



**FY 23 – FY 24 PERFORMANCE OVERSIGHT
PRE-HEARING QUESTIONS AND ANSWERS**

Overall

Achievements and Priorities

1. *Identify the agency’s overall mission statement.*

The mission of the Department on Disability Services (DDS) is to provide innovative high-quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

2. *Identify the agency’s top achievements in FY 23 and FY 24, to date.*

One of the agency’s top achievements in FY23 and FY24 is the implementation of the Developmental Disability Eligibility Reform Amendment Act (DDERAA) of 2022. The DDS revised the eligibility criteria in FY23 to expand DDA services to people with developmental disabilities, not just intellectual disabilities. DDS invested in its infrastructure by using ARPA funds to hire one intake coordinator, two eligibility service coordinators, and one intake supervisor to support an influx in applicants. In addition, the agency worked with stakeholders to revise the Intake and Level of Care policies as well as incorporated the expansion into the DDA’s HCBS IDD and IFS Waivers. Another achievement in FY23 and FY24 is the agency’s Technology First initiative. On March 2022, the DDS launched its Telehealth Initiative so that people with disabilities who receive residential services have access to urgent care via telehealth to improve health outcomes. Of the 442 calls made in 2023, 406 calls (approximately 91.9%) were resolved with the person being observed in place, highlighting the effectiveness of remote care management. Only 36 calls resulted in a transfer to the hospital, showcasing the urgent telehealth care services ability to appropriately manage care remotely and reduce hospital visits.

On August 16, 2022, the agency hosted its inaugural Tech Fest with over twenty tech vendors offering solutions to people to live more independently in the community and raise awareness. Over two hundred people attended the event. On October 21, 2023, the DDS partnered with ODR to host the second annual Disability Tech Summit at the Walter E. Washington convention center where over 650 people attended the event. Tech leaders came together to collaborate with community partners regarding tech solutions. In addition to DDS providing opportunities for the community partners to increase awareness, there were opportunities for providers to improve their capacity. In FY22, a

select group of DDS providers participated in the SHIFT online education accreditation platform to learn about best and promising practices in integrating enabling technology into the home, work, and community environments. DDS recognized the value of expanding these best practices to the Service Coordination Division, which completed the SHIFT credentialization and certification program in FY23.

DDS and 15 agency partners are supporting Mayor Bower's priority to have the DC Government workforce reflect the residents of DC. In January 2023, The DDS applied for a competitive grant through Department of Labor's Office of Disability Employment Policy (ODEP)'s National Expansion of Employment Opportunities Network (NEON) and was awarded of 100 hours of technical assistance from nationally recognized subject matter experts (SMEs) to support the district's State as a Model Employer Initiative (SAME). DDS and partner district agencies, community partners, and self-advocates worked with our SMEs to conduct a landscape assessment and develop a strategic plan to recruit, hire, advance and retain employees with disabilities in the DC Government. In FY24, DDS was awarded another grant of 200 hours of technical assistance from ODEP/NEON to focus on four strategies to continue the implementation of DC's SAME Initiative. DDS and partners agencies are continuing to work on additional strategies identified as priorities in the strategic plan for FY 24 that fall outside of the TA funded by ODEP/ NEON.

3. Identify the agency's top five overall priorities. Explain how the agency expects to address these priorities in FY 24 and identify the metrics used to track success for each.

Priority 1: State as a Model Employer of People with Disabilities Initiative (SAME)
DDS is coordinating a district wide effort to make DC Government a Model Employer of People with Disabilities with support of the National Expansion of Employment Opportunities Network through the Office of Disability Employment Policy at the Department of Labor. We are focusing on four (4) objectives for FY 24:

1. Align SAME Workplan with WIOA State Plan: Working with the cross-agency Employment First Leadership Workgroup, the WIC workgroup developing the 2024 WIOA State Plan, and SMEs, include activities and initiative to support the implementation of SAME in DC.
2. Implement training for managers, including hiring managers, primarily through DCHR and ODR to improve outreach, recruitment, application, interviewing and retention processes, with a special focus on underserved underrepresented people with disabilities.
3. Develop a District-wide clearinghouse of flexible employment strategies (including customized employment) and support services (including assistive and enabling technologies) to improve employment outcomes for people with disabilities within DC government.

4. Develop and provide training and technical assistance support to ADA coordinators from each District government agency to become resources within their agencies to better ensure the retention and success of people with disabilities in their positions and as part of teams.

Priority 2: DDS Behavioral Health 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.

Priority 3: DD Expansion, 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.

Priority 4: The DDS Enabling Technology Project marks a significant stride in our mission to integrate advanced technology solutions for People with Intellectual and Developmental Disabilities (I/DD). Focused on accelerating DDS's "Technology First" initiative, this project centers around the deployment of an Artificial Intelligence (AI) web-based platform. This platform will be customized and designed to automate the matching of person's with I/DD to suitable Enabling Technologies, such as Assistive Technology and Remote Supports. The overall goal of the project is to advance speed adoption of tech tools by people with disabilities to reach greater independence. DDS will award a contractor in FY24 to spearhead the project, focusing on implementation strategy, technology matching, acquisition, delivery, installation, and training. Key metrics will be successful award of the contract and completion of platform customization and testing by the close of FY 24.

Priority 5: Developmental Disability Provider Rate Study: 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.

4. Describe any new initiatives or programs that the agency implemented in FY 23 and FY 24, to date, to improve the operations of the agency. Describe any funding utilized for these initiatives or program and the results, or expected results, of each initiative.

See priorities listed above in Question 3.

5. Identify the agency's Strategic Objectives and Key Performance Indicators (KPIs). Explain why each KPI was selected and how it supports the overall mission of the agency.

In alignment with the mission of the Department on Disability Services (DDS) to provide innovative high-quality services that enable people with disabilities to lead meaningful and productive lives, the work of the agency is mapped to the Strategic

Objectives and Key Performance Indications. In addition to supporting the agency's mission, DDA's KPIs align with the Center For Medicare and Medicaid (CMS) performance measures for the Home and Community-Based Waiver Services and RSA's KPI's align with DC RSA State Plan for Workforce Innovation and Opportunity Act (WIOA) programs.

DDA's KPIs:

1. Percent difference between actual and budgeted HCBS expenditures.
2. Percent of Individual Support Plans (ISP) that are completed before the Individual Support Plan effective date
3. Percent of People with a Level of Need (LON) assessment completed before the Individual Support Plan meeting date
4. Median Number of Calendar Days to Complete the Initial Individual Support Plan
5. Percent of Healthcare Management Plans that meet published standards
6. Percent of Investigations that are completed within 45 Days
7. Percent of people with restrictive interventions who have an approved Behavior Support Plan (BSP)
8. Percent of reported issues that are resolved on-time

RSA's KPIs:

1. Percentage of high school students ages 16-22 with disabilities who receive at least one pre-employment transition service each school year
2. Average entry level wage for District of Columbia residents with disabilities successfully employed
3. Percentage of participants who obtain a recognized postsecondary credential as a result of participating in an education or training program during a program year
4. Percent of indicators that demonstrate compliance with vocational rehabilitation (VR) regulations and policies (based on monthly case reviews)

Mayor Muriel Bowser established the last set of KPIs for district government agencies to ensure maintain a highly efficient, transparent, and responsive government.

District-wide KPIs:

1. Percent of new hires that are District residents
2. Percent of new hires that are District resident graduates
3. Percent of employees that are District residents
4. Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time
5. Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years.

a. Include the outcomes for FY 23 and FY 24, to date for each KPI measure.

Measures	FY23	FY24	Target
1. Provide high-quality direct services and support leading to the full inclusion of people with disabilities in the District.			
Percent difference between actual and budgeted HCBS expenditures.	8%	Annual	Plus or Minus 10%
Percentage of high school students ages 16-22 with disabilities who receive at least one pre-employment transition service each school year	80%	Annual	75%
Average entry level wage for District of Columbia residents with disabilities successfully employed	\$19.81	\$21.67	\$17.10
Percentage of participants who obtain a recognized postsecondary credential as a result of participating in an education or training program during a program year	36%	Annual	35%
2. Improve the quality-of-service planning and responsiveness of service coordination and advocacy to improve personal outcomes and customer satisfaction.			
Percent of indicators that demonstrate compliance with vocational rehabilitation (VR) regulations and policies (based on monthly case reviews)	88%	90%	86%
Percent of Individual Support Plans (ISP) that are completed before the Individual Support Plan effective date	99%	95%	86%
Percent of People with a Level of Need (LON) assessment completed before the Individual Support Plan meeting date	95%	99%	86%
Median Number of Calendar Days to Complete the Initial Individual Support Plan	39 Days	43 Days	90 Days
3. Improve the performance of DDS and provider community operations aligned with best practice to lead to improved personal outcomes and satisfaction.			
Percent of Healthcare Management Plans that meet published standards	95%	94%	86%
4. Operate effective systems of continuous quality assurance and improvement to ensure the provider network is in compliance with District policies and regulations, ensures health and safety and mitigates risk.			
Percent of Investigations that are completed within 45 Days	99%	99%	86%

Percent of people with restrictive interventions who have an approved Behavior Support Plan (BSP)	99%	97%	86%
Percent of reported issues that are resolved on-time	87%	75%	86%
5. Create and maintain a highly efficient, transparent, and responsive District Government			
Percent of new hires that are District residents	46%	Annual	No Target Set
Percent of new hires that are District resident graduates	16%	Annual	No Target Set
Percent of employees that are District residents	32%	Annual	No Target Set
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	73%	Annual	No Target Set
Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years	Not Available	Annual	No Target Set

b. Provide a narrative description of what actions the agency undertook to meet the key performance indicators or any reasons why such indicators were not met.

DDS met the target goal for the key performance indicators for FY23. DDS’s Quality Assurance and Performance Management Administration (QAPMA), Performance Management Unit (PMU) facilitates monthly performance meetings with executive leadership to share the agency’s progress in meeting the key performance indicators. Before the meeting, PMU reviews the data and informs the RSA, DDA, and QAPMA Deputy Directors, Program Managers, and Supervisors of measures that are falling below the target as well as the measures exceeding the target but dropped from the previous month. The supervisors are responsible for developing a remediation plan to improve performance. Supervisors have access to review performance reports through the agency’s database. Individual performance concerns are discussed during supervision for DDS employees. Provider performance concerns are added to the provider’s Continue Improvement Plan and reviewed quarterly by the Quality Resource Specialist. Systemic performance concerns are presented at DDS’s unit meetings and Provider Leadership meetings.

6. List each policy initiative of the agency during FY 23 and FY 24, to date. For each initiative provide:

- a. **A detailed description of the program;**
- b. **The name of the employee who is responsible for the program;**
- c. **The total number of FTEs assigned to the program; and**
- d. **The amount of funding budgeted to the program.**

DDA Expansion as described above. Winslow Woodland is the Deputy Director overseeing this program. Three (3) FTEs were added to support this program. The amount of funding budgeted to the program was \$1.5 million which includes training costs.

Enabling technology as described above. Crystal Thomas is the Program Manager overseeing this program. No new FTEs were added to support this program, but one (1) program specialist is assigned to this project. The amount of funding budgeted to the program was \$5.5 million.

7. Did the agency meet the objectives set forth in its performance plan for FY 23? Provide a narrative description of what actions the agency undertook to meet the objectives or any reasons why such objectives were not met.

DDS met the objectives set forth in the agency's performance plan for FY23. DDS's Quality Assurance and Performance Management Administration (QAPMA), Performance Management Unit (PMU) facilitates monthly performance meetings with executive leadership to share the agency's progress in meeting the key performance indicators. Before the meeting, PMU reviews the data and informs the RSA, DDA, and QAPMA Deputy Directors, Program Managers, and Supervisors of measures that are falling below the target and exceeding the target but dropped from the previous month. The supervisors are responsible for developing a remediation plan to improve performance. Supervisors have access to review performance reports through the agency's database. Individual performance concerns are discussed during supervision for DDS employees. Provider performance concerns are added to the provider's Continue Improvement Plan and reviewed quarterly by the Quality Resource Specialist. Systemic performance concerns are presented at DDS's unit meetings and Provider Leadership meetings.

Organization and Staffing

8. Provide a current organizational chart for the agency, including the number of vacant and filled positions in each division or subdivision. Include the names and titles of all personnel and note the date that the information was collected on the chart.

See attachment Q8.

- a. **Include an explanation of the roles and responsibilities for each division and subdivision.**

Developmental Disabilities Administration- provides individualized services, supports, and life planning to individuals with intellectual and developmental disabilities so that they may lead self-determined and valued lives in the community. The division contains the following subdivisions: DDA Service Planning and Coordination- provides services to qualified individuals by coordinating available resources and opportunities in the community through the development of Individual Service Plans (ISPs), advocating for quality services to promote healthy and productive lifestyles for each person, completing monitoring activities to ensure the delivery of services and supports, complete all intake activities for new applicants and coordinating activities carried out in D.C. Superior Court. Quality Assurance- examines and improves internal and external service delivery systems by conducting external provider reviews to ensure performance so that standards, federal and local regulations, quality frameworks issued by the Centers for Medicare and Medicaid Services (CMS), national best practices, and court mandates are met. Quality Assurance also includes functional responsibility for incident management and enforcement, rights and advocacy, CMS performance analysis, and reporting and mortality review; and DDA Consumer Resources and Operations- manages the human care provider network and administrative functions for DDA including budget compliance, service and billing authorization, and residential portfolio management, operates the Home and Community Based Services Waivers, including provider enrollment, provision of technical assistance and service authorization, and manages benefits and personal funds. Rehabilitation Services Administration- assists persons with physical, cognitive and emotional disabilities to achieve a greater quality of life by obtaining and sustaining employment, economic self-sufficiency, and independence. This division contains the following subdivisions: RSA Vocational Rehabilitation Services – assesses, plans, develops, and provides vocational rehabilitation services to individuals with disabilities to enable them to prepare for, maintain, and advance in integrated, competitive employment; and provides services to businesses, including recruitment and job placement for people with disabilities and training for employers on issues related to hiring and maintaining employees with disabilities; RSA Blind and Visual Impairment Services- provides services to people with disabilities to help them live as independently as possible in the community. Services include advocacy, independent living skills training, information and referral, peer support, and transition – from secondary school to post-secondary activities and from nursing homes; Quality Assurance – provides monitoring and compliance reviews of internal and external operations and agencies, ensuring that RSA customers receive quality services that meet local and federal regulations; RSA Operations – manages the human care provider network that serves RSA clients, provides oversight to the Randolph Sheppard Vending Facility Program, and processes payments for service providers; and Disability Determination Services – administers Social Security Disability Insurance and Supplemental Security Income eligibility determinations in conjunction with the federal Social Security Administration.

b. *Provide a narrative explanation of any organizational changes made during the previous year.*

There were no organizational changes in the previous fiscal year.

c. *Provide RSA and DDA's organizational charts, to the activity level.*

i. *Identify the number of full-time equivalents at each DDA and RSA organizational level and the employee responsible for the management of each program and activity.*

See attachment Q8

9. *How many vacancies were posted during FY 23 and FY 24, to date? 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.*

See attachment Q9.

10. *Provide a current Schedule A for the agency which identifies each position by program and activity, with the salary, fringe benefits, and length of time with the agency. Note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Indicate if any position must be filled to comply with federal or local law.*

See attachment Q10.

11. *List all employees detailed to or from the agency, if any. Provide the reason for the detail, the detailed employee's date of detail, and the detailed employee's projected date of return.*

One FTE is detailed to the Department of For Hire Vehicles (DFHV) to assist with community outreach and equity. In recent conversations, we understand the detail to conclude in the coming weeks.

12. *What is the agency'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 Manager; and*
- f. *Program Coordinators.*

The waiver rates increase twice per year, i.e., in January and July, based on the consumer price index, which impacts all job classifications funded by the

waiver program. In addition, the Direct Support Professional wage component includes the assumption of the enhanced DSP wage of an average of 117.6% to ensure adherence to D.C. Law 23-77, Direct Support Professional Payment Rate Act of 2020.

13. Describe the DDS staff on-boarding and training process; training curriculum synopsis (including the training course titles, topics and hours of training under each course title); all agency assessments which are given to demonstrate staff competency; supervision and oversight responsibilities; and continuing education requirements of the agency's:

- a. **Service Coordinators;**
- b. **Quality Resource Specialists;**
- c. **Health & Wellness Monitors;**
- d. **Incident Management and Enforcement Unit team members; and**
- e. **Vocational Rehabilitation Counselors.**

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.

Contracting and Procurement

14. *List each contract, procurement, lease, and grant (“contract”) awarded or entered into by the agency during FY 23 and FY 24, to date. For each contract, provide the following information, where applicable:*

- a. *The name of the contracting party;*
- b. *The nature of the contract, including the end product or service;*
- c. *The dollar amount of the contract, including budgeted amount and actually spent;*
- d. *The term of the contract;*
- e. *Whether the contract was competitively bid or not;*
- f. *The name of the agency’s contract monitor and the results of any monitoring activity; and*
- g. *Funding source.*

See attached spreadsheet Q14.

15. *Provide the following information for all contract modifications made in FY 23 and FY 24, 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.*

See attachment Q15.

16. *Provide a list of any contractors or consultants performing work within the agency, including job description, salary, and length of contract and city of residence.*

See attachment Q16.

17. *For FY 2023 and FY 2024, to date, provide the number of contracts and procurements executed by the agency. Indicate how many contracts and procurements were for an amount under \$250,000, how many were for an amount between \$250,000-\$999,999, and how many were for an amount over \$1 million.*

Total number of contracts: 205
Under \$250,000: 159
Between \$250,000 and \$999,999: 31
Over \$1 million: 15

18. Provide the typical timeframe from the beginning of the solicitation process to contract execution for:

- a. ***Contracts and procurements under \$250,000;***
- b. ***Contracts and procurements between \$250,000-\$999,999; and***
- c. ***Contracts and procurements over \$1 million.***

Since the timeframes may vary, this may be more appropriate for a response from the Office of Contracting and Procurement.

19. In cases where you have been dissatisfied with the procurement process, what have been the major issues?

We have not had cases where we have been dissatisfied with the procurement process.

20. What changes to contracting and procurement policies, practices, or systems would help the agency deliver more reliable, cost-effective, and timely services?

The agency has not identified a need to change contracting and procurement policies, practices or systems.

Racial Equity

21. The District defines racial equity as “the elimination of racial disparities such that race no longer predicts opportunities, outcomes, or the distribution of resources for residents of the District, particularly for persons of color and Black residents.” What are three areas, programs, or initiatives within the agency that have the most opportunity to make progress toward racial equity?

DDS has collaborated with the Office of Racial Equity to complete a six-part internal assessment aimed at identifying areas impacted by racial inequity. The assessment identified the specific areas to collect data and develop proactive strategies to mitigate the impact of bias and inequitable opportunities for people seeking and/or receiving services through DDS. The following are the specific areas: 1. Service Scope and Outreach; 2. Provider Referral and Placement; and 3. Employment Outcomes.

22. In the past year, what are two ways the agency has addressed racial inequities internally or through the services you provide?

DDS addressed racial inequities internally by implementing the following Racial Equity Action Plan (REAP).

1. DDS staff understand and are committed to achieving racial equity.
 - a. Increase awareness through training and sharing information
2. DDS is committed the eliminating racial and ethnic inequities.
 - a. Streamlined focus on equity Person-Centered Practices and expansion of services and program supports.

3. DDS is committed to meaningfully involving community and strengthening community partnerships.
 - a. Increase opportunities for sharing and accessing information from stakeholders.
4. DDS is an equitable employer and engages in racially equitable hiring practices.
 - a. Partnering with DCHR to ensure equity in hiring practices includes perspectives of disability and racial equity.

23. Consider one area where the agency collects race information. How does the agency use this data to inform decision-making?

DDS is collecting and tracking race information for improved employment outcomes for people receiving services through the Rehabilitation Services Administration (RSA). The following data for people whose cases are closed after the person is gainfully employed: Sector; number of closed cases; and average wage. The information is utilized to monitor trends related to wages, types of employment obtained; and outreach opportunities to increase the number of employers.

24. How are communities of color engaged or consulted when the agency considers changes to programs or services? Provide one specific example from the past year.

DDS continues to strengthen its engagement with communities of color with intentional outreach and engagement activities. During FY 23, DDS, along with the Mayor’s Office of Latino Affairs, or “MOLA,” and the Developmental Disabilities Council, hosted its 5th annual Latinx Conference for people with disabilities and their families in September 2023. The Spanish-language-only event was designed to provide Spanish-speaking people with disabilities and their family members with information in their native language on the theme of Promoting Health and Well-Being: Know Your Rights! During the conference participants had the opportunity to learn about their rights and the services and supports available to people with disabilities and their families in DC. In addition to its annual conference, DDS attends various engagement opportunities with the Latinx, Ethiopian and Eritrean communities. Each event hosted a listening session where the communities had an opportunity to provide feedback on what's working, what's not working, and what they would like to see changed. Based on the feedback, DDS/RSA is updating its online application to include an Amharic version to provide easier access to services for the Ethiopian/Eritrean communities.

Sexual Harassment

25. Describe the agency’s procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by the agency in FY 2023 and FY 2024, to date, and whether and how those allegations were resolved.

DDS follows the investigation procedure outlined in the most recent Mayor's Order and the corresponding Sexual Harassment Reports and Investigations issuance. In FY23 there

were no reported allegations of sexual harassment. In FY24 there were 2 reports of sexual harassment. Both have been resolved.

26. Has DDS identified a primary and alternate sexual harassment officer (“SHO”) as required by Mayor’s Order 2023-131 (“Sexual Harassment Order”)? If no, why not? If so, provide the names of the primary and alternate SHOs.

Human Resources Specialist Peach Siribrahmankul is the Sexual Harassment Officer and Human Capital Administrator Jessica Gray is the alternate Sexual Harassment Officer.

27. Has DDS received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order? What was the resolution of each request? If a waiver has been granted, are there limitations on the scope of the waiver?

DDS has not received any waiver requests for a prohibited relationship.

Other

28. Explain any significant impacts on the agency, if any, of legislation passed at the federal or local level during FY 23 and FY 24, to date.

None. There were no significant programmatic impacts on the agency of legislation passed by either the federal or District government from October 1, 2022, to date. Although it did not pass in FY 23, DC Law 24-117 became effective on October 1, 2023, resulting in expansion of eligibility for DDS/DDA services to people with developmental disabilities, not just intellectual disabilities as discussed in response to Q2.

29. Provide the number of FOIA requests received for FY 23, and FY 24, to date. Include the number granted, partially granted, denied, and pending. In addition, provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.

In FY23, DDS received and processed eight (8) FOIA requests: three were granted in whole, two were denied in whole, two were referred to other agencies, and one was closed after a discussion with the requestor about fees. These FY23 FOIA requests were processed within 15 days, the median time was 7.5 days, staff spent 7.5 hours responding, and none are pending.

In FY24 to date, DDS has received and processed two (2) FOIA requests: one was granted in full within 12 days and the other was referred to another agency on the same day it was received. Median time spent on these two requests was 7.5 days. Staff spent 5 hours responding and none are pending. One of DDS’s Attorney Advisors/Assistant

General Counsels serves as the agency’s FOIA officer as part of his duties and is assisted in responding to FOIA requests that the agency receives by appropriate DDS staff as the topic and circumstances require.

Budget

30. Provide a table showing the agency’s Council-approved budget, revised budget (after reprogrammings, etc.), and actual spending, by program, activity, and funding source for FY 23 and FY 24, to date. Detail any over- or under-spending and if the agency had any federal funds that lapsed.

See attachments Q30.

31. Provide a list of all budget enhancement requests (including capital improvement needs) for FY 23 or FY 24. For each, include a description of the need, the amount of funding requested, and the status of the enhancement.

The FY 2023 and FY 2024 approved budgets were based on formulation processes undertaken initially by the Mayor and subsequently by Council. The release of information regarding the Mayor’s formulation process and deliberations, including enhancement requests, is subject the approval of the Mayor.

DDS did not submit any enhancement requests for FY 2023. The table below shows the DDS budget enhancements for FY 2024, which includes a \$200,000 enhancement provided by the Council.

Description	Amount	Status
Increase in Personal Needs Allowance from \$100 per month to \$150 per month for individuals under the care of DDS	744,600	Approved
To support additional outreach to local businesses and District agencies	200,000	Approved

32. For FY 23 and FY 24, to date, list all intra-District transfers to or from the agency. For each, provide a description of the purpose of the transfer and which programs, activities, and services within the agency the transfer impacted.

See attachment Q32

33. List, in chronological order, each reprogramming that impacted the agency in FY 23 and FY 24, to date, including those that moved funds into the agency, out of the agency, and within the agency. For each reprogramming, list the date, amount, rationale, and reprogramming number.

Date	From	To	Amount	Rationale	Reprogramming Number
4/11/2023	DDS	DDS	2,227,356	Local reprogramming from DDA to RSA for vocational rehabilitation services due to ongoing enhanced FMAP	REPROG - 979

5/3/2023	DDS	DDS	200,000	Reallocation of funds within DDD from IT Software maintenance to contractual services for the cost of Consultative Exams and Medical Evidence of records	BUDGET REALLOCATION ADJUSTMENT 744
6/27/2023	DDS	General Fund	6,262,480	Reprogramming of local funds to the General Fund based on the forecast surplus of Waiver funds due to enhanced FMAP	D.C. ACT 25-134
7/12/2023	DDS	DDS	350,000	This reprogramming moved budget authority from Comptroller Source Groups (CSGs) 11 (Regular Pay – Continuing Full Time), 12 (Regular Pay – Other), and 14 (Fringe Benefits – Current Personnel) to CSG 50 (Subsidies and Transfers). Salary funds were available due to vacancies.	REPROG - 335

34. List and describe any spending pressures the agency experienced in FY 23 and any anticipated spending pressures for the remainder of FY 24. Include a description of the pressure and the estimated amount. If the spending pressure was in FY 23, describe how it was resolved, and if the spending pressure is in FY 24, describe any proposed solutions.

DDS did not experience spending pressures for FY 23. Once the first quarter FRP is completed the agency will be able to identify whether there are spending pressures for this fiscal year and to identify any steps to address them.

35. For FY 23 and FY 24, to date, identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:

- a. *The revenue source name and code;*
- b. *The source of funding;*
- c. *A description of the program that generates the funds;*
- d. *The amount of funds generated by each source or program;*
- e. *Expenditures of funds, including the purpose of each expenditure; and*
- f. *The current fund balance.*

See attachment Q35.

36. For FY 23 and FY 24, to date, provide a list of employee bonuses, special pay granted, or separation pay issued, that identifies the employee receiving the bonus, special pay, or separation pay, the amount received, and the reason for the bonus, special pay, or separation pay.

See attachment Q36.

37. For FY 23 and FY 24, to date, list any purchase card spending by the agency, the employee making each expenditure, and the general purpose for each expenditure.

See attachment Q37.

38. For FY 23 and FY 24, to date, list all vehicles owned, leased, or otherwise used by the agency including their age, division, and purpose.

Year	VIN #	Make	Model	Location	Division	Leased/ Owned
2018	5YFBURHE0JP799920	Toyota	Corolla 0097	250 E Street SW	Staff	Leased
2018	5YFBURHE4JP800647	Toyota	Corolla 0098	250 E Street SW	Staff	Leased
2018	2C4RDGBG4JR192643	Dodge	Grand Caravan 7 Passenger 0099	250 E Street SW	DDS	Leased
2018	2T1BURHE3JC047385	Toyota	Corolla 100	250 E Street SW	Staff	Leased
2018	1GCWGAFBXJ1220195	Chevrolet	Express 1500 Cargo Van 0101	250 E Street SW	RSA – Randolph Sheppard	Leased
2018	2T1BURHE6JCO58008	Toyota	Corolla	1227 25 th Street, NW	DDD	Leased
2016	#1	Segway	i2 SE/x2 SE PT	250 E Street SW	Staff	Owned
2016	#2	Segway	i2 SE/x2 SE PT	250 E Street SW	Staff	Owned

39. For FY 23 and FY 24, to date, list all employees who receive cell phones, personal digital assistants, or similar communications devices at agency expense.

See attachment Q39.

40. For FY 23 and FY 24, to date, provide the following information regarding the agency's authorization of employee travel:

- a. *Each trip outside the region on official business or at agency expense;*
- b. *Individuals (by name and title/position) who traveled outside the region;*
- c. *Total expense for each trip (per person, per trip, etc.);*
- d. *What agency or entity paid for the trips; and
Justification for the travel (per person and trip).*

See attachment Q40.

41. *For FY 23 and FY 24, to date, list all of the total overtime and workman’s compensation payments paid.*

FY23 LOCAL	15,773.91
FY23 FEDERAL	446,900.12
TOTAL	462,674.03

FY24 LOCAL	1,142.19
FY24 FEDERAL	309.29
TOTAL	1,451.48

There were no worker’s compensation payments paid in FY23 or FY24.

Inter-Agency Coordination

42. *List and provide a copy of all memoranda of understanding (“MOU”) or other written agreements between DDS and other District agencies during FY 23 and FY 24, to date, as well as any MOU currently in force and any MOU planned for the upcoming year. For each, indicate the date on which the MOU was entered and the termination date.*

See attachment Q42.

43. *Describe DDS’ collaboration with the Office of Disability Rights. Include any specific partnerships on programs, initiatives, and events that DDS had with ODR in FY 23 and FY 24, to date.*

ODR is a key partner for our work on DC’s State as a Model Employer of People with Disabilities Initiative supported by the US Department of Labor’s National Expansion of Employment Opportunities Network (NEON) during the 2022-2023 and 2023-2024 grant cycles. One objective for this year’s NEON grant is to expand the role of ADA Coordinators within each agency. DDS is working with ODR staff and our subject matter experts to review current training curriculum and planning training and materials to build capacity for ADA coordinators to be a resource within their agencies to better ensure the retention and success of people with disabilities in their DC government positions and as part of teams.

On October 21, 2023, the District of Columbia hosted the landmark "Disability Tech Summit for an Inclusive Tomorrow" at the Walter E. Washington Convention Center. This event, evolving from the previously known "Tech Fest," was co-hosted by the Department on Disability Services (DDS) and the Office of Disability Rights (ODR). The renaming to "Disability Tech Summit" and its combination with ODR's "Disability Awareness Expo" signified a unified effort to connect the disability

community with a broad spectrum of technological innovations and essential resources. The event was also supported by the newly formed State Broadband & Digital Equity Office (SBDEO) located within the Office of the Chief Technology Officer (OCTO).

44. Describe DDS' collaboration with the Mayor's Office of Deaf, Deafblind, and Hard of Hearing. Include any specific partnerships on programs, initiatives, and events that DDS had with MODDHH in FY 23 and FY 24, to date.

MODDHH is a partner for DC's State as a Model Employer of People with Disabilities Initiative. DDS has collaborated with MODDHH, DCHR and Mayor's Office on Innovation in looking at the application for DC Government positions to identify any accessibility issues or barriers that would discourage potential applicants with disabilities from applying for positions.

During the Fiscal Year 2023, DDS has actively pursued the expansion of our Tech First Initiative, laying the groundwork for a broader coalition of District partners. We have initiated preliminary discussions with the Mayor's Office of Deaf, Deafblind and Hard of Hearing to explore potential partnership opportunities, including the co-hosting of the Disability Tech Summit in 2024. Additionally, we have engaged the Office of the Chief Technology Officer's State Office of Broadband and Digital Equity/Tech Together, who have expressed interest in supporting our efforts.

Recognizing the profound impact that our Tech First initiative can have on older adults with disabilities within the District, we are in the process of reaching out to the DC Department of Aging and Community Living. Their partnership would be instrumental in promoting the initiative's objectives of Aging in Place and enhancing Longevity Living for older residents.

Furthermore, we are poised to forge connections with a broader network of partners including the DC Library - Center for Accessibility, the DC Center for Independent Living, Age-Friendly DC, and maintaining our ongoing collaboration with the DC Assistive Technology Program. By uniting these critical stakeholders, DDS aims to dismantle existing silos, creating a more integrated and efficient network to advance and expand the reach and effectiveness of the Tech First initiative. This is a strategic step towards a more inclusive, tech-enabled future for all District residents with disabilities.

45. Describe DDS' collaboration with the Department of Behavioral Health. Include any specific partnerships on programs, initiatives, and events that DDS had with DBH in FY 23 and FY 24, to date.

a. 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. Their training includes recognizing indicators that a person may have I/DD, communication procedures for people who have I/DD, and procedures for interacting with people who have disabilities. Two goals of the CIO program are to promote safe interactions between the police and citizens with mental health challenges and/or disabilities along with diversion of nonviolent mentally ill individuals, including people with dual diagnosis, from the criminal justice system to appropriate behavioral health services. 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. 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.

b. If someone receiving supports from both DBH and DDS needs housing and supports, how do DBH and DDS work together to meet their needs?

DDS considers the suitability of the person's current housing situation for meeting the person's needs and, if necessary, explores housing resources offered by DBH, DDS or other agencies. When a person requires individualized housing to promote their mental health recovery, DBH and DDS collaborate with the person's ACT Team and the core service agency to identify housing options, rental subsidies, and community based behavioral health treatment services. If necessary, DDS will contact the Director of the DBH Housing Development Division or the Director of Residential Services and Supports to identify rental subsidies for the person. If the person receives housing supports from DBH and requires supports in the home and in the community, the DDS service coordinator works with the person and their circle of support to identify the appropriate waiver services based on the person's assessed needs. The person selects a DDA provider for the service.

46. 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.

See attachment Q46

47. Does DDS coordinate with the Child and Family Services Agency to identify youth who will be or are eligible for DDS services? If so, explain that coordination.

The Child and Family Services Agency ("CFSA") partners with DDS to identify youth with developmental disabilities to provide seamless transitions into the adult service delivery system. We also collaborate to identify youth who require an early transition to access services prior to allowing early access to DDA services and supports that are not available through CFSA.

a. How many individuals transitioned from CFSA services to DDA services in FY 23 and FY 24, to date?

In Fiscal Year (FY) 23, we transitioned Seven (7) youth. In Fiscal Year (FY) 24, we transitioned Three (3) people. And, Two (2) youth with developmental disabilities received access to adult services early, prior to the age of 21.

48. Does DDS coordinate with Health Services for Children with Special Needs Inc. to identify individuals who are in need of DDS services? If so, explain that coordination.

a. How many individuals transitioned from HSCSN services to the I/DD or IFS waiver in FY 23?

In FY 23 forty (40) people were referred to DDA for the HCBS I/DD or IFS waiver program.

b. What steps does DDS take to ensure a smooth transition from HSCSN services to DDS services and waiver services?

An approved Memorandum of Understanding (MOU) exists between DDS and HSCSN. We work together to build capacity for cross systems collaboration that are culturally responsive, improve relationships, ensure meaningful involvement in monthly planning, culture and improvements while promoting shared accountability.

49. Does DDS coordinate with Department of Youth Rehabilitation Services to identify youth who will be or are already eligible for DDS services? Is so, explain that coordination.

DCRSA collaborates closely with the Department of Youth Rehabilitation Services (DYRS) to identify youth who are eligible for services. This collaborative effort is crucial for ensuring a seamless and comprehensive approach to meeting the vocational rehabilitation needs of eligible youth. DCRSA has an assigned VR Specialist who coordinates with DYRS for referrals to the vocational rehabilitation agency. This VR Specialist has standing site visits at Maya Angelou Academy at Youth Services Center, Maya Angelou Academy at New Beginnings, and Maya Angelou Academy at DC Jail.

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

50. Does DDS coordinate with District of Columbia Public Schools, 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, explain that coordination for each entity.

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.

51. Does DDS coordinate with the DC Department of Corrections to identify individuals who are eligible for DDS services? If so, explain that coordination. How many incarcerated individuals did DDS 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. Ten people have been found eligible for forensic commitment, none of which began in FY23 or FY24. Please note that forensic commitment is not a release from judicial oversight, though it may involve a release from incarceration. While DDS provides physical, emotional and services support to people throughout the judicial process and can provide information about potential services and support to the counsel for a person undergoing these processes, the agency cannot provide legal representation that leads to release from incarceration.

Complaint Procedures

52. Provide the following for FY 23 and FY 24, to date:

- a. **The number of formal complaints filed with DDS and providers;**
 - i. **Specify the number of complaints received by DDS’ Customer Relations Unit;**

The DDS Customer Service Unit responded to the following number of complaints/concerns: 137 in FY 2023 and 26 in FY 2024, as of December 31, 2023.

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

Inquiry/Concern/Complaints	FY 23	FY 24
Clarification of Case Status	22	2
Feedback about provider services	18	3
Feedback about DDS staff services - communication	12	3
Feedback about DDS staff services - Other	30	10
Inquiry: how to receive DDS services	33	1

Other	5	3
Request for new Service Coordinator/VR Counselor	10	3
Vendor Inquiry	4	1
Transportation	3	
Total	137	26

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

Administration	FY 23	FY 24
DDA	47	16
DDD	10	2
DDS	22	1
RSA	58	6
Other	0	1
Total:	137	26

d. Whether the response to any of these complaints necessitate corrective action beyond the scope of the individual complaint; and

DDS -received 137 complaints/inquiries in FY 2023. As of December 31, 2023, DDS -received 26 complaints/inquiries in FY 2024. The action and outcome of each complaint 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. The length of time it took to respond to the complaint.

Administration	FY 23 (mean)	FY 24 (mean)
DDA	7 Days	7 Days
DDD	7 Days	2 Days
DDS	4 Days	3 Days
RSA	6 Days	8 Days

53. Describe process for complaints filed against (1) DDS and its employees and (2) DDS providers.

a. Who can submit a complaint? How can supported persons, their families, and, if possible, members of the public submit a complaint?

A formal complaint may be filed by a person who receives DDA support, their guardian, or other legal decision-maker. Family members, friends, advocates, and other people can also file a formal complaint for the person, if they have the person's permission to do so.

A person can file a formal complaint in-person, via regular mail at D.C. Department on Disability Services, ATTN: DDA Formal Complaint System, 250 E Street, SW, Washington, DC 20024, by phone at 202-442-8686, by email at dds.complaints@dc.gov or online at [DDA Formal Complaint Form | dds \(dc.gov\)](#). A person may also complete the DDS Customer Service Complaint form at these links ([English](#) / [Spanish](#)).

b. *Can complaints be submitted anonymously? If so, how?*

Formal complaints may not be submitted anonymously. However, a person may file an anonymous complaint through the customer relations staff orally and/or in writing.

c. *Who can receive a complaint?*

Any representative or employee with DDS can receive a complaint. However, the complaints are forwarded to customer relations staff for tracking and assigned to the appropriate supervisor for resolution.

d. *What is the length of time between when the complaint is submitted to when it is reviewed?*

Complaints are reviewed within two business days of the complaint filing.

e. *Who reviews a complaint? Are subjects of the complaint prohibited from reviewing the complaint?*

Complaints are reviewed by the customer relations staff and the supervisor assigned to review the complaint. The subject of the complaint is not prohibited from reviewing the complaint; however, the complaint is redacted to exclude personal information.

f. *Are subjects of a complaint notified when a complaint has been submitted against them?*

DDS supervisors review the complaint and use their discretion as to the matter needs to be discussed with the subject for resolution.

i. *If so, what information is the complaint subject provided?*

It all depends on the kind of complaint that is received and what information is needed for resolution.

ii. *What, if any, steps does DDS take to protect the identity of the person who submitted the complaint and/or the person whom the complaint is filed on their behalf?*

DDS is not required to disclose who files a complaint through the Customer Service line. However, the focus is to ensure that the person's concerns or issues are resolved.

g. *What type of consent or authorization is required to share the findings of a review of a complaint with a person who is not the one who submitted the*

***complaint and/or is not the one whom the complaint is filed on their behalf?
How can that consent or authorization be given?***

A person supported or his/her legal guardian must provide a signed consent to release record information form to share the findings or outcome of the complaint. The person may send the signed consent form to the Customer Relations staff by mail or by email at dds@dc.gov.

i. Are findings required to be shared in writing? If so, how should that request be made?

The findings and resolution for formal complaints are submitted in writing within 14 calendar days of the complaint filing date. The person may request a copy of the finding from the Customer Relations Staff by mail or by email at dds@dc.gov.

54. Does the DDS online complaint form ask if the submitter fears retaliation?

No, however, the formal complaint form states “If your Formal Complaint is about a DDA provider, you must file a Formal Complaint with your DDA provider before you can file a Formal Complaint with DDA. Unless you have a reasonable fear of retaliation, meaning you are afraid of how the provider will treat you if you use their Complaint Process.”

a. If so, why?

In case the person has a reasonable fear of retaliation, meaning he or she is afraid of how the provider will treat the person if he or she uses their Complaint Process.

b. If so, how does the submitter’s indication of fear of retaliation change the process compared to complaints that are filed without an indication of such fear?

All reviews of complaints are treated the same way.

55. Supported persons and families often are hesitant or refuse to use DDS’ formal complaint process for fear of retaliation.

a. What is DDS’ response to those supported persons and families?

A person may discuss the concerns with his/her Service Coordinator. Furthermore, people have the name and contact information of any staff person’s supervisor. They may also submit a complaint via the agency’s website directly to the Director, and indicate that concerns in that complaint about the level of which they are concerned about retaliation. File an anonymous complaint by completing the customer service form on the agency’s website, by mail, or by contacting the customer relations staff by phone; and/or contact an advocacy group, such as Quality Trust or Disability Rights DC.

b. What specific actions does DDS take to prevent supported persons and families from being retaliated against by (1) DDS employees and (2) providers?

The formal complaint process requires the person to file the complaint with the provider. However, a person who indicates a fear of retaliation may bypass the provider and submit the formal complaint directly to DDS. They may also file a complaint through the Customer Relations Staff by mail, by email, or by completing the form on the agency'. The complaint is elevated to the Program Manager for resolution.

c. If a supported person or family refuses to use the formal complaint process for fear of retaliation, how can they raise their concerns with DDS?

A person may discuss the concerns with his/her Service Coordinator. They may also file an anonymous complaint by completing the customer service form on the agency's website, by mail, or by contacting the customer relations staff by phone. The complaint must include the names of the people involved and detailed information about the concern. An advocacy group, such as Quality Trust and Disability Rights DC are available to assist the person.

56. How many informal administrative review meeting requests were made in FY 23 and FY 24, to date?

There were 6 informal administrative review meeting requests in FY 23. There were zero (0) informal administrative review meeting requests, as of December 31, 2023.

a. How many and what percent of the review meetings resulted in reversal or partial reversal of the decision of DDA or RSA (provide the number for both divisions)?

Of the 5 administrative review meetings held, 3 resulted in RSA decisions that were upheld, and 2 resulted in reversals.

b. How many informal administrative review meetings:

- i. involved communication problems between a vocational counselor and an RSA client; None***
- ii. involved a conflict over vocational rehabilitation services to be provided; None***
- iii. were related to the RSA application or eligibility process; None***
- iv. involved the selection of vendors for provision of vocational rehabilitation services; None***
- v. involved the selection of employment outcomes; None***
- vi. involved the selection of training or post-secondary education funding; Three (3), and***
- vii. involved Independent Living services? None***

DDS RSA Informal Administrative reviews are not categorized in the way it is outlined above, there is a number of reasons a person may submit a request for an informal review, to include an overall decision (letter) whether a complete or partial denial of services was rendered, to asking for a review because there is disagreement with the level of support DDS RSA is willing and/or able to provide. There is a complaint process

through DDS' QAPMA Customer Service Unit that can be followed for overarching issues, example; customer service issues, VR counselor issues, etc..., the items are notated and placed in the DC IQ systems and assigned to supervisory personnel over the particular unit or program and it is resolved at that level and closed in the IQ system. Additionally, we have direct resolution of issue(s) where the consumer may call into the supervisor of the VR Counselor and the issue(s) may be resolved at that level or escalated to the Program Manager and/or Deputy Director and resolved in an informal manner, and example would be displeasure with ones VR Counselor.

57. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY 23 and FY 24, to date?

There have been no appeals of ineligibility determinations in FY23 to date. In FY22, four ineligibility determinations by DDA 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.

a. How many of those denials were reversed or partially reversed in the OAH?

There were no RSA denials of eligibility filed with OAH in FY23 or FY24 to date.

b. How many RSA clients filed for a hearing before the OAH?

i. How many and what percent of the hearings resulted in reversal or partial reversal of an RSA decision?

In FY23, three RSA clients filed for a hearing before OAH and, in FY24 to date, one RSA client filed for a hearing. None of these hearings have resulted in reversals or partial reversals. Two of the FY23 cases were dismissed by OAH and the other two cases, one filed in FY23, and one filed in FY24 to date, are pending.

c. How many informal administrative review meetings:

i. involved communication problems between a vocational counselor and an RSA client; Zero (0)

ii. involved a conflict over vocational rehabilitation services to be provided; Zero (0)

iii. were related to the RSA application or eligibility process; Zero (0)

iv. involved the selection of vendors for provision of vocational rehabilitation services; Zero (0)

v. involved the selection of employment outcomes; Zero (0)

- vi. *involved the selection of training or post-secondary education funding; and* Three (3)
- vii. *involved Independent Living services?* Zero (0)

58. *How many External Review meetings were held in FY 23 and FY 24, to date?*
No External Review meetings were held during FY23 and FY24, to date.

59. *What outreach has DDS conducted regarding the formal complaint process to both supported persons and families?*
The service coordinators review the process for filing a complaint during each person's initial and annual ISP meetings.

Developmental Disabilities Administration (DDA)

Waivers, Supports, and Services

60. *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, 2023, there was a total of 1866 persons enrolled in the Development Disabilities (I/DD) Waiver with 97 available slots; and,
- b. *Individual and Family Supports (IFS) Waiver.*
As of December 31, 2023, there was a total of 28 person enrolled in the Individual and Family Supports (IFS) Waiver with 92 available slots.

61. *In FY 23 and FY 24, to date, how many slots are available for:*

- a. *I/DD Waiver;*
As of December 31, 2023, there were 97 available slots
- b. *IFS Waiver.*
As of December 31, 2023, there are 92 available slots

62. *In FY 23 and FY 24, to date, have any individuals supported by DDA been transferred from the I/DD waiver to the IFS waiver? If so, how many and for what reason?*

FY23: 3

FY24(as of December 31, 2023): 21

Upon reassessment of persons in their natural homes and their historic usage of services, those persons whose services were projected to cost less than \$75,000 were enrolled in the appropriate waiver. This includes people who had projected that their service cost would exceed the \$75,000 cap. Based on trends in their use of services in prior years, they were transitioned to the IFS waiver.

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

At the time a person is found eligible for services, they are recommended for the IDD or IFS waiver based on their assessed and identified needs. The persons needs are reassessed during their individual support planning meeting. If the projected annual cost of their services exceeds \$75,000, the person is enrolled in the IDD waiver. Persons whose projected annual, cost of services are less than \$75,000 are enrolled in the IFS waiver.

64. In FY 23 and FY 24, to date, how many I/DD or IFS Waiver participants did DDA terminate waiver services?

a. 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.).

Reason	FY23	FY24
Deaths	20	8
EPD Transfer	2	1
ICF Transfer	6	0
Nursing Facility	1	1
Voluntary Discharge	2	2
Move Out of State	11	3
CFSFA Transfer	0	1
Incarceration	0	1
	42	17

DDS did not terminate anyone from waivers.

65. How many people currently (on 12/31/23) receive supports from DDA? How many people received supports from DDA on 12/31/21 and 12/31/22?

12/31/2023	2454
12/31/2022	2357
12/31/2021	2334

66. In FY 23 and FY 24, to date, how many I/DD or IFS Waiver participants appealed DDA’s termination of service? How many of the appealed terminations were reversed?

None

67. How many people supported by DDA (1) currently (on 12/31/23), (2) on 12/31/22, and (3) 12/31/21;

- a. *Live(d) in in ICFs;*
- b. *Receive(d) Supported Living services;*
- c. *Live(d) in their natural homes;*

- d. *Are/were placed in nursing homes;*
- e. *Are/were placed in psychiatric hospitals; and*
- f. *Are/were incarcerated?*

	12/31/2023 (2454)	12/31/2022 (2357)	12/31/2021 (2334)
Live(d) in an ICF;	248	264	275
Receive(d) Supported Living services;	914	917	921
Live(d) in their natural homes;	1038	914	879
Are/were placed in nursing homes;	4	2	1
Are/were placed in psychiatric hospitals; and	6	1	1
Are/were incarcerated?	10	6	4

68. How many day programs has DDA determined are not in compliance with CMS’ Settings Rule in FY 23 and FY 24, to date? For those not found in compliance, what action has DDA taken?

Three (3) day programs did not comply with CMS’ Settings Rule in FY23 and none in FY24, to date. Of the 3 day programs that did not comply with CMS’ Settings Rule in FY23, one closed voluntarily and 2 received follow-up to ensure compliance.

69. How many people received Individualized Day Supports in FY 20, FY 21, FY 22, FY 23 and FY 24, to date?

Fiscal Year	Individualized Day Supports
FY 20	474*
FY 21	506
FY 22	370
FY 23	499
FY 24 to date 12/31/2023	526

**Prior to the shutdown (pre pandemic)*

70. How many people received day habilitation services in FY 23 and FY 24, to date?

Fiscal Year	Day Habilitation
FY 23	283
FY 24 to date 12/31/2023	248

71. How many people supported by DDA also received services from DBH in FY 21, FY 22, FY 23 and in FY 24, to date?

The Department of Behavioral Health (DBH) oversees community behavioral health providers and also provides behavioral health services directly to DDA participants through the 35 K Street specialty mental health clinic for people with IDD.

To date in FY 24, 205 people supported by DDA received a behavioral health service from a DBH community behavioral health provider, with an additional 94 people receiving services from 35 K St.

In FY 23, 231 people supported by DDA received a behavioral health service from a DBH community behavioral health provider, with an additional 125 people receiving services from 35 K St.

In FY 22, 271 people supported by DDA received services from a behavioral health service from a DBH community behavioral health provider, with an additional 162 people receiving services from 35 K St.

In FY 21, 200 people supported by DDA received services from a DBH community behavioral health provider. An additional 164 people received services from 35 K Street.

72. How many people supported by DDA were competitively employed in FY 21, FY 22, FY 23 and in FY 24, to date?

Fiscal Year	Competitively Employed
FY 21	311
FY 22	347
FY 23	420
FY 24 to date (as of 12/31/2023)	424

73. How many people supported by DDA were in prevocational or employment readiness programs in FY 21, FY 22, FY 23 and in FY 24, to date?

FY2024 YTD	40
FY2023	43
FY2022	46
FY2021	37

a. *How many successfully moved into supported employment?*

FY2024	52
FY2023	74
FY2022	46
FY2021	89

b. *How many successfully moved into competitive employment?*

Please see Q72.

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

As of January 8, 2024, 662 people supported by DDA had Behavioral Support Plans.

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

As of January 8, 2024, 35 people supported by DDA had physical restraints as part of their Behavior Support Plan.

76. *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 63 DDS people who live in above-the-cap rentals and 136 DDS people who live alone in DDA funded residences.

77. *A recent longitudinal report from Quality Trust indicated that the demographics of the people seeking services from /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, provide an overview of DDS' efforts to change and adapt the system of services and supports to meet these changing needs. Include, if any, specific new initiatives or changes that DDA has started in FY 23 or FY 24, to date.*

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 are 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.

78. What monitoring has DDA engaged in during FY 23 to assess whether the day habilitation providers are in compliance with CMS' Settings Rule and DDA's policies regarding integration?

The Provider Certification Review (PCR) team monitors to ensure day habilitation providers comply with CMS's Settings Rule and DDA's policies regarding integration. The PCR team provides an annual report which includes the findings and deficiencies, if applicable. PCR or QAPMA's Quality Resource Specialist followed up to verify that the deficiencies were addressed. In addition, DDA's Service Coordinators and QAPMA's Quality Resource Specialist monitor for compliance as well. The findings are entered as issues into the agency's database for tracking and resolution. The Service Coordinator and Quality Resource Specialist ensure that the day habilitation provider addressed the issue before closing the issues in the agency's database.

Application, Eligibility, and Receipt of Services

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

During FY23 262 people applied for DDA services, 4 of whom were denied

During FY24 to date (as of 12/31/2023), 36 people applied for DDA services, one (1) of whom was denied.

Primary Reason for Denial	FY23	FY 24 YTD
Sole Diagnosis of a Mental Illness	3	
Lack functional limitations in 3 or more areas of major life activity	11	1
No Pre 22 documentation of ID or DD	18	
No evidence of a current need for ongoing support across multiple settings	1	
Total ineligible applicants	33	1

80. How many people did DDA find eligible for DDA services in FY 23 and FY 24, to date?

DDA Applicants	FY23	FY 24 YTD
Eligible	169	11
Ineligible	33	1
Discontinued due to non-responsiveness (45 days or more of attempted written and phone contacts)	53	4
Deceased	1	0
Pending	6	20
Total applications	262	36

81. Of those who were denied eligibility in FY 23 and FY 24, to date, how many appealed through the internal appeals process? How many of those denials were reversed in the internal appeals process?

Appeals	FY23	FY24	Comments
Level 1 Appeals	8	1	1 was reversed, 7 sustained
Level 2 Appeals	2	0	1 was reversed, 1 sustained

While this question speaks to the internal appeals process, in FY23 and FY24 year to date, there have been four denials of DDA eligibility which were appealed to OAH, none have been reversed: OAH No. 2022-DDS-00011 was filed on October 28, 2022, and withdrawn on January 31, 2023; OAH No. 2023-DDS-00005 was filed on June 20, 2023, and withdrawn July 14, 2023; OAH No. 2023-DDS-00003 was filed on September 13, 2023, and is pending; and OAH No. 2023-DDS-00009 was filed on December 15, 2023, and is pending. Note that OAH case numbers are based on the calendar year.

82. *How many individuals were found eligible for DDA services but denied eligibility for the I/DD or IFS waiver in FY 21, FY 22, FY 23, and FY 24, to date?*

No people in FY21, FY22, FY23, and FY24 YTD have been denied eligibility for the I/DD or IFS waiver.

83. *In FY 20, FY 21, FY 22, FY 23, and FY 24, to date, what was the average number of days from when an application for DDA services was submitted and an eligibility decision was made?*

Average Days to Eligibility Determination (ED) for Eligible Applicants				Barriers to ED for Eligible Applicants***		
	Total # of applicants	# of eligible applicants	Average days application to ED*	Supporting documentation received >30 days after application (includes persons requiring additional testing)*	Reschedule of ED interviews**	Non responsiveness (after 3 attempts to contact by phone and email within 2 week period)
FY24 YTD	36	11	41*	1	2	1
FY23	262	169	62*	49	23	12
FY22	103	71	46			
FY21	93	52	34			
FY20	129	77	110			

**Includes people requiring additional testing and/or barriers to eligibility determination*
*** include people whose rescheduled eligibility determination interview date was more than 14 days after the initial interview date or persons and their circle of support who required multiple interviews across different settings*
****Barriers only for eligible applicants; does not include applicants with similar barriers found ineligible*
** (FY 21 Q22 & FY 22 Q24)*

84. *In FY 20, FY 21, FY 22, FY 23, and FY 24, to date, for the people found eligible for DDA services, what was the average length of time between the eligibility decision and the completion of an Individual Support Plan (ISP)?*

Year	Eligibility to ISP
FY20	110
FY21	90
FY22	119
FY23	59
FY24 YTD	47

**Includes CFSA, incarcerated, DCPS, non-responsiveness/rescheduled meetings and persons out of State who have ISP meetings scheduled based on age out dates and/or convenience of the person supported*

85. *In FY 20, FY 21, FY 22, FY 23, and FY 24, to date, what was the average length of time between eligibility and receipt of services identified in the ISP?*

Year	Eligibility to First Service
FY20	328
FY21	198
FY22	180
FY23	126* (91)
FY24 YTD	Waiver services pending for applicants found eligible in FY24

*Includes youth who had not aged out of CFSA, are still in school and those seeking self-direction. Youth receiving services from CFSA or through the school system are eligible for DDA, however continue receiving necessary services from another source pending an age out. DDA opens these cases early in order to ensure efficient transition of services as the youth transition from the other system, either CFSA, education or Health Services for Children with Special Needs.

86. In FY 23 and FY 24, to date, what is the average caseload of DDA service coordinators? What is the highest number of individuals a service coordinator currently (12/31/23) has on their caseload?

Average caseload of Service Coordinator-I (CS-11) is 28 cases. Average caseload of Service Coordinator-II (CS-12) is 30. The highest caseload of a Service Coordinator-I is 30 and the highest caseload of a Service Coordinator-II is 35, both of which are consistent with policy and procedure.

Service Providers

87. Provide the DDA incident[ts] reports for FY 23 and FY 24, to date, by provider, as well as DDS responses.

See attachments Q87.

88. How many serious reportable incidents (SRIs) did DDA investigate in FY 21, FY 22, FY 23, and FY 24, to date? Provide the number of SRIs by category.

Incident type	FY21	FY22	FY23	FY24YTD
Abuse	125	116	135	29
Death	57	40	42	11
Exploitation	40	55	43	38
Missing Person	57	89	67	11
Neglect	187	358	283	67
Other	2	3	7	0
Repeated use of emergency Restraints	0	2	0	0
Serious Medication Error	6	27	19	4
Serious Physical Injury	106	113	131	35

Serious Reportable Incident/Covid Person Supported-EIH	26	9	11	3
Suicide Attempt	2	8	6	0
Unplanned or emergency Inpatient hospitalization	440	366	410	102
Use of unapproved restraints	0	2	0	0

89. How many allegations of abuse and neglect were substantiated in FY 21, FY 22, FY 23, and FY 24, to date?

Incident Type	FY21	FY22	FY23	FY24YTD
Abuse	41	28	30	5
Neglect	105	210	187	22

90. How many deaths were substantiated as the result of abuse, neglect or the use of restraints by a DDA provider substantiated in FY 21, FY 22, FY 23, and FY 24, to date? 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 in FY21, FY22, FY23, and FY24 YTD. 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.

*One (1) death in FY23 was classified as preventable: fentanyl overdose.

91. What percentage of the SRIs were investigated within 45 days as required by DDA's policy in FY 21, FY 22, FY 23, and FY 24, to date?

FY	Total	On Time	Late	% On Time
2024 -Q1	298	294	4	98.7%
2023	1164	1156	8	99.31
2022	1,071	1,056	15	98.5%
2021	1,003	1,003	-	100%

92. Provide copies of the most recent Provider Report Cards related to incident management performance.

See attachment Q92.

93. In FY 23 and FY 24, 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 FY23, 37 providers received some form of formal sanction.

In FY24, 14 providers received some form of formal sanction. There are currently 7 providers on formal sanctions.

i. Also provide the answer for FY 21 and FY 22.

For FY21, 20 providers received some form of formal sanction.

For FY22, 19 providers received some form of formal sanction.

b. Which service providers have been sanctioned most often?

For FY23, one agency received four sanctions each (Regal Home Services) and one agency received three separate sanctions (Simky Family and Healthcare Services).

In FY 24, 14 providers received one sanctions each. (as of December 31, 2023).

i. Also provide the answer for FY 21 and FY 22.

For FY 21, one agency received four sanctions (DC Cares Center).

For FY22, five agencies received two sanctions each (Community Multi-Services, DC Care Centers, St. Johns Community Services, Vested Optimum Community Services, and Virgin Healthcare Services).

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

For FY 23, the three most common reasons for sanctions were: 1) Failed initial Provider Certification Review (“PCR”); 2) Notice to Cure: Failure to provide a certificate of insurance compliant with the coverages and limits; and 3) Financial Audit/ DDS Personal Funds policy.

In FY 24, the three most common reasons for sanction are: 1) Failed initial PCR; 2) Notice to Cure: Failure to provide a certificate of insurance compliant with the coverages and limits; and 3) Failure to adhere to QRU standards/concerns.

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

In FY 23, 31 providers were placed on the “Do Not Refer List.”

In FY 24, as of December 31, 2023, 14 providers have been placed on the “Do Not Refer List.

i. Also provide the answer for FY 21 and FY 22.

In FY21, 16 providers were placed on the “Do Not Refer List.”

In FY22, 19 providers were placed on the “Do Not Refer List.”

e. 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 23, the average length of time a provider was on the “Do Not Refer List” was 46 days, with a range of 5 to 154.

In FY 24, the average length of time a provider has been on the “Do Not Refer List” is 29 days, with a range of 9 to 51 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.

94. How many Intermediate Care Facilities (ICF) did the Department of Health cite for Immediate Jeopardy in FY 21, FY 22, FY 23, and FY 24, to date?

<i>FY21</i>	<i>FY22</i>	<i>FY23</i>	<i>FY24 (as of December 31, 2023)</i>
<i>2</i>	<i>1</i>	<i>0</i>	<i>1</i>

a. For those in FY 23 and FY 24, to date, describe the reason for the finding of Immediate Jeopardy.

In FY24, Q1 one ICF was cited by DC Health for failing to comply with all applicable definitions and admission provisions in the District of Columbia Official Code for Persons diagnosed with Intellectual Disabilities D.C. Law 2-137, the Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978 (D.C. Official Code §7-1301.01 et seq.) Providers of Home and Community-Based Waiver Services (HCBS). The effects of these practices resulted in the Governing Body's failure to adequately govern and maintain the facility in a manner that would ensure the health and safety of each client. The facility was found to be in non-compliance with 42 CFR §483.420 Client Protections and §483.440 Active Treatment Services.

95. How many providers closed, either voluntarily or involuntarily, in FY 21, FY 22, FY 23, and FY 24, to date? For those in FY 23 and FY 24, to date, if the providers closed involuntarily, provide the reason the providers were forced to cease providing services.

In FY21, four providers closed voluntarily, and none closed involuntarily.

In FY22, one provider closed voluntarily, and none closed involuntarily.

In FY23, one provider closed voluntarily, and none closed involuntarily.

In FY24, as of December 31, 2023, one provider closed voluntarily, and none closed involuntarily.

96. How many people have been subject to instances of unapproved use of restraint by provider staff in FY 21, FY 22, FY 23, and FY 24, to date?

FY21	FY22	FY23	FY24
0	2	0	0

97. 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. How do those referrals consider and demonstrate the “personal choice” of those persons who are eligible for services within the DD system?

People’s preferences are considered when identifying what providers are to receive the referral packets are submitted to the operations division and a review is conducted to determine suitability for referral to available providers, these referral packets are sent to available providers who have vacancies and then providers accept or reject the referral. Once a group of providers who are available and willing to support the person, and have vacancies is sent to the person for their review and choice.

98. Does DDA have any Applied Behavior Analysis providers? If so, name them. If not, why, and will DDS explore adding ABA providers in the future?

DDS has one provider of applied behavior analysis. Team ABA is the provider and the behavior analyst at Team ABA provides behavior support services under the supervision of a licensed social worker.

Currently, the District of Columbia Department of Health does not recognize applied behavior analysis as a licensed healthcare profession. Since HCBS waiver behavior support services require the behavior support professional to be licensed by DOH, behavior analysts are not currently eligible to provide behavior support services under the waiver unless they are supervised by a licensed professional such as a psychologist or social worker.

The Behavioral Analyst Licensure Amendment Act of 2023 (Bill 25-566) was introduced to the City Council on November 6, 2023. If passed, this legislation would recognize applied behavior analysis as a licensed healthcare profession under the oversight of the Board of Professional Counseling. The Board of Professional Counseling would regulate the practice and licensure of behavioral analysts in the District. It would also make licensure a requirement. A hearing on this bill was held on December 6, 2023.

If this legislation is passed, DDS would consider the capacity of licensed providers of applied behavior analysis to provide services to adults with developmental disabilities in community settings, as opposed to children, and would make a decision about adding ABA providers in the future if that capacity is met.

99. When an allegation of abuse or neglect is made against a provider, does the supported person's family also get investigated? If so, why?

No, unless the family member is an employee of the provider, or a person served receives Participant Directed Services (PDS), in which case a family member may have been selected by the person to serve as staff.

100. During an abuse or neglect investigation, the accused employee is not permitted to provide services to the supported person. However, if the provider does not have sufficient staff to replace the accused employee, the supported person is unable to receive services.

a. How does DDS ensure that providers have sufficient staff in such cases?

DDS monitors providers as required by policy and ensures that staffing ratios are met. Providers replace staff as needed and are required to report when they are not able to meet staffing ratios. In the event a provider is unable to meet the staffing ratios DDS may move the person immediately to ensure safety and continuity of services delivery.

b. Does DDS connect the supported person with a different provider in such cases? If so, what is the average length of time between when the accused employee is removed to when the supported person begins receiving services from a new provider?

Yes, The service coordinator connects the person with other providers: Short Term: Emergency Respite; Long Term: SL, Res Hab, ICF, Etc. Happens immediately during the SC follow up within 2 days. IMEU also assists beginning during the 72 hour follow up.

101. Has DDS worked with providers to ensure they are monitoring for the possible long-term health issues specifically for people who have been diagnosed with COVID-19, including "long-COVID"? If so, how?

All persons who have been diagnosed with COVID have primary care physicians who are involved in their ongoing treatment and healthcare. To the extent that a person's health has changed from baseline, DDS expects that providers are taking steps to share these changes with the person's treatment team as per our Health and Wellness Standard 2, Coordination of care.

DDS has conducted monthly round tables that have included discussions on Long Covid and whenever a person shows changes in health the Health and Wellness team may be activated to support the person, their provider, and family to include utilization of a physician consultant.

Companion Services

102. Compare DDS' companion services policy pre-federal public health emergency (PHE), during the PHE, and post-PHE. For each difference, explain whether the change was made due to a DDS discretionary policy choice or a federal government requirement.

a. *If DDS decided the change, explain, in detail, why.*

DDS used the flexibilities within the Appendix K, which allows states to request changes to their respective approved 1915c waivers. The appendix K allows states to make temporary changes to its waiver policy during emergency situations to address programmatic needs and participant health, safety, and welfare for the duration of the emergency. This process is used in the event of national emergencies, disasters, and public health emergencies.

DDS made several requests to include allowing for family members to serve as staff to avoid staffing shortages, transfer of the COVID 19 virus from staff traveling in and out of people's homes, and increased flexibility in the authorization of companion service. DDS renewed its waiver in FY23 and DDS received no public comments requesting changes to companion.

b. *If the federal government required the change, provide citations and documentation of federal regulations that demonstrate a mandate to make the specific changes in the transmittal.*

Prior to the PHE, companion services could be recommended by the support team only after considering the appropriateness of other waiver services (29 DCMR §1939.3(b) and 29 DCMR §9017.3(b)) and "an employee [could] not provide Medicaid reimbursable companion services to a person if he or she is the person's relative, legal guardian; or is otherwise legally responsible for the person.". (29 DCMR §1939.12 and 29 DCMR §9017.12). Upon the expiration of the flexibilities of Appendix K on November 11, 2023, the companion rules in effect pre-PHE resumed; subsequently DDS is mandated by its approved waiver plan, and 29 DCMR §1939, and 29 DCMR §9017 to comply with the rules for companion services.

c. *Under the post-PHE policy, confirm that supported persons who are eligible for full-time companion services people can include people who are not (a) retired, (b), have had full-time companion services before the PHE , and/or (c) have a health or medical reason that prevents engagement in other day or employment services.*

Yes, people may be eligible who are not retired, and those who did not receive the service prior to the PHE, and those who for a verifiable medical reason are prevented from other day habilitation. It should be noted that companion is not designed for people who require medical support during the provision of companion services. Companion services provide non-medical assistance and supervision to support a person's goals, desires, and needs as identified in the person's Individual Support Plan (ISP), and reflected in his or her Person-Centered Thinking and Discovery tools. Goals may be related to the person's safety, promotion of independence, community integration, and/or retirement. The provider must use the DDS-approved Person-Centered Thinking and Discovery tools to develop a support plan, based upon what has been identified as important to and for the person. For people who receive companion services during waking

hours, this should include a flexible list of proposed leisure and recreational activities at home and in the community, based upon the person’s interests.

103. ***Many supported persons and their families heard of the changes to companion services due to the unwinding of PHE from their providers, not DDS.***

a. ***Describe the outreach DDS did to supported persons and families about the post- PHE changes.***

Date	Details
01/27/2023	Outreach at DDS community forum of about 200 people which includes families, providers and stakeholders
4/28/2023	Outreach at DDS community forum about the PHE Unwinding Plan
7/19/2023	Outreach at DDS Provider Fair. Shared information to about 500 stakeholders about the timelines for the end of the PHE, and gave families the opportunity to meet with providers and start to plan for services post PHE. Information was also provided about the HBCS IFS Waiver for persons to self direct their services.
07/28/2023 through 08/27/2023	Letters to families and circle of supports notifying them about the end of the PHE, unwinding activities and changes to companion services
7/28/2023	DDS Community Forum presented the Unwinding of the Appendix K to about 200 people
08/12/2023	Family Support Council presentation of the unwinding of the Appendix K
9/9/2023	Project Action: Appendix K PHE Unwinding to self-advocates, community partners and families
10/27/2023	DDS Community and Provider Forum (Unwinding Notification)

- Information about Participant Directed Services was also shared at the Community and Provider Forums and Provider Fair
- DDS Executive reminded Coalition Leadership to ensure providers are speaking with family members they pay to provide companion services that the flexibility will end; providers encouraged to share any issues for discussion (08/29/2023)

b. ***Provide a copy of the letter DDS sent to supported persons and families stating the policy changes for companion services.***

See attachment Q103.

c. ***Provide a copy of the transmittal stating the policy changes for companion services due to the unwinding of the PHE.***

[23-06 Transmittal- Timeline to Transition to Day Programs- Employment Services 5.19.2023.pdf \(dc.gov\)](#)

d. ***Did DDA instruct providers to inform families about the changes to companion services?***

It is up to the providers to instruct their staff when there are policy changes.

104. ***Explain the process for conducting a meaningful day assessment for supported persons who wish to retain their companion services. What factors are examined? What does participation from supported persons and families look like?***

- a. ***How does DDS work with supported persons and families who want to continue with companion services but DDS believes other services would be a more appropriate and more integrated setting. How does DDS ensure that the ISP is satisfactory to all parties?***

The Meaningful Day Assessment and Plan (MAP) is completed by the Interdisciplinary team (IDT) for all persons receiving Companion Services who are (1) not retired (2) <65 years old and not interested in other day supports or employment (3) were not receiving companion prior to the PHE and (4) do not have a documented health or medical condition that is a barrier to participation in community-based day supports. The MAP assists IDT with determining the need for amendments to current day authorizations consistent with the person's identified preferences and needs. The person and their IDT identify current day supports, barriers to community participation, identify meaningful day activities for the person, reviews current companion activities to ensure they are consistent with the person's preference for a meaningful day and the person's overall satisfaction with companion services. The team determine the appropriate next steps based on the person's responses and their overall satisfaction with companion services. Next steps may include referrals for day or employment services, or changes to companion goals. For persons who chose to remain in companion, the SC will continue to monitor the appropriateness of companion services for alignment with the person's preferences and needs.

105. ***Describe, in detail, the process for appealing a DDA decision to reduce or eliminate companion services.***

As companion services are a Medicaid Waiver service, the process for appeal would be the same as any other Waiver service. Under the DDA Formal Complaint Policy and Procedure, a person may utilize DDA's Formal Complaint System to file a formal complaint about the denial, delay, reduction or termination of DDA supports or services within 90 days of the denial, delay, reduction or termination. For good reason shown, a formal complaint may be submitted after the 90-day period. A formal complaint may be made by telephone (202-442-8686), by email (dds.complaints@dc.gov), by mail (attention to: DDS Formal Complaint System), or by using the online form on DDS's website. Within 14 calendar days, DDS will conduct an internal review and provide a written response. If unsatisfied with the response, the person can then request an external review (or reconsideration (for an administrative closure) within 14 calendar days of receiving the response. DDS will then provide an external reviewer and utilize mediation, negotiation and/or a fact-finding hearing to attempt issue resolution. Attempts to conduct mediation and negotiation shall last no longer than 15 calendar days, and a fact-finding hearing no longer than 30 calendar days. If those processes do not resolve the issue to the person's satisfaction, the external reviewer will provide recommendations to the DDS Director and parties within 21 calendar days, with time allotted afterward for

responses. The DDS Director will issue a final decision 15 calendar days after the last timely submission. If unsatisfied with the final decision, the person may then appeal the decision to the Office of Administrative Hearings within 60 days. Please note that along with the above process, the person would receive notice of their other Medicaid due process rights to take the matter directly to OAH or D.C. Superior Court instead of using the DDA Formal Complaint process.

a. ***Who is the appeal submitted to and how is it submitted?***

An initial formal complaint may be made by telephone (202-442-8686), by email (dds.complaints@dc.gov), by mail (attention to: DDS Formal Complaint System), or by using the online form on DDS's website. All other levels of appeal would go through the Complaint System Coordinator, who receives the communications from the telephone number, email address and mailing as noted above.

b. ***In FY 23 and FY 24, to date, what is the average length of time between when the request to appeal is submitted will the appeal is reviewed?***

While the DDA Formal Complaint Policy and Procedures allows up to 14 calendar days for a response, formal complaints in FY23 and FY24 were reviewed and notification provided within 5 business days of receipt of the formal complaint.

i. ***In cases of an appeal based on health or medical necessity, how long from when the medical documentation is appealed will the appeal be reviewed?***

Consistent with the DDA Formal Complaint Policy and Procedures, if the Complaint System Coordinator receives facts demonstrating an urgency regarding health or safety, the Complaint System Coordinator will ensure that DDA issues a written decision within 10 calendar days.

c. ***Who reviews an appeal? Are any of the people who made the initial determination involved in the appeal decision?***

For DDA's internal review process, the SPCD Supervisor or Manager are involved in the appeal decision. The Service Coordinator may provide additional clarification to assist with reviewing the appeal. Appeals submitted via DDS Formal Complaint line are assigned to a Supervisor or Manager.

i. ***In cases of an appeal based on health or medical necessity, who is reviewing the medical documentation from a medical professional? Is the reviewer determining if a health or medical reason is sufficient a medical professional?***

The Complaint System Coordinator, or upper-level reviewers, will consult DDA Health and Wellness staff is consulted (and the Office of the General Counsel, if needed) when there is a concern that the medical necessity is not based on substantive clinical need. This is completed prior to the decision to continue.

d. ***How many appeals of decisions regarding companion services did DDA receive in FY 23 and FY 24, to date?***

i. ***How many of those appeals resulted in companion hours being reinstated?*** Three (3)

106. ***What happens to a supported person’s companion services while an appeal is pending? Do the services continue at current levels or are they reduced or eliminated per the decision that is being appealed?***

Anyone eligible for the service continues receiving the service. It is important to note that many providers were authorized to provide the service during the public health emergency, but were not authorized after the PHE.

- a. ***In FY 23 and FY 24, to date, how many supported persons had their companion services reduced or eliminated during an appeal?*** None
- b. ***In FY 23 and FY 24, to date, how many supported persons had their companion services stay at the number of hours before the decision during an appeal?*** Zero (0)

107. ***In cases when companion services are reduced or eliminated during appeal and the decision to reduce or eliminate is overturned and companion services are reinstated, how does DDA work with providers ensure supported person’s companion is able to return after the companion services are reinstated?***

When decisions to reduce or eliminate support are overturned and services reinstated, DDA collaborates with the provider to ensure a smooth transition in place and the reinstatement of services consistent with the rules of the service. The rules of the service may include limitations on the staff that can provide the service. DDA collaborates with the provider to issue a service authorization.

108. ***If a client is receiving companion services and Behavior Support Plan (BSP) services at the same time, from the same person, explain why the person rendering companion services does not get paid for both services.***

CMS prohibits these services to be provided and billed concurrently. Any DSP working with a person also must be implementing the person’s BSP.

Other

109. ***Who at DDS is responsible for ensuring DDA is following all District of Columbia Municipal Regulations (DCMR)? Does DDS have employees dedicated to this task? If so, list their job titles. If not, who does it?***

DDS does not have specific employees dedicated to the task of “ensuring DDA is following all District of Columbia Regulations DCMR),” as the responsibility for administering DDA programs consistent with the regulations implementing the two HCBS waiver programs falls to each employee and their respective supervisors on a day-to-day basis. However, DDS’s State Office of Policy, Planning and Innovation works with the DDA managers to put in place policies and procedures to assist DDA in administering these programs, the Quality Assurance and Performance and Management Administration has oversight and assessment responsibilities on how DDA administers these programs under the Quality Management Strategy, and Office of the General Counsel provides any necessary legal support.

110. ***How many persons supported by DDA received person directed services in FY 23 and FY 24, to date?***

There are 8 referrals. Services have not started.

111. ***Explain the \$75,000 cap for person directed services. Who set this cap? How, if at all, could DDA increase this cap so that more families can direct their services?***

\$75,000 is the aggregate spending cap for the IFS Waiver to include Participant-Directed Services (PDS), not specifically for PDS. The reason for the cap is that the IFS waiver is for persons who reside in their natural homes who have support needs (service utilization) that can be met under the IFS Waiver.

The cost limit is established based on projected costs and estimated utilization of HCBS waiver services that persons are likely to utilize and enroll in the IFS waiver. To develop the annual cost limit, the District modeled projected costs and estimated utilization of persons enrolled in the IDD waiver with similar need profiles (requisite level of natural supports; no utilization of residential services) to those the District believes are likely to enroll in the IFS waiver. The District analyzed utilization across the available HCBS waiver services.

For the final projections, the District determined that estimated average utilization of those persons for the services included in the IFS waiver would be below the proposed \$75,000 annual cap for all five waiver years. If persons support needs exceed the IFS waiver spending cap, the IDT will meet to discuss the persons needs and if transitioning to the IDD waiver would be needed.

112. ***Explain why providers are not required to pay caregivers and family members overtime and for federal holidays.***

- a. ***Given that in-home support is often authorized at 56 hours a week and the Department of Labor classifies any hours above 40 hours a week as overtime, why are the additional hours of in-home support not classified as overtime?***
- b. ***Are providers permitted to split in-home support hours between multiple family members so that even though, for example, 56 hours of in-home support are rendered, no family member exceeds 40 hours, and the additional 16 are not considered overtime?***

In-home supports services are governed by the approved applications and regulations implementing the Medicaid Home and Community-Based Services (HCBS) waivers for Persons with Intellectual and Developmental Disabilities (IDD) and Individual and Family Supports (IFS). The regulations for in-home supports published at 29 DCMR § 1916 (for HCBS IDD waiver) and § 9025 (for HCBS IFS waiver) require the provider to develop an In-Home Supports Plan, Individual Support Plan (ISP), and Plan of Care that includes, among other items, a staffing plan and schedule and list of licensed non-medical professionals who will be providing services. See 29 DCMR §§ 1916.11 and 9025.11,

respectively. These regulations limit in-home supports services “to eight (8) hours per day unless there is a temporary emergency” per 29 DCMR §§ 1916.12 and 9025.12. Mathematically, eight hours of in-home support services for an entire week equates to 56 hours per week but it is the HCBS waiver services provider who is responsible for its staffing plan. Neither the Department of Health Care Finance nor DDS provide legal advice to HCBS waiver providers or dictate the contents of the staffing plan or the family members who serve as DPSs.

Rehabilitation Services Administration (RSA)

Cases and Closures

113. ***How many RSA cases did RSA have in FY 21, FY 22, FY 23, and FY 24, to date?***

FY 21	FY22	FY23	FY24 (YTD)
6065	5834	5501	4095

114. ***How many RSA clients also received services from DDA in FY 23, and FY 24, to date?***

FY23: 489 individuals

FY24 (10/01/2023 To 12/31/2023): 356 individuals

115. ***How many RSA cases were closed in FY 21, FY 22, FY 23, and FY 24, to date? For those in FY 23 and FY 24, to date, provide the reason (such as successful employment placement, loss of contact, etc.) for each closure.***

Successful case closures:

FY 21	FY22	FY23	FY24 (YTD)
609	650	605	62

FY21: 2,223 cases were unsuccessful case closures

FY22: 1,734 cases were unsuccessful case closures

FY23: 1,030 cases were unsuccessful case closures

FY24 (YTD): 190 cases were unsuccessful case closures

All services were offered virtually, as well as in-person, for FY23 and FY24 YTD. Some of the losses of client contacts were due to consumers not wanting to continue engaging in the option of virtual or in-person services that were made available.

116. ***What percentage of cases in FY 23 did RSA meet the 60-day requirement for determination of eligibility?***

FY23: 97%

FY24 (YTD): 96%

117. *What percentage of cases in FY 24 did RSA meet the 90-day requirement for IPE development?*

FY24 (YTD): 97%

FY23: 97%

118. *The Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (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”)?* 3,084
- b. *How many people are currently in Category II (“individuals with significant disabilities”)?* 1,203
- c. *How many people are currently in Category III (“individuals with nonsignificant disabilities”)?* 95

Employment Services

119. *How many RSA clients received supported employment services in FY 23 and FY 24, to date under 2019-RSA-POL007? In FY 23, how many requests for supported employment services has RSA denied?* None

FY23: 823

FY24 (YTD): 787

120. *How many RSA clients obtained self-employment in FY 23 and FY 24, to date?*

FY23: 2

FY24 (YTD): 0

121. *How many RSA clients attained employment for 90 days or more in FY 23 and FY 24, to date?*

FY23: 605

FY24 (YTD): 62

122. *Of those individuals who attained employment, what percent were earning within \$1.00/hr above the minimum wage for the District of Columbia?* 38%

- a. *What portion were earning less than the minimum wage?*

No one earned less than minimum wage in the jurisdiction in which they were placed in employment.

123. *Of successful employment placements, how many were in:*

- a. *Cleaning and maintenance positions;* 160

- b. *Office administrative support positions; 137 and*
- c. *Food preparation and serving positions? 70*

124. *How many RSA clients exited the RSA program in FY 21, FY 22, FY 23, and FY 24, to date without achieving an employment outcome? For those in FY 23 and FY 24, to date, what were the most common reasons? Were any of those who were unsuccessful attempting to obtain self-employment?*

FY21: 2,223 cases were unsuccessful case closures
FY22: 1,734 cases were unsuccessful case closures
FY23: 1,030 cases were unsuccessful case closures
FY24 (YTD): 190 cases were unsuccessful case closures

All services were offered virtually, as well as in-person, for FY23 and FY24 YTD. Some of the losses of client contacts were due to consumers not wanting to continue engaging in the option of virtual or in-person services that were made available.

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

RSA follows its [Supported Employment Policy](#) (2019-RSA-POL007) Sec. F when a person's 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 outcome identified in the IPE using funds made available through the VR program allotment for persons with a most significant disability who are eligible under the Supported Employment program.

Youth with disabilities are eligible for supported employment services until age 25. Youth with disabilities could receive supported employment services through RSA for several years. This issue of reaching the maximum number of months of supported employment services does not arise as often since the expansion of eligibility for DDA services.

- a. *In FY 23, how many people did RSA terminate their supported employment services because they have reached the maximum amount of time the services could be provided? None*

Pre-Employment Transition Services

126. *How many students, broken down by school, were eligible for Pre-Employment Transition Services in FY 23?*

See attachment Q126_127.

127. *How many students, broken down by school, received pre-employment transition services in FY 23?*

See attachment Q126_127.

128. *How many were reached in FY 21, FY 22, FY 23, and FY 24, to date? What challenges has DDS identified with reaching DCPS students?*

Pre-ETS Activity*	# Students Reached in FY21	# Students Reached in FY22	# Students Reached in FY23	# Students Reached to date for FY24
Work-Based Learning Experiences	914	867	740	341
Job Readiness Training	1,159	694	901	367
Counseling on Postsecondary Education	1,193	836	1233	392
Career Exploration	852	1499	1563	720
Self-Advocacy Training	675	527	796	496

*Some students participated in multiple Pre-ETS activities.

129. *What strategies did RSA use for providing the five required direct Pre-Employment Transition Services that are allowable under WIOA in FY 23?*

DCRSA leveraged the expertise of our vocational rehabilitation specialists and collaborated with approved vendors to deliver the mandated set of Pre-Employment Transition Services. To ensure a personalized approach, each vocational specialist conducted meetings with the assigned individuals on their caseload. During these sessions, the specialists facilitated informed decision-making, empowering individuals to choose the most suitable vendor for their Pre-ETS needs. This approach allows individuals to make informed decisions based on their unique needs and preferences, contributing to a more personalized and effective Pre-ETS experience.

130. *How many counselors are assigned to provide pre-employment transition services to transition-age youth in public or public charter schools in FY 23 and FY 24, to date?*

In fiscal years 2023 and 2024, the District of Columbia Rehabilitation Services Administration (DCRSA) assigned fourteen vocational rehabilitation specialists to

public and public charter schools to provide pre-ETS to students with disabilities.

131. On average, how many students was each counselor who provides Pre-Employment Transition Services responsible for in FY 23 and FY 24, to date?

In fiscal year 2023, each vocational rehabilitation specialist responsible for providing Pre-Employment Transition services had an average of 39 Pre-ETS students on their caseload. Currently YTD, each vocational rehabilitation specialist responsible for providing Pre-Employment Transition services has an average of 57 Pre-ETS students on their caseload.

132. Pursuant to D.C. Code § 38-2614, individuals with an IEP who are 14 and above must receive a transition assessment.

a. Provide an update on the transition services that RSA has provided to 14- and 15-year-olds youth during FY 23.

In FY23, RSA continued providing work-based learning opportunities for students ages 14 and 15 years-old. The following programs hosted youth in this age range:

1. JumpStart (part of the Summer Youth Employment Program)
Provider: SchoolTalk DC
2. Music and Production and Voices of Change
Provider: SchoolTalk DC
3. CEO Program
Provider: DC Public Schools
4. DC3C Summer Explore Program
Provider: DC Special Education Cooperative
5. Next Steps
Provider: DC Special Education Cooperative
6. The Keep Encouraging Youth (KEY) Transition Program
Provider: Project ReDirect
7. Training, Employment and Careers program
Provider: KBEC
8. ASPIRE Program
Provider: Outstanding Possibilities Revealed
9. ToolFest
Provider: Urban Equity

Aside from these programs, students with disabilities who are eligible or potentially eligible can participate in all other Pre-ETS 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.

b. How does 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 student IEP meetings. Frequently, this includes information sharing by the schools of upcoming IEP meetings for which consent has been obtained for an RSA representative to attend the IEP meeting or 504 plan meeting of a student with a disability. Additionally, RSA VR Specialists conduct outreach with their assigned schools to get information about the supports and services that RSA can provide to youth with disabilities. This includes attending Back to School Nights, special education department meetings, transition fairs, college fairs, and community events to get information to students and families about the services provided by RSA.

Randolph Sheppard Vending Facilities Program (RSVFP)

133. How much income did the District’s RSVFP generate in FY 21, FY 22, FY 23?

FY 21: \$504,186.00	Gross Sales FY 21’ - \$938,887.00
FY 22: \$1,181,793.75	Gross Sales FY 22’ - \$2,115,102.00
FY 23: \$1,461,582.30	Gross Sales FY 23’ - \$3,425,758.00

134. How many complaints from RSVFP vendors did RSA receive in FY 23 and FY 24, to date?

In FY23, the DDS Customer Service Line received two complaints related to the Randolph Sheppard Program. One related to actions by a DDS employee, which was addressed by the employees’ supervisor. The other complaint related to actions by one of the RSVFP vendors. This issue was addressed by Randolph Sheppard staff, with the active participation of the Blind Vendors Committee.

135. Explain RSA’s compliant process for the RSVFP. Is it the same as the rest of DDS? Explain how RSA informs RSVFP vendors about the complaint process.

The DDS customer line receives all complaints, including those related to the RSVFP. Complaints related to actions by a DDS employee are assigned to that employees’ supervisor for resolution. Complaints regarding actions by an RSVFP vendor are addressed by program staff, with the active participation of the Blind Vendors Committee. The rules governing resolution of grievances are addressed in program regulations and policies. These are both developed with the active participation of the BVC. New vendors receive an orientation to the program and copy of all program rules and policies. Program staff meet regularly with the BVC and the Vendors at Large.

136. How many accommodation requests for communications to be sent in accessible methods, including Braille, to RSVFP vendors did RSA receive in receive in FY 23 and FY 24, to date? How many of those requests were satisfied? For those that were not satisfied, why were they not?

Requests for Braille and accessible communication methods have not been received during FY23 or FY24.

137. In FY 23 and FY 24, to date, how many times did RSA disburse commissions to RSVFP vendors late? Explain the reasons for each delay.

Payments to vendors are paid through the RSA Program Income line of the DDS budget. Program income exceeded projections by approximately \$300,000 during FY 2023, due to increased revenue in the program. This required a budget modification, which resulted in delays in commission payments to vendors in July and August. During FY24, December's commission payment was delayed, due to a number of administrative issues occurring during year-end closeout. We expect that delay was an anomaly and will not be repeated. In FY 2025, we have increased our Program Income budget authority to ensure there are no other delays in making payments to the vendors.

138. Has an audit of RSVFP finances ever been conducted? If so, when, by whom, and what were the findings?

The Department of Education monitors all VR service programs every five years. The most recent monitoring visit occurred in 2019. This visit included a review of the RSVFP financials. RSA's subsequent monitoring visit by DOE should have occurred in 2024, however, the Department of Education is currently in a delayed pattern with monitoring so the FY 24 monitoring for RSA will not occur in this fiscal year. RSA also completes an annual financial report, which is submitted for review to the Department of Education in December each year, for the prior fiscal year.

139. Describe how RSA prevents bias and favoritism from affecting (a) elections (b) call downs, and (c) imposition of corrective action.

Management of the RSVFP is managed by RSA staff, with the active participation of the Blind Vendors Committee. Elections are managed by RSA. However, the Washington Ear, a community-based non-profit conducts the election and tallies the results. Call downs are managed by the Promotion and Transfer Committee of the BVC. This committee includes one representative from DDS staff, but is led by a BVC representative. Corrective actions or grievances should be handled by the appropriate committee within the BVC, in consultation with RSVFP staff.

140. Explain how RSA supported and accommodated RSVFP vendors during the COVID-19 pandemic as buildings with RSVFP locations remained empty or at low occupation levels for a significant period of time.

The RSVFP supported vendors through the COVID-19 pandemic by way of providing financial relief in the collective amount of \$237,960.00 to accommodate profit loss and inventory spoilage. RSVFP vendors were afforded PPP loans as well as funds from the DC Bridge loan funds, and the SBA. Additionally, DDS disbursed program funds in equal payments to RSVFP vendors outside of the Fair Minimum return process outlined in the CFR when providing funds to RSVFP vendors. Finally, DDS halted inspections and monitoring to alleviate potential penalties for vendors during the pandemic that may have caused some financial hardships.

- a. ***Was it RSA's policy or practice to place RSVFP vendors on corrective action for not paying their levy on-time or to the full amount? If so, how many times did RSA do so in FY 20, FY 21, FY 22, and FY 23?***

Yes, this is RSVFP practice to place vendors on corrective action due to non-levy payment on-time or to the full amount. This is based upon financial reporting requirements of the RSVFP. In FY23, (3) Vendors were placed upon corrective action due to Levy Payment Issues. The process was halted during COVID and reinstated for FY23.

141. Describe what procedures RSA has to prevent the unauthorized disclosure of vendors' confidential information to other vendors. What does RSA do when RSA is made aware of such unauthorized disclosures?

The Randolph Sheppard Program is operated with the active participation of the Blind Vendors Committee (BVC). This may require RSA to share confidential information to BVC members consistent with their responsibilities as BVC members. When new BVC members are sworn in they take an oath, which advises them of their obligation to maintain the confidentiality of any information they receive as part of their role on the BVC.

142. Describe RSA's efforts to recruit new vendors for the District's RSVFP.

The VR Counselors in our Sensory Unit assess the appropriateness of this program for consumers on their caseloads that have an IPE goal that fits within the RSVFP employment goal. DDS does extensive outreach in the community and information about the RSVFP is available at each of these events.

Other

143. How many individuals receiving RSA services engaged in formal mediation with RSA in FY 23?

There was 1 individual receiving services who engaged in formal mediation with RSA in FY23.

144. What were the caseloads for each RSA vocational rehabilitation counselor in FY 23 and FY 24, to date?

See attachment Q144.

145. What percentage of vocational rehabilitation counselors have been employed in their position for 0-3 years? How many have been vocational rehabilitation counselor for 4 or more years?

There are 42 Vocational Rehabilitation Specialists currently on staff at the agency, of which 33 % (14) have been with the agency 3 years or less. 67% (28) have been with the agency for 4 or more years.

a. How is RSA addressing persistent turnover in staffing to ensure consistency and continuity of operations across its operations?

DDS/RSA does not have a systemic turnover problem. If you look at RSA's data, 67% of our VR Counselor staff have been at DDS for 4 or more years. This data does not account for promoting from within the VR Counselor ranks for new and/or open Supervisory positions in VR. While there is a recognized national issue with recruitment and retention of VR Counselors, DDS/RSA has worked to mitigate this trend for DC. DCRSA has had some challenges with hiring counselors for the Transition units, and the following are ways DCRSA is mitigating the issue(s):

- i. Based on the data, RSA does not have a persistent turnover issue. RSA provides opportunities for staff to further their education and skills through professional development workshops. RSA offers reimbursement if a VR Specialist wants to obtain their CRC certification. This investment demonstrates the agency's commitment to employee growth and career advancement. As a result, 29% of Vocational Rehabilitation Specialist vacancies are due to promotions within the agency.
- ii. RSA fosters a positive culture of collaboration, appreciation, and open communication through its person-centered organizational model and practices. RSA encourages teamwork and mentorship among staff, and address issues promptly and professionally.
- iii. RSA offer flexible work arrangements like remote work options or compressed workweeks to help employees manage personal commitments and reduce stress. This can be particularly attractive in the DC metro area with its demanding lifestyle.
- iv. RSA routinely recognizes and celebrates staff achievements and milestones at its annual RSA Learning and Innovations Retreat.
- v. RSA provides a comprehensive onboarding program for new hires to help them integrate into the agency and understand its mission, values, and procedures. Each new staff is assigned a mentor to new staff to offer guidance and support during their initial months.
- vi. RSA continues to invest in ongoing training programs such as the Learning Management System to equip staff with the latest knowledge

and skills needed to excel in their roles. This is especially important in the dynamic field of vocational rehabilitation.

vii.RSA trains and develops potential leaders within the agency to ensure a strong pipeline of internal talent for future promotions. This can create a sense of career progression and reduce reliance on external hires. Of the 7 VR supervisors (5 in general VR and 2 in transition), 6 have been internal promotions.

146. How many individuals receiving vocational rehabilitation services requested a new counselor during FY 23 and FY 24, to date?

FY23:1(Transition)+ 1 (General) =2

FY24 (YTD): 2 (Sensory)= 2

147. How many vocational evaluations were funded and conducted by RSA in FY 21, FY 22, FY 23, and FY 24, to date

FY21: 7 (Internal)+ 61 (External)=68

FY22: 38 (Internal)+90 (External)=128

FY23: 57 (Internal)+106 (External)=163

FY24 (YTD): 9 (Internal)+65 (External)=74

148. What is the formula and procedures by which RSA determines how much a RSA client must contribute to their vocational rehabilitation services?

RSA follows its [Services and Authorizations Policy](#) to determine what eligible persons shall contribute financially.

Which RSA regulation, policy, or procedure describes how to apply the formula?

RSA follows Chapter 29, Section 124 of the District of Columbia Municipal Regulations (DCMR), titled "Client Participation in the Cost of Services Based on Financial Need." This regulation outlines the criteria for determining whether an eligible client is required to contribute towards the cost of their vocational rehabilitation services and, if so, how much they are responsible for paying.

149. How many RSA clients received benefits counseling from a certified benefits counselor in FY 23?

101(Internal) and 33(External)=134

150. How many RSA clients received rehabilitation technology and assistive technology in FY 23? 51

151. How many RSA clients received job development services from RSA in FY 23? How many RSA clients found employment as a result?

Externally, 674 clients received job development services from RSA providers.

Out of 605 clients who were employed in FY23, 263 people were successfully placed by RSA providers.

152. What partnerships does RSA have with major employers in the area? Which employers are new partners in FY 23 and FY 24, to date? What is RSA's plan to establish additional partnerships?

The Business Relations Representative is the single point of contact for business engagement at DDS/RSA. There are employer partnerships that RSA has consistently engaged with i.e. employer spotlights, candidate identification, career days, mock interviews, disability awareness education and training. Employer partners engage on different levels based on their company's needs. Partnerships and relationships are cultivated in the same manner as clients in the sales industry through trust. Partners must want and need the services being offered.

Major Employer Partnerships

CVS Health

Sodexo

Walgreens

Eversource(Compass)

Internal Revenue Service

U.S. Department of Agriculture

Federal Emergency Management Agency

Renaissance Washington, DC

RAINN-The Rape, Abuse & Incest National Network

Chemonics

FDIC

ABM

U.S. Department of Commerce

United HealthGroup

U.S. Department of Justice

U.S. Department of Labor

Food and Drug Administration

U.S. Customs and Border Protections

FY 2023 (Oct 2022 – September 2023) – newly engaged employer partners

Ace Parking

National Science Foundation

Leaf Home

U.S. Customs and Border Protection

Fairmont Hotel

FM Talent

Leaf Home

WMATA

Crystal Gateway Marriott

Crystal Insurance Agency

DC Water

U.S. Commodity Futures Trading Commission

CareFirst BlueCross BlueShield

Hmmh(Harris Miller Miller & Hanson Inc)

Four Seasons
U.S. Department of Energy
CyberVillage Networkers Inc
Crystal City Marriott
Elevate
DC Department of Transportation
DC Department of Buildings, Vacant Buildings
DC Office of the State Superintendent of Education, Special Education

FY 2024 (Oct 2023 to Dec 2023) – newly engaged employer partners

DC Department on Aging
Office of Unified Communications
DC Department of Health
DC Department of General Services
DC Child and Family Services
Destination DC
NFP Insurance Company*
Fox Rothschild*
Protiviti*
Grant Thornton*
Federal City Council*
Black Chamber of Commerce*
BuildWithin*

*Partnerships to be cultivated

153. What reviews did the Quality Assurance unit conduct in F 23 and FY 24, to date? Share the results (summary report of findings) for each of these reviews, and the action plan for quality improvement.

During FY23, the Rehabilitation Services Administration Quality Assurance Compliance Monitors (QACMs), conducted quality management and oversight reviews for 21 RSA providers. 19 were found in compliance with all monitored indicators. 2 providers required the issuance of a performance improvement plan for quality improvement in areas relating to personnel qualifications. At the conclusion of FY23, 18 providers asserted compliance with all requirements of the performance improvement plan.

For FY24 (to date), 17 providers were reviewed and 17 were found in compliance on all monitored indicators.