an appeal from FY 21 was withdrawn on November 7, 2022, after Petitioner reapplied under the new expanded eligibility criteria and was found eligible.

26. In FY 22, 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 FY 21?

In FY 22, the average number of days from application to eligibility was 46. In FY 21, the average number of days from application to eligibility was 34 days.

The average number of days increased due to an increase in the number of persons without clear pre-age 18 or pre-age 22 documentation to support deficits in adaptive functioning. These persons required additional interviews to complete a social and developmental history and, in some cases, a psychological evaluation. When standardized testing is not available in the record, additional testing and interviews increase the length of time it takes to determine eligibility.

27. For the people found eligible for DDA services in FY 22, 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?

In FY 22, the average length of time between eligibility and the completion of an initial ISP was 74 days. In FY 21, the average length of time between eligibility and the completion of an initial ISP was 70 days.

In FY 22, the average length of time between eligibility and receipt of services was 180 days. In FY 21, the average length of time between eligibility and the receipt of services was 198 days.

28. What is the average caseload of DDA service coordinators? What is the highest number of individuals a service coordinator has on their caseload?

The average caseload of a DDA service coordinator is 32. The highest number of individuals served by a single caseworker is 35.

29. How many people currently receive services from DDA?

2,371.

a. How many people receiving supports from DDA currently live in in ICFs?

255.

- b. How many people receiving supports from DDA currently receive Supported Living services?**

925.

- c. How many people receiving supports from DDA currently live in their natural homes?**

918.

- d. How many people receiving supports from DDA are currently placed in nursing homes?**

4.

- e. How many people receiving supports from DDA are currently placed in psychiatric hospitals?**

2.

- f. How many people receiving supports from DDA are currently incarcerated?**

3.

- 30. Please provide the DDA incident[ts] reports for FY 22 and FY 23, to date, by provider, as well as DDS responses.**

Please see *Attachment H: Provider Reportable and Serious Reportable Incident Reports*, noting that any personal identifying information has been redacted.

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

Please see *Attachment I: Provider Report Cards*, noting that any personal identifying information has been redacted.

32. How many people who DDA supports were competitively employed in FY 22 and in FY 23, to date? How does this compare with FY 21?

311 people were competitively employed in FY 21, 347 people were competitively employed in FY 22, and 370 have been competitively employed in FY 23 to date.

33. In FY 22 and FY 23 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?

46 people receiving DDA services participated in an employment readiness program in FY 22, and 32 have participated in an employment readiness program in FY 23 to date.

In FY 22, 347 people supported by DDA were competitively employed and, in FY 23 to date, 370 people have been competitively employed.

While some people receive supported employment services to support them on the job, all people are placed in competitive, integrated employment. That means that people served by the agency are not paid less than the customary wage and are eligible for the same benefits as workers without disabilities. They work in integrated locations, which are settings typically found in the community (i.e., not sheltered work) where they engage in typical daily work patterns with co-workers without disabilities who conduct the same or similar work.

34. In FY 22 and FY 23 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?

In FY 22, 19 providers received some form of formal sanction.

In FY 23 to date, 10 providers have received some form of formal sanction. There are currently four providers on formal sanctions.

b. Which service providers have been sanctioned most often?

In FY 22, five agencies received two sanctions each (Community Multi-Services, DC Care Centers, St. Johns Community Services, Vested Optimum Community Services, and Virgin Healthcare Services).



In FY 23, as of December 31, 2022, two providers have received two sanctions each: Capital Care and Regal Home Services.

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

In FY 22, the three most common reasons for sanctions were: 1) Failure to adhere to Health & Wellness standards/concerns; 2) Financial Audit/DDA Personal Funds Policy; and 3) Failed initial Provider Certification Review (“PCR”).

In FY 23 to date, the three most common reasons for sanction are: 1) Failed initial PCR; 2) Financial Audit/DDS Personal Funds Policy; and 3) Adaptive Equipment/Other.

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

In FY 22, 19 providers were placed on the “Do Not Refer List.”

In FY 23 to date, as of December 31, 2022, 8 providers have been placed on the “Do Not Refer List.”

e. Please describe the reason the providers were placed on DDA’s “Do Not Refer List.”

When a provider does not meet expectations or established DDS/DDA requirements, that provider, a particular service offered by that provider, or a service location of that provider may be added to the DDS/DDA Provider Sanctions List.

Depending on severity, providers may be placed on the List for deficient performance or failure to adhere to established standards and practices, including but not limited to, CMS requirements; DDS policies and procedures (Incident Management, Health & Wellness, Personal Funds, etc.); and other District mandates.

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

For FY 22, the average length of time a provider was on the “Do Not Refer List” was 80 days, with a range of 33 to 170.

In FY 23 to date, the average length of time a provider has been on the “Do Not Refer List” is 48 days, with a range of 41 to 56 days.

- g. 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 to use that provider.

- 35. 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?**

There are currently 118 DDA consumers who live in homes that are above DDA’s rental cap and 146 DDA consumers living alone in DDA-funded residences.

- 36. Who determines if a person should apply for the IFS waiver or the I/DD comprehensive waiver?**

During the service planning meeting, the person and their Interdisciplinary Team (“IDT”) determine the person-centered service needs of the person. The Service Coordinator refers the person to the appropriate waiver based on the needs identified by the IDT.

- 37. How many Intermediate Care Facilities (ICF) did the Department of Health cite for Immediate Jeopardy in FY 22? Please describe the reason for the finding of Immediate Jeopardy.**

In FY 22, one ICF was cited by the Department of Health for an Immediate Jeopardy. D.C. Health informed DDS of an Immediate Jeopardy at the ICF regarding a person's elopement and the facility's failure to adequately implement safeguards to ensure the person was appropriately supervised when leaving the facility. The provider worked with D.C. Health to develop and implement a Corrective Action Plan.

- 38. How many providers closed, either voluntarily or involuntarily, in FY 22? If the providers closed involuntarily, please provide the reason the providers were forced to cease providing services.**

One provider closed voluntarily in FY 22. There were no providers that closed involuntarily in FY 22.

39. How many people supported by DDA have Behavior Support Plans?

704 people supported by DDA have Behavioral Support Plans (“BSP”).

40. How many people supported by DDA have physical restraints as part of their Behavior Support Plan?

Currently, there are 32 people supported who have physical restraints as part of their BSP.

41. How many people have been subject to a physical restraint by provider staff in FY 22? In the first quarter of FY 23?

Providers are not required to report to DDA on the use of restraints when they are consistent with an approved BSP, but are required to document each use in the client record consistent with DDA policy and procedure. In pertinent part, the BSP must identify the provider’s plan for tracking and collecting data on the use of physical restraints, which should be reviewed by the provider monthly and the support team at least quarterly.

Neither the providers nor DDS aggregate this data. However, this information is considered by the provider’s Human Rights Committee and DDS’s Restrictive Controls Review Committee at least annually in the review and approval of BSPs.

Instances of the unapproved use of restraints are reported as a Serious Reportable Incident (“SRI”) and investigated by the Incident Management and Enforcement Unit (“IMEU”). A review of SRI data showed that there was one incident of inappropriate use of approved restraints that resulted in injury and one incident of the use of emergency restraints in FY 22. There was also, as of December 31, 2022, one incident of repeated use of emergency restraints in the first quarter of FY 23.

42. How many Formal Complaints were filed with DDS?

In FY 22, one Formal Complaint was filed with DDS.

43. How many External Review meetings were held?

In FY 22, no External Review meetings were held.

44. How many Formal Complaints were filed with providers?

Providers are not required to report when a complaint has been filed.

45. What outreach has DDS conducted regarding the Formal Complaint Process?

Service coordinators review the process for filing a complaint during each person's initial and annual ISP meetings.

DDS provided a training on DDA's Formal Complaint process to Project ACTION! on April 9, 2022.

Rehabilitation Services Administration (RSA)

46. How many complaints were received by RSA in FY 22? How did the number of complaints compare to FY 21?

There were 64 RSA complaints in FY 22. That represents a decrease of 7 (9.9%) total complaints from FY 21, when RSA received 71 complaints.

47. How many RSA cases were there in FY 22?

RSA had 5,834 cases in FY 22.

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

There are 327 people who are receiving services and supports from both DDA and RSA: 222 adults and 105 youth up to age 25.

49. Please report RSA cases closed during FY 22 and the reason for case closure.

In FY 22, there were 650 successful closures, which is 96% of the overall performance goal for the agency. 1,734 cases were unsuccessful closures.

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

As of January 2, 2023, the average caseload for counselors was 131.

51. How many vocational evaluations were funded by RSA in FY 22? To date, in FY 23?

The FY 23 YTD total for internal vocational evaluations was 14 as of January 23, 2023, 7 of which were administered to adults and 7 of which were completed for transition-age youth.

RSA authorized 90 vocational evaluations in FY 22. 8 vocational evaluations were authorized for transition-age youth and 82 for adults. In FY 23, as of January 23, 2023, there was a total of 34 vocational evaluations, including 1 vocational evaluation authorized for a transition-age youth and 33 evaluations for adults.

VR specialists are required to complete a comprehensive assessment for each client when developing an individualized plan for employment. This comprehensive assessment evaluates a client's strengths, resources, and abilities. It also examines the priorities and concerns of the client and the client's affected functional capabilities. Additionally, the VR specialist looks at the factors that have been identified as potentially negatively impacting the client's successful vocational rehabilitation. Assistive technology needs are considered, as well as post-employment services and supported employment services, if applicable. The VR specialist also works with the client to learn more about the client's vocational goals and the career pathways in which the client is interested.

There were 1,272 such comprehensive assessments completed by VR counselors in FY 22.

52. How many individuals attained employment for 90 days or more in FY 22? To date in FY 23?

- a. Of those individuals who attained employment, what percent were earning within \$1.00/hour above the minimum wage for the District of Columbia?**
- b. What portion were earning less than the minimum wage?**

In FY 22, there were 650 successful closures, which is 96% of the overall performance goal for the agency.

In accordance with the Fair Shot Minimum Wage Amendment Act of 2016, the minimum wage and living wage in the District of Columbia increased to \$16.10 on July 1, 2022. This wage increase impacted employment placements after July 1st. For FY 22, 287 people earned more than \$16.10 an hour.



In FY 22, 112 people earned within \$1.00/hour above the minimum wage for the District. As of January 23, 2023, in Fiscal Year 23, 45 people have earned within \$1.00/hour above the minimum wage.

In FY 22, there were 338 people earning less than the District’s minimum wage because they secured positions outside of the District. As of January 23, 2023, in FY 23, 24 people were placed in jobs earning less than the District minimum wage.

In FY 22, 200 people earned more than \$1.00/hour above the District minimum wage.

Regarding FY 23, as of January 23, 2023, 43 clients were earning more than \$1.00 above the District’s minimum wage.

53. Of successful employment placements, how many were in:

a. Cleaning and maintenance positions?

146 people secured employment in this sector of the high-demand field of hospitality, which includes cleaning and maintenance.

Pertinent Hospitality Placements	
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	132
Maids and Housekeeping Cleaners	7
Building Cleaning Workers, All Other	6
First-Line Supervisors/Managers of Housekeeping and Janitorial Workers	1

b. Office administrative support positions?

146 people secured employment in the high-demand field of business management and administration, which includes administrative support positions.

Business Management and Administration Placements	
Customer Service Representatives	61
Office and Administrative Support Workers, All Other	19
Stock Clerks, Sales Floor	17
Stock Clerks - Stockroom, Warehouse, or Storage Yard	8
Office Clerks, General	7
Stock Clerks and Order Fillers	7

Human Resources Assistants, Except Payroll and Timekeeping	3
Receptionists and Information Clerks	3
Training and Development Specialists	2
Business Operations Specialists, All Other	2
Executive Secretaries and Administrative Assistants	2
Human Resources, Training, and Labor Relations Specialists, All Other	1
Mail Clerks and Mail Machine Operators, Except Postal Service	1
Bookkeeping, Accounting, and Auditing Clerks	1
Information and Record Clerks, All Other	1
Administrative Services Managers	1
Human Resources Managers, All Other	1
Labor Relations Specialists	1
Mail Clerks and Mail Machine Operators, Except Postal Service	1
Management Analysts	1
Meeting and Convention Planners	1
Operations Research Analysts	1
Order Fillers, Wholesale and Retail Sales	1
Postal Service Clerks	1
Postal Service Mail Sorters, Processors, and Processing Machine Operators	1
Secretaries, Except Legal, Medical, and Executive	1

c. Food preparation and serving positions?

76 people secured employment in this sector of the high-demand field of hospitality, which includes food preparation and serving positions.

Pertinent Hospitality Placements	
Food Preparation and Serving Related Workers, All Other	14
Food Preparation Workers	12
Dishwashers	11
Food Servers, Non-restaurant	7
Combined Food Preparation and Serving Workers, Including Fast Food	6
Baristas	5
Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	4

Dining Room and Cafeteria Attendants and Bartender Helpers	4
Waiters and Waitresses	3
Bakers	2
Cooks, Fast Food	2
Cooks, Restaurant	2
First-Line Supervisors/Managers of Food Preparation and Serving Workers	2
Food Service Managers	1
Chefs and Head Cooks	1

54. What partnerships does DC RSA have with large employers in the area? Which employers are new partners in FY 22? What is DC RSA’s plan to establish additional partnerships?

RSA has partnerships with large area employers including:

Business Management & Administration

Amazon
Chemonics
Uniqlo
FDIC
Pension Benefit Guaranty Corporation

Health Science

UnitedHealth Group
CVS
Walgreens

Hospitality & Tourism

Sodexo
Marriott Hotels (Renaissance and Residence Inn in Arlington, VA)
American Red Cross

Information Technology

Pepco

Education & Training

American University

Transportation, Distribution & Logistics



WMATA

Government and Public Administration

Federal Government
U.S. Department of Labor
DC Department of Licensing and Consumer Protection
Federal Emergency Management Agency
DC Department of Youth Rehabilitation Services
U.S. Department of Agriculture
DC Department of Behavioral Health
DC Department of Forensic Sciences
U.S. Coast Guard
U.S. Customs and Border Protections
DC Office of the State Superintendent of Education
Department of Transportation (Federal Aviation Administration and Federal Highway Administration)

The following employers are new partners in FY 22:

Agriculture, Food, & Natural Resources

EverSource (Compass Group affiliate)
Farmer Mac
International Trade Association

Arts, Audio/Video Technology & Communications

Cognosante
Red River

Business Management & Administration

Internal Revenue Service
FM Talent

Hospitality & Tourism

MGM National Harbor

Law, Public Safety, Corrections, & Security

Arnold & Porter
Davis Wright Tremaine LLP

Government and Public Administration



U.S. Environmental Protection Agency
Office of Intellectual and Developmental Disabilities
U.S. Department of Health and Human Services

RSA will continue to host information sessions featuring employer partners through Employer Spotlights. RSA will continue to utilize the LinkedIn platform to engage new employers. RSA will, further, continue to network with Business Relations teams at other State Vocational Rehabilitation Agencies within the region and nationally.

55. How many DC RSA clients received supported employment services in FY 22 under 2019-RSA-POL007? In FY 22, how many requests for supported employment services has DC RSA denied?

In FY 22, there were 413 clients who received supported employment services: 106 referred from DDA and 307 referred from DBH. No requests for supported employment services were denied.

56. If an individual has reached the maximum number of months of supported employment services, but still requires those services, what does DC RSA do to ensure that services are continued?

RSA follows Section IV.F of its [Supported Employment Policy](#) (2019-RSA-POL007) when a case has reached the maximum number of months of supported employment services. In special circumstances, the eligible person and VR specialist may jointly agree to extend the time to achieve the employment outcomes identified in the Individualized Plan for Employment (“IPE”). This is possible using funds made available through the Vocational Rehabilitation program allotment for persons with a Category I, “most significant,” disability, who are eligible under the Supported Employment program.

57. 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 Attachment J: RSA: Potentially Eligible Students by School.

58. Pursuant to D.C. Code Section 38-2614, please provide an update on the transition services that RSA has provided to 14- and 15-year-olds youth during FY 22.

In FY 22, RSA continued providing work-based learning opportunities for students ages 14 and 15 years-old. The following programs hosted youth in this age range:

- JumpStart (part of the Summer Youth Employment Program)
- Music and Production and Voices of Change
 - Provider: SchoolTalk DC
- CEO Program
 - Partner: DC Public Schools
- Career Preparatory Program Exploration/Obtainment
- Next Steps
 - Provider: DC Special Education Cooperative
- The Keep Encouraging Youth (“KEY”) Transition Program
 - Provider: Project ReDirect
- Training, Employment, and Careers program
 - Provider: KBEC
- ASPIRE Program
 - Provider: Outstanding Possibilities Revealed)

Aside from these programs, students with disabilities of eligible or potentially eligible ages can participate in all other Pre-ETS services offered by the VR Specialist assigned to their school or by an RSA-contracted provider. These are the same services provided to students with disabilities aged 16 to 22.

RSA continues to visit any middle school that requests Pre-ETS from RSA. A member of the outreach/transition team meets with the middle school point of contact or staff to discuss the pre-ETS options available to eligible, or potentially eligible, students and designates a transition counselor to be assigned to the middle school, as needed.

59. 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.”

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

In FY 22, there were 3,224 consumers in Category I. In Quarter 1 of FY 23, there were 2,301 such consumers.

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

In FY 22, there were 1,245 consumers in Category II. In Quarter 1 of FY 23, there were 907 such consumers.

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

In FY 22, there were 134 consumers in Category III. In Quarter 1 of FY 23, there were 91 such consumers.

60. How many DC RSA clients received benefits counseling from a certified benefits counselor in FY 22?

In FY 22, there were 80 clients who received internal benefits counseling services and 35 clients who received external benefits counseling services.

61. How many DC RSA clients received rehabilitation technology and assistive technology in FY 22?

In FY 22, 91 clients received rehabilitation technology and assistive technology from RSA through external vendor purchases. There were 10 clients who received Assistive Technology evaluation and training through external provider purchases. 120 clients received these services internally in FY 22.

62. How many cases were closed for any reason (other than death) during FY 22?

In FY 22, there were 1,734 cases closed for various reasons.

63. How many DC RSA clients achieved successful employment placements in FY 22 resulting in a case closure?

In FY 22, there were 650 successful closures, which is 96% of the overall performance goal for the agency.

64. How many individuals receiving DC RSA services obtained self-employment in FY 22?

2 individuals obtained self-employment in FY 22.

65. How many DC RSA clients exited the DC RSA program in FY 22 without achieving an employment outcome? What were the most common reasons? Were any of those who were unsuccessful attempting to obtain self-employment?

RSA had 5,834 cases in FY 22. Of those cases, 1,734 cases were unsuccessful case closures. All services were offered virtually, as well as in-person, for FY 22. Some of the losses of client contact were due to consumers not wanting to continue engaging in the option of virtual or in-person services that was available.

66. Of successful placements, how many were in cleaning and maintenance positions? How many were placed in office administrative support positions? How many were placed in food preparation and serving?

Please refer to Question 53 above.

67. What partnerships does DC RSA have with major employers in the area? Which employers are new partners in FY 22? What is DC RSA's plan to establish additional partnerships?

Please refer to Question 54 above.

68. How many cases were closed by DC RSA in FY 22 as a result of a loss of contact?

In FY 22, 633 cases were closed due to loss of contact.

69. How many students received pre-employment transition services (Pre-ETS) in FY 22?

In FY 22, 3,288 students received pre-employment transition services.

70. Has DC RSA provided any new types of pre-employment transition services in FY 22?

In FY 22, DC RSA provided the required pre-employment transition services mandated by the Workforce Innovation and Opportunity Act. The required pre-employment transition services are:

1. Job exploration counseling;
2. Work-based learning experiences, which may include in-school or after-school opportunities, experiences outside of the traditional school setting, or internships;



3. Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs;
4. Workplace readiness training to develop social skills and independent living; and
5. Instruction in self-advocacy.

71. How many counselors are assigned to provide pre-employment transition services to transition-age youth in public or public charter schools in the District?

There are currently 11 VR counselors providing pre-employment transition services to youth with disabilities in public, public charter, or non-public schools in the District.

72. On average, how many students is each counselor who provides pre-employment transition services responsible for?

In FY 22, on average, each transition counselor was responsible for providing pre-ETS to approximately 86 students.

73. Pursuant to D.C. Code § 38-2614, individuals with an IEP who are 14 and above must receive a transition assessment. How does DC RSA work with DCPS and DC public charter schools to ensure that counselors are aware of IEP meetings?

VR specialists work with the public, public charter, and non-public schools to ensure that, when consent has been obtained by the parent or adult student, RSA is invited to IEP meetings. Frequently, this includes information sharing by the schools of upcoming IEP or 504 plan meetings for which consent has been obtained. Parents sometimes invite the RSA VR specialist to the IEP meeting for their student.

74. How many IEP and Section 504 meetings did DC RSA counselors attend in FY 22? What percentage of transition-age students served does this represent?

This is not a performance metric tracked by RSA.

Interagency Coordination

75. How many individuals received services from both DDA and DBH in FY 22?

419 people received services from both DDA and DBH in FY 22.

76. Does DDS encourage providers to contact DBH’s Community Response Team when an individual is in crisis or to contact 911?

The decision whether to call 911, the Community Response Team, or the Department of Behavioral Health (“DBH”) Assertive Community Treatment (“ACT”) team is made by the service provider, who acts based on the specific situation (i.e., whether there is a life-threatening emergency or particular services are needed to ensure the safety of the person and staff). When 911 is called, a Crisis Intervention Officer (“CIO”) can be dispatched, meaning that a police officer with 40 hours of training in working with people who have mental illness and/or developmental disabilities will respond. Since June 2021, District 911 operators have been trained to identify situations involving mental health crises and to assess whether a police response is appropriate or whether they should redirect the call to the Community Response Team. More information is available at: <https://dbh.dc.gov/release/mayor-bowser-launching-new-mental-health-emergency-dispatch-pilot-program>. Providers can also contact the Community Response Team directly or request DBH ACT services for people who receive those services as part of their mental health treatment.

77. How many individuals in FY 22 transitioned from HSCSN services to the I/DD waiver?

In FY 22, 64 people transitioned from HSCSN to the I/DD Waiver program.

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

The Child and Family Services Agency (“CFSA”) works with DDA to identify CFSA youth who may benefit from an early transition to DDA services. This coordination ensures timely referrals and eligibility determinations that allow youth to access services and supports that are not available through CFSA.

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

Upon the receipt of a referral from DYRS, DDA will coordinate services for youth who are determined eligible for DDA services.

80. Does DDA coordinate with DCPS, nonpublic schools for students with disabilities, and public charter schools to ensure students with intellectual disabilities have a smooth transition to adult services? If so, please describe those activities.

DDS has assigned a Community Liaison Specialist to the RSA Transition Unit to support a seamless transition to adult services. The Community Liaison Specialist works with RSA Transition counselors and school staff and attends monthly collaboration meetings. The Community Liaison Specialist regularly presents to students, parents, staff, and workforce development coordinators at DCPS, nonpublic schools, and public charter schools. The Community Liaison Specialist assists families with the DDA application process and, if needed, makes referrals to community-based organizations to support any unmet needs.

81. 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?

When the Department of Corrections or a person's advocate identifies a person as potentially eligible for services, or if the agency otherwise receives an application from the person, the agency works on establishing eligibility. For people 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 transfer proceedings for a crime of violence or sex offense.

Other New Business

82. A recent longitudinal report from Quality Trust indicated that the demographics of the people seeking services from DDS/DDA is changing in significant ways. The number of people who once lived at Forest Haven is declining and there has been an increase in younger people who have never been institutionalized seeking services including some coming into services from DYRS and CFSA. Given the growing number of younger people and the pending changes in eligibility for people with other developmental disabilities, please provide us with an overview of your efforts to change and adapt the system of services and supports to meet these changing needs.

The DDS intake process extensively reviews the needs of applicants for services, so DDS has long been aware of the changing demographic profile of people requesting services from the agency. The HCBS I/DD and IFS waivers provide a comprehensive array of services that is broad enough to meet the needs of DDS participants regardless of their disability. DDS has also proposed new waiver supports, such as Remote Supports and Telehealth, along with the greater use of technology, to meet the needs of even more people.

The new demographic is younger and eager to earn money through employment. They are also more interested in day activities with a smaller staff to person ratio that can be customized to fit their interests. DDS has always supported young people to work through RSA and Supported Employment and will continue to do so. The HCBS waiver offers Individualized Day Services and Companion Services for people, regardless of disability, who need, or who prefer, day activities with a smaller staff to person ratio that can be personalized based on their unique interests.

To meet the needs of people with dual diagnoses, DDS maintains a strong interagency collaboration with the Department of Behavioral Health. Bimonthly meetings are held between the Directors of both systems of care, along with their respective management teams who support service coordination, positive behavior supports, integrative behavioral health care, and forensic services to ensure seamless access to behavioral health services for people who need them.

Behavior support services are offered through the HCBS waiver for people with behavioral challenges. A key component of behavior support services is the availability of 1:1 staffing to assist people who, because of their specific behavioral or developmental challenges, require constant redirection, close supervision, and implementation of



specific interventions to safely enjoy access to community resources for leisure, recreation, work, socialization, and other activities that promote a high quality of life.

Lastly, DDS requires supports to be person-centered, which means that, regardless of the person's disability, DDS providers support people toward full community integration in all aspects of their lives, be it maintaining relationships with their families, attending public school to continue to receive special education services, or building skills as parents, just to name a few.

83. After multiple years of living with or through the COVID-19 pandemic, significant staffing shortages and challenges within the provider community have been reported affecting all areas of services. What specific strategies are DDS/DDA engaged in to ensure that enough experienced and well-trained staff are available to meet the needs of people with IDD in the District of Columbia?

In response to the public health emergency, the Centers for Medicare and Medicaid Services ("CMS") approved DDS's addendum to the HCBS I/DD Waiver (Appendix K), which provided additional flexibility to providers in hiring and training DSPs and in providing services remotely. In addition, the various Appendix Ks have allowed DDS to increase reimbursement rates for DSP overtime, provide retainer payments for day program service providers if the participant was unable to attend day programs due to the public health emergency, and offer enhanced pay for DSPs supporting persons who have been medically quarantined. DDS was also able to reimburse providers for the purchase of personal protective equipment ("PPE") and temporarily modify training requirements to allow DSPs to complete certain courses remotely to support the retention of their certifications.

To ease hiring, DDS temporarily suspended the requirements of DSPs to complete initial CPR, First Aid, and some pre-service training, as well as pre-employment background checks, until 45 days after the public health emergency. However, member-specific training (ISP, health management care plan, behavioral support plan, emergency preparedness, incident management, etc.) must be provided within 14 calendar days of hiring. Additionally, DDS increased reimbursement rates to providers who hire DSPs through staffing agencies due to a reduction in the total available workforce.

DDS has submitted an amendment to the IFS waiver, and is drafting a policy and procedure, to implement self-direction. This will allow people supported who receive services through the IFS waiver to draw from a broader pool of employees than are currently available from existing provider resources.



DHCF also convened a work group, including representation from the various provider advocacy groups, to address the issue of wages for entry level healthcare positions. The goal is to ensure that any strategy developed addresses the issue across all health fields, so that a strategy for one health field, e.g., DSPs, does not create workforce issues in related fields, e.g. home health aides or certified nursing assistants.

84. COVID has impacted participation in day service activities given the precautions implemented to mitigate community spread. What changes are planned to increase and diversify day service supports and options for people in the DDA system?

Through the above-referenced Appendix K, DDS has taken steps to support day services programs. In addition to retainer bonuses and increased pay rates, DDS allows several services to be provided remotely, including physical and occupational therapy; speech language and hearing; creative art therapies, individualized day supports and employment readiness. By expanding the remote delivery of services, DDS supports community integration by facilitating interaction with persons other than those physically present in the individual’s home. In addition to remote service delivery, DDS has temporarily modified staffing ratios for day habilitation and individualized day supports (“IDS”) provided remotely and expanded the number of hours that IDS can be offered in a given week.

DDS has included the use of remote supports in its recent HCBS waiver amendment, allowing for the use of remote supports for day services beyond the public health emergency.

To further support continued service delivery, DDS has expanded the settings in which certain services can be provided. DDS, for example, has permitted day habilitation, employment readiness, and IDS to be offered in a range of community settings, including shelters, churches, hotels, family and friends’ homes and other settings approved by the District.

85. What is the status of the initiatives identified in The District’s Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services under Section 9817 of the American Rescue Plan Act of 2021 (“ARPA”)? For each initiative, please provide the projected costs, the costs expended to date, and explain the status of the initiative as they relate to services provided by DDS.

DDS Behavioral Health Initiative

Projected Costs: \$500,000



Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Under this initiative, the District will use ARPA funds to contract with the Institute for Applied Behavior Analysis to provide ongoing training in Positive Behavior Supports for staff of DDS and other District of Columbia Government agencies, as well DD service providers. The goal of the training would be to build system capacity by teaching District providers and District agency staff how to manage behaviors (not necessarily dangerous behaviors) of individuals with IDD who are also diagnosed with a co-occurring behavioral health issue. The training will increase agency and provider capacity by building functional skills that will result in the improved management and treatment of behavioral health issues in the people served.

The contracted vendor will provide live training webinars on specific topics related to people who are dually diagnosed with IDD and behavioral health conditions. The training will consist of evidence-based content on topics that have direct application to quality services and supports so that people with dual diagnoses can lead self-determined and personally satisfying lives. The training will be available to direct support professionals and others who want to increase their knowledge of emerging trends and skills needed to develop professionally and advance in careers working with people dually diagnosed with IDD and behavioral health challenges. Additionally, DDS will seek to obtain authority to award psychology continuing education credits to behavioral health providers.

January 2023 Update:

In its May 2022 quarterly submission, the District proposed an update to the approved scope of this initiative and revised projected costs. On November 21, 2022, CMS approved those changes.

The District facilitated two four-day Positive Behavior Support Trainings for DDS’s provider community, DDS employees, and other District agencies, including the Department of Behavioral Health (“DBH”) and Child and Family Services Administration (“CFSA”).

Developmental Disability Provider Rate Study

Projected Costs: \$1.1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Conduct a study on the adequacy of reimbursement for providers under the IFS and IDD waivers by engaging the services of an external actuary to evaluate Medicaid



reimbursement rates for all services, with the goal of ensuring the reimbursement rates remain competitive for high-quality services and supports.

January 2023 Update:

The District is finalizing the statement of work that will be used in the public issuance of a Request for Proposals.

DDS Telehealth Initiative

Projected Costs: \$1.42M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Increase access to telehealth for beneficiaries with I/DD by acquiring application and technology solutions that will allow them to remotely access urgent care physician services.

January 2023 Update:

The District is updating the projected costs of this initiative to account for the costs for this service in FY 22 and FY 23. The new projected cost is \$2.13M.

The District has enrolled 1,505 people in telehealth services since the launch of the program. The supporting technology has been disseminated to 680 locations.

1915(c) IFS Waiver Self-Directed Services

Projected Costs: \$250,000

Programs Impacted: 1915(c) IFS Waiver

Expand the IFS Waiver to include self-direction. Working with their care planning team and within the parameters of their person-centered service plan, self-direction will permit individuals and their families/guardians to determine what mix of services and supports works best for them by expanding their degree of choice and control. Additionally, self-direction will allow individuals and their families/guardians to exercise employer authority to recruit, hire, supervise, and discharge qualified workers who provide participant-directed support. ARPA funding will cover the service until Sept 30, 2023.



January 2023 Update:

The District is proposing a revision to the scope and projected cost of this initiative.

The District is proposing to utilize the additional funds to hire a consultant and Program Coordinator. The consultant will provide technical assistance, support implementation, and provide project management for IFS/PDS. The Project Coordinator will monitor the Vendor Fiscal/Employer Agent “(VF/EA”) Financial Management Services (“FMS”) contract, identify and implement solutions to issues and concerns that emerge related to contract performance, and guide business processes related to enrollment into the PDS program. The Project Coordinator will conduct the annual audit for the contractor supporting the PDS program. The new projected cost for the initiative is \$1.51M.

DDS Information Technology System

Project Costs: \$204,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Updates to support DDS HCBS functions as well as purchase the equipment needed to handle data processing. Focus will be on migrating DDS's HCBS systems to a cloud-based server and allowing for critical improvements to system infrastructure.

January 2023 Update:

The District is updating the projected costs of this initiative to account for the costs to improve the system infrastructure and to purchase equipment in FY 22 and FY 23. The new projected cost is \$435,000.

DDS Stakeholder Technical Assistance

Projected Costs: \$508,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Initiate consultation (education and training) with DDS stakeholders to build familiarity with telehealth resources/consumer technology and speed adoption by DDS stakeholders.

January 2023 Update:



The District is preparing for the acquisition of, and enrollment into, a self-paced online SHIFT Technology First Credential and Certification training program. The training will provide education in person-centered technology planning, implementation, and best practices. DDS is working to standardize skill development throughout the disability services community in support of increasing the utilization of technology solutions by people with disabilities.

DDS Housing Coordinator

Projected Costs: \$115,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Employment of a full time equivalent (“FTE”) that will maximize housing opportunities for people transitioning out of institutional and related settings into the community. This FTE will also be responsible for assisting people who are supported by Medicaid funds and living in the community to identify options for remaining in the community.

January 2023 Update:

The District is updating the projected costs of this initiative to account for the Housing Coordinator’s salary in FY 22 through FY 24. The new projected cost is \$335,142.

DDS COVID-19 Impact Study

Projected Costs: \$100,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Use ARPA funding to conduct a comprehensive research study into the short- and long-term effects COVID has had on people supported by DDS.

January 2023 Update:

The District secured a vendor to complete the DDS COVID-19 Impact Study. The vendor collaborated with the District to develop the survey. As of December 31, 2022, 210 people were surveyed.

DDS Remote Support and Enabling Technology

Project Costs: \$5.09M



Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

The District’s Enabling Technology Projects focus is to accelerate Technology First efforts. The project aims to procure, customize, and implement an Artificially Intelligent (“AI”) web-based platform that will enhance technology service delivery for people with disabilities. The AI platform will be utilized to automate matching people with I/DD to Enabling Technology (e.g., Assistive Technology and Remote Supports). DDS will onboard a qualified Subject Matter Expert (“SME”) to scale the AI Platform to effectively match Person-Centered profiles to Enabling Technology solutions. The SME will also be tasked with creating a sustainable network of local Remote Supports service provider organizations throughout the District of Columbia. The SME will lead all project activities, including implementation strategy, tech matching, acquisition, delivery, installation, and training activities.

January 2023 Update:

In July 2022, the District proposed an update to the approved scope of this initiative and received approval from CMS on November 21, 2022.

DD Expansion

Projected Costs: \$1.5M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Based on legislation passed by the Council in March 2022, the Department on Disability Services Developmental Disabilities Administration (“DDA”) will be expanding eligibility for its IDD and IFS Waivers from providing services exclusively to people with intellectual disabilities to providing services to all people with developmental disabilities.

This expansion will increase the number of people in each waiver and will have a significant impact on the administration’s eligibility unit. To manage the expected initial increase in new referrals, the DDA is proposing to use ARPA funding to expand its eligibility unit. The eligibility unit will add one supervisor, one community liaison specialist, and two intake services coordinators, as well as one additional contract psychologist.

In addition, training will be needed to support this change and to provide our network of providers training on best practices in supporting people who are newly eligible. DDA is proposing to use ARPA funds to provide this needed training.

Training from subject matter experts will define meaningful achievements and the specific needs of people with newly eligible conditions, particularly people with autism spectrum disorder (“ASD”) who do not have co-occurring intellectual disabilities. With technical assistance, providers will develop supports that people with ASD need to achieve measurable gains in functional skills such as social skills, life skills, and specific work skills. Training will enhance provider capacity to support community access for people with ASD through leisure and employment. Consistent with the District’s Employment First goals, the eligibility expansion will require consultation with subject matter experts on how to develop knowledge, skills, and experiences that contribute to people with ASD and other developmental disabilities becoming employed through waiver-supported opportunities.

The District intends to claim administrative matching funds to support implementation of this initiative. This initiative will be sustained beyond March 31, 2024, using available local funding.

January 2023 Update:

This item has been approved as of November 21, 2022 after CMS review.

86. As the various COVID strains and versions continue to impact our region, Day Services have been particularly hard hit as those services have had limited usage as well as starts and stops of service for much of the past year. With future lapses and service gaps likely, what is the Department’s plan for rebuilding day service supports in DC?

a. How many day programs were operating as of September 30, 2021?

44.

b. How many day programs are presently operating as of January 1, 2023?

48.

c. How many hours of service (by service type) are those programs that are presently operating as of 1/1/23 providing each week (i.e. what is the present utilization)?

In November and December 2022:	
Day Habilitation with Meals (1:4)	17,844 hours/month
Employment Readiness Services	1,249 hours/month
Supported Employment	6,786 hours/month
IDS	23,919 hours/month



Day Habilitation	10,268 hours/month
Small Day Group	2,243 hours/month

- d. **How do these hours for the respective day service types compare with the service utilization from FY 19?**

In November and December 2019:	
Day Habilitation with Meals (1:4)	27,984 hours/month
Employment Readiness Services	16,856 hours/month
Supported Employment	6,242 hours/month
IDS	26,501 hours/month
Day Habilitation	33,399 hours/month
Small Day Group	1,950 hours/month

- 87. Please describe the internal operational process for individual support service referrals to the various service providers for residential services and for day services inclusive of any written policies and documentation relative to DDS/DDA’s referral process; and how do those referrals consider and demonstrate the “personal choice” of those persons who are eligible for services within the DD system?**

During the Individual Service Plan, or “ISP,” planning meeting, the team reviews person-centered thinking tools to discover what is important to and for the person. People who wish to transition to residential services select a provider from appropriate and available vacancies. In making that decision, the person identifies factors that are important to them, such as proximity to work or public transportation. If an appropriate vacancy, with a roommate of similar functioning, is available, DDA will then send a referral to the chosen provider.

Providers receive a profile of the person and all relevant supporting documentation necessary to support the provider’s acceptance or denial of the referral. The person then visits the provider. Once a provider is selected, a transition meeting is held with the day or residential provider, the person, and the person’s circle of support.

If the person has transitioned to the new day or residential placement, there is a 30-day review meeting to discuss any barriers and to ensure a smooth transition.