



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

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**FY 24 – FY 25 Performance Oversight
Pre-Hearing Questions and Answers**

Overall

Achievements, Priorities

1. Identify DDS' 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 DDS' top achievements in FY 24 and FY 25, to date.

In partnership with the Office of Disability Rights (ODR), DDS hosted its second annual **Disability Tech Summit** at the Washington Convention Center on Saturday, October 1, 2023. Nearly 1,000 people attended the free event that sought to bridge the gap between the District's disability services community and technological innovations that can assist residents with disabilities in living life their way. On December 5-6, 2024, in partnership with ODR, DDS hosted its third annual Disability Tech Summit. The events brought together disability tech innovators, thought leaders and passionate advocates from across the nation to give District residents with disabilities access to tech solutions and information that can enhance their independence and quality of life. The Disability Tech Summit is part of the District's Technology First initiative, which seeks to expand and diversify the use of tech by people with disabilities to promote their ability to live as independently as possible at home, in the community, and at work.

The celebration of ability at work continued as DDS partnered with the DD Council to host the **Employment First Summit** on October 31, 2023, at the Martin Luther King Jr. Memorial Library. The Summit included a panel discussion about supporting job seekers with disabilities and breakout sessions on customized employment, inclusive workplaces, reasonable accommodations, support for transitioning youth, jobs in the arts, and more.

Employment First is an initiative of the DOL's Office of Disability Employment Policy (ODEP) built on the premise that all people with disabilities work and can succeed in competitive, integrated employment. In 2012, DC became the 20th Employment First State engaged in the national systems change framework. Since then, our agency has managed



Employment First efforts on behalf of the District, including the Partnerships in Employment Systems Change Grant (PIE Grant) in 2016, the Aspiring Professionals Program launched in 2017, and the National Expansion of Employment Opportunities Network (NEON State as a Model Employer Initiative in 2022.

Also, in FY 24, for the second year in a row, DDS was selected for the **National Expansion of Employment Opportunities Network initiative** (NEON). Administered by the US Department of Labor's Office of Disability Employment Policy, the initiative connects government agencies to consulting, capacity-building support, and ongoing mentoring to increase competitive, integrated employment outcomes for people with disabilities. It complements Mayor Bowser's commitment to making the Government of the District of Columbia a model employer for people with disabilities.

Objectives for FY 24 included:

- **Develop and implement training for managers**, including hiring managers and ADA coordinators, through DCHR and ODR to improve outreach, recruitment, application, interviewing, and retention processes, with a special focus on underserved, underrepresented people with disabilities.
- **Establish a District-wide digital 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 the DC Government, which can be updated as new practices are identified.
- **Provide training and technical assistance support to ADA coordinators in each District government agency** to help them become resources within their agencies and better ensure the retention and success of people with disabilities in their DC government positions and as part of teams.

DDS also partnered with the Mayor's Office on Innovation and other agencies to create an Employee Perspective Survey to gather baseline data for the District's SAME initiative and to assess a new platform for Careers DC to ensure accessibility and reduce deterrents for people with disabilities interested in applying for DC Gov positions.

In March 2024, as part of **Developmental Disabilities Awareness Month**, DDS launched a **social media campaign** to encourage people with disabilities to explore employment opportunities with DC Government. The campaign featured video interviews with former Aspiring Professionals interns who are now employed full-time with DC and the federal government and interviews with the director of DDS and agency leaders. The videos reflected Mayor Bowser's commitment to ensuring that residents with disabilities had access to good jobs regardless of their abilities.

In May, DDS collaborated with DOES to give employers exclusive access to an under-tapped pool of qualified applicants to improve their bottom line. **The May 8 Job Fair** was explicitly designed for job seekers with disabilities. More than 120 people attended, meeting representatives from the **Renaissance Hotel, Goodwill, Home Depot, Hyatt Regency, Walgreens**, and more. The format allowed recruiters and attendees to interact more

personably to discover and observe qualities not found through the online application process or traditional job fairs.

In celebration of National Disability Employment Month, in October 2024, DDS, ODR, and DOES joined forces to host the City's inaugural **Disability Career Fair** at the M. L. King, Jr. Memorial Library. More than 50 employers and more than 200 job seekers with disabilities participated in the event. To further encourage local businesses to hire people with disabilities, DDS/RSA launched a 26-week broadcast campaign with WTOP radio, highlighting the competitive advantages of hiring people with disabilities. Information collateral, such as postcards and a QR code business card, complemented the campaign, outlining the free services DC RSA offers to boost business outcomes, such as matching employers with qualified applicants, providing disability awareness training to foster inclusive work environments, and accessing resources for cost-efficient strategies to provide reasonable accommodations.

3. Identify DDS' top five overall priorities. Explain how DDS expects to address these priorities in FY 25 and identify the metrics used to track success for each.

Priority 1: Continue work on the State as a Model Employer of People with Disabilities Initiative (SAME).

DDS is coordinating a District-wide effort to make the DC Government a Model Employer of People with Disabilities with support from the National Expansion of Employment Opportunities Network through the Office of Disability Employment Policy at the Department of Labor. DDS is focusing on three (3) objectives for FY 25: 1) Expanding adoption of Employment First across District agencies; 2) Capacity building around public benefits and support for benefits counseling and planning; and 3) Financial education for youth and adults with disabilities.

Priority 2: Ensure timely compliance with the [Ensuring Access to Medicaid Services Final Rule](#) (“the Access Rule”).

CMS established various timelines for implementing the components outlined in the these Rules; however, the planning necessary to ensure compliance will continue throughout FY 25. to improve access to care, quality and health outcomes, and address health equity issues, and the [Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule](#) (“the Managed Care Rule”) to enhance and standardize reporting, monitoring and evaluation of access to Medicaid services.

Priority 3: Develop an amendment to the Vocational Rehabilitation Program Specific portion of the Unified State Workforce Plan.

Based on the results of the Comprehensive Statewide Needs Assessment (completed in September 2024), RSA will work with the State Rehabilitation Council to revise and update the goals and priorities in the State Plan, then seek input on these proposed changes from RSA staff, providers, and community stakeholders in order to submit an amendment to this section of the VR plan by July 1, 2025.

Priority 4: Strengthen the Healthcare Supports of DDA Provider Agencies -

Offer training opportunities for provider networks, direct support and nursing staff on care management and oversight of common health conditions people supported face. Offerings will focus on the “The Fatal Five”, “Health Documentation and Tracking”, “Safe and Effective Medication Administration” and “Managing Opioid Overdose.”

Priority 5: Expand the knowledge of housing resources for people supported by DDA

Offer opportunities to people with disabilities to learn about resources available throughout the District of Columbia to secure more independent living placements. The agency will accomplish this through a series of workshops that will prepare people for rental housing in the city. Participants will learn the requirements for renting and will receive assistance with searching and applying for apartments. After attending all workshop sessions, each participant will receive a Certificate of Completion in Rent Readiness and a personalized Housing Action Plan.

4. List each policy initiative of DDS during in FY 24 and FY 25, 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.

SAME 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 DDS received Technical Assistance hours from the Department of Labor.

Technology First is a transformative initiative aimed at embedding technology as a fundamental consideration in supporting people with disabilities. It focuses on assisting people with acquiring enabling technologies that empower them to thrive more independently at home, in the workplace, and in their communities. By aligning these tools with each person’s unique needs and goals, the program promotes greater autonomy, accessibility, and quality of life. 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. Since FY 22, DDS has hosted an annual Disability Tech Summit, which supports the Tech First initiative by expanding awareness and access to emerging technologies that promote greater independence, inclusion, and quality of life for people with disabilities. The Summit brings together tech innovators, service providers, and advocates to showcase solutions that empower individuals to live, work, and engage with their communities more independently. In FY 24, the budget for the Disability Tech Summit was \$105,980 to support the in-person event, while in FY 25, there were no costs incurred as the Summit was held virtually. Through the Tech First Initiative DDS continues to provide Telehealth Urgent Care, a specialized service designed to support adults with Intellectual and Developmental Disabilities (IDD). This initiative improves access to urgent care, reducing unnecessary emergency room visits and preventing hospital admissions.

In FY 24, the Telehealth Urgent Care budget was \$457,950. As of year-to-date FY 25, \$218,390 has been allocated to sustain this critical service, ensuring individuals with IDD receive timely, specialized medical support. DDS remains committed to leveraging telehealth to enhance healthcare accessibility and outcomes for the IDD community.

- 5. Describe any new initiatives or programs DDS implemented in FY 24 and FY 25, to date, specifically 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 policy initiatives listed above in Question 4.

- 6. Identify DDS' 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 Centers for Medicare and Medicaid (CMS) performance measures for the Home and Community-Based Waiver Services. RSA's KPIs 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 decrease in the number of people sent to the ER in response to a perceived health need over prior year.
3. Percent decrease in the number if people subsequently admitted to hospital after initial ER visit.
4. Percent of Individual Support Plans (ISP) that are completed before the Individual Support Plan effective date.



5. Percent of People with a Level of Need (LON) assessment completed before the Individual Support Plan meeting date.
6. Median Number of Calendar Days to Complete the Initial Individual Support Plan.
7. Percent of Healthcare Management Plans that meet published standards.
8. Percent of Investigations that are completed within 45 Days.
9. Percent of people with restrictive interventions who have an approved Behavior Support Plan (BSP).
10. 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 24 and FY 25, to date for each KPI measure.

Measures	FY 24	FY 25	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	5.5%	Annual	Plus or Minus 10%

budgeted HCBS expenditures.			
Percentage of high school students ages 16-22 with disabilities who receive at least one pre-employment transition service each school year	81.8%	Annual	75%
Average entry level wage for District of Columbia residents with disabilities successfully employed	\$20.82	\$19.45	\$20.13
Percent decrease in the number of people sent to the ER in response to a perceived health need over prior year	16.02%	Annual	5%
Percentage of participants who obtain a recognized postsecondary credential as a result of participating in an education or training program during a program year	46%	Annual	36%
Percent decrease in the number if people subsequently admitted to hospital after initial ER visit	2%	Annual	5%
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)	90.5%	88%	86%

regulations and policies (based on monthly case reviews)			
Percent of Individual Support Plans (ISP) that are completed before the Individual Support Plan effective date	98.8%	99%	86%
Percent of People with a Level of Need (LON) assessment completed before the Individual Support Plan meeting date	98.17%	98%	86%
Median Number of Calendar Days to Complete the Initial Individual Support Plan	47 Days	51 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	96%	97%	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	99.2%	99	86%
Percent of people with restrictive interventions who have an approved Behavior Support Plan (BSP)	95.8%	96%	86%
Percent of reported issues that are resolved on-time	87.5%	89%	86%
5. Create and maintain a highly efficient, transparent, and responsive District Government			
Percent of new hires that are District residents	20.8%	Annual	No Target Set

Percent of new hires that are District resident graduates	26.67%	Annual	No Target Set
Percent of employees that are District residents	31.4%	Annual	No Target Set
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	71%	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	95.7%	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 95% goals for the key performance indicators for FY24. 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 goals for the key performance indicators for FY24. DDS's Quality Assurance and Performance Management Before each 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. In addition, managers and supervisors are encouraged to work with PMU staff to review and identify 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.

7. Provide DDS' FY 24 Performance Plan.

- a. Did DDS meet the objectives set forth in its performance plan for FY 24? Provide a narrative description of what actions DDS undertook to meet the objectives or any reasons why such objectives were not met.**

DDS met 95% of the objectives set forth in the agency's performance plan for FY24. The measure to decrease the number of persons sent to the Emergency Room/ Urgent Care (ER/UC) with the implementation of telehealth services was unmet. On June 5, 2024, DDS partnered with the telehealth vendor to present the utilization data and discuss barriers /concerns that contribute to the low utilization by the provider community. During the bi-monthly meetings with DDS and the Provider's Director of Nursing, DDA's Supervisory Health and Wellness Nurse presented the data and reinforces the benefits of telehealth. Providers are required to indicate on the incident report whether the telehealth vendor was contacted before taking a person to the ER/UC. DDS will continue to encourage providers to utilize telehealth services before transporting a person the Emergency Room or Urgent Care, when appropriate.

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 Continuous Improvement Plan and reviewed quarterly by the Quality Resource Specialist. Systemic performance concerns are presented at DDS's unit meetings and Provider Leadership meetings.

Reporting Requirements

- 8. List all reporting requirements in the District of Columbia Code or Municipal Regulations that DDS was required to complete in FY 24 and FY 25, to date. For each requirement, list the date the report was required and the date it was produced. If DDS did not produce the report on time, explain why.**

D.C. Official Code § 7-1305.07a(b) and (d) require DDS to provide the Council with an annual report and plan in connection with DDS's efforts to identify and secure substitute decision-makers for people served by its Developmental Disabilities Administration. These



reports are due on November 1st each year. The report for FY 24 was provided to the Council by letter from the Mayor by letter dated November 6, 2024.

9. List and describe any regulations promulgated by DDS in FY 24 and FY 25, to date, and the status of each.

None.

10. Provide the number of FOIA requests DDS received for FY 24 and FY 25, 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 FY 24, DDS received ten FOIA requests and processed eight of those FOIA requests: three were granted in whole, one was denied in whole, three were referred to other agencies, and one was closed after a discussion with the requestor about refining and/or resubmitting the request. These FY 24 FOIA requests were processed within 14 days, the median time was 4.9 days, staff spent 10.5 hours responding, and none are pending. The two requests outstanding as of September 30, 2024, were completed within 13 and 15 days, respectively.

In FY 25 to date, DDS has received and processed two FOIA requests: both were referred to another agency within 15 days of receipt. Median time spent on these two requests was 9.5 days. Staff spent 3 hours responding and none are pending.

In terms of cost of compliance, DDS has assigned one of its attorney advisors in the Office of the General Counsel to serve as the agency's FOIA officer as part of his duties and he is assisted in responding to FOIA requests by appropriate DDS staff as the topic and circumstances require.

Organization and Staffing

11. 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.

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 made during the previous year.

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

See attachment.

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.

The number of full-time equivalents at DDA is 139. The number of full-time equivalents at RSA is 151. Please see the attached response to question 11. c., for the employee responsible for the management of each program and activity.

12. Provide a current Schedule A for DDS 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.

No federal or local law prescribes that any position must be filled. However, in order to comply with DDS policies and procedures, the agency must have sufficient numbers of Service Coordinators and Investigators to meet ratios/quotas for number of consumers and investigations, respectively. Making changes to these policies and procedures would require impacts and effects bargaining with the affected union. In addition, the approved Medicaid Home and Community-Based Services Waivers and the Vocational Rehabilitation State Plan include caseload standards.

13. During FY 24 and FY 25, to date how many vacancies were posted? Identify

- a. each position;**
- b. how long the position was vacant;**
- c. what steps have been taken to fill the position;**
- d. whether DDS plans to fill the position;**
- e. and whether the position has been filled.**

See Attachment.

14. Provide a complete, up-to-date position listing, ordered by program and activity, and including the following information for each position:

- a. Title of position;**
- b. Name of employee or statement that the position is vacant, unfunded, or proposed;**
- c. Date employee began in the position;**
- d. Salary and fringe benefits (separately), including the specific grade, series, and step of position;**
- e. Job-status (continuing/term/temporary/contract); and**

f. Whether the position must be filled to comply with federal or local law.

See response to Question 12 above.

15. List all employees detailed to or from DDS, if any. Provide the reason for the detail, the detailed employee’s date of detail, and the detailed employee’s projected date of return.

DDS currently has one FTE detailed to EOM; the employee is placed currently at the Department of for hire vehicles. There is no current projected date of return.

16. List in descending order DDS’ top 25 overtime earners in FY 24 and FY 25, to date, if applicable. For each, state the employee’s name, position number, position title, program, activity, salary, fringe, and the aggregate amount of overtime pay earned by each.

See attachment.

17. For FY 24 and FY 25, 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.

The following is a retention bonus included in the collective bargaining agreement with the D.C. Nurses Association:

Name	Position Title	Bonus amount	Paid out Date
Brown, Tyra S	Nurse Consultant	\$1,000	5/2/2024
Brunson, Cynthia R	Nurse Consultant	\$1,000	5/2/2024
Guillaume, Benedick C	Nurse Consultant	\$1,000	5/2/2024
Jones-Dinkins, Gloria	Nurse Practitioner	\$1,000	5/2/2024
Norman, Jimmy	Nurse Consultant	\$1,000	5/2/2024
Nwagwu, Vivian C	Nurse Consultant	\$1,000	5/2/2024
Otuya, Chinyere L	Nurse Practitioner	\$1,000	5/2/2024
Scott, Lisa H.E.	Nurse Consultant	\$1,000	5/2/2024
Sigelman, Michael S.	Nurse Educator	\$1,000	5/2/2024
Brown, Tyra S	Nurse Consultant	\$500	11/2/2023
Brunson, Cynthia R	Nurse Consultant	\$500	11/2/2023
Guillaume, Benedick C	Nurse Consultant	\$500	11/2/2023
Jones-Dinkins, Gloria	Nurse Practitioner	\$500	11/2/2023
Norman, Jimmy	Nurse Consultant	\$500	11/2/2023
Nwagwu, Vivian C	Nurse Consultant	\$500	11/2/2023

Otuya,Chinyere L	Nurse Practitioner	\$500	11/2/2023
Scott,Lisa H.E.	Nurse Consultant	\$500	11/2/2023
Sigelman,Michael S.	Nurse Educator	\$500	11/2/2023

The collective bargaining agreement with the D.C. Nurses Association requires a one-time cash lump sum payment of three (3.5) percent for members who obtain a degree that is related to their job performance:

Name	Job Title	Check Amount	Paid out Date
Norman, Jimmy	Nurse Consultant	\$500.00	12/28/2023

The following employee received separation pay resulting from a settlement agreement with the agency.

Name	Job Title	Check Amount
Janus, Melanie	Social Insurance Specialist	\$15,817.00

18. Provide each collective bargaining agreement that is currently in effect for DDS employees. Include the bargaining unit and the duration of each agreement. Note if the agency is currently in bargaining and the anticipated date of completion of each agreement in bargaining.

Unionized DDS employees are represented by the following four (4) unions: the American Federation of Government Employees (AFGE) Locals 383 and 1403, the American Federation of State, County and Municipal Employees (AFSCME) Local 2401, and the District of Columbia Nurses Association (DCNA).

The non-compensation collective bargaining agreement for AFGE Local 383 is effective through FY 1995. The compensation agreement is effective through FY 2025.

The non-compensation agreement for AFGE Local 1403 is effective through FY 2023. The compensation agreement is effective through FY 2023.

The non-compensation agreement for AFSCME Local 2401 is effective through FY 2010. The compensation agreement is effective through FY 2025.

The non-compensation agreement for DCNA is effective through FY 2020. The compensation agreement is effective through FY 2024.

The agency is not currently bargaining with any of the unions.

See attachment.

19. In light of the work of Mayor Bowser’s Healthcare Workforce Taskforce and the ARPA-funded wage rate study, what is the department’s position with respect to recruitment and retention needs for FY 24 and FY 25 regarding wages, bonuses, or other incentives to that the service delivery system is able to recruit and retain an adequate workforce for services without backsliding in quality for each of the following job classifications:

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

The waiver rates increase up to twice per year, i.e., in January and July, based on the consumer price index. This increase is applied to all job classifications funded by the waiver program. In addition, the Direct Supports 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.

20. What additional steps did DDS take or does DDS plan to take to strengthen the workforce in each of the job classifications listed above.

In FY 24, DDS conducted a variety of training and technical assistance activities for providers supporting people with intellectual and developmental disabilities in order to strengthen the workforce.

DDS Psychology offered technical assistance on the following topics/issues:

- Restitution Plans
- Medical Sedation
- Differentiating autism from intellectual disability
- The clinical presentation of people with autism and how to meet their needs.
- Levels of substance use treatment and how to access substance use treatment services
- Sex offenders and safety
- Interfacing with the criminal justice system
- The importance of using 988 over 911
- The role of the DBH ACT Team and how to incorporate ACT Team services into the person’s care routine

The Office of Rights and Advocacy conducted over 19 trainings for the DDS provider network, reaching over 200 provider employees. The training topics included DDS' policies and procedures regarding behavior support plans, restrictive controls, human rights and the role of their provider human rights committees in an effort to ensure that people with intellectual and developmental disabilities are supported with the least restrictive and most independent options to meet their needs in accordance with the Home and Community Based Settings rules.

Inter-Agency Coordination

21. List and provide a copy of all memoranda of understanding (“MOU”) or other written agreements between DDS and other District agencies, DCPS schools, and public charter schools during FY 24 and FY 25, to date, as well as any MOU currently in force. For each, indicate the date on which the MOU was entered and the termination date.

See attachment.

22. Provide a list of Public Charter School Local Education Agencies for which there is no existing or planned MOU regarding referrals and coordination of transition services for youth with disabilities and explain why.

DCRSA has solidified partnerships via MOAs with (14) Public Charter Schools and has requested additional partnerships via MOA with those listed below. Currently, there are some Public Charter School Local Education Agencies (LEAs) for which no existing or planned MOU is in place regarding referrals and coordination of transition services for youth with disabilities. This may be due to various factors, including ongoing discussions to establish a partnership. DCRSA remains open to collaboration and continues outreach efforts to establish MOAs with additional LEAs to enhance service coordination for students with disabilities.

<i>Local Education Agency</i>	<i>Status</i>
<i>Briya</i>	Drafted and sent to PCS
<i>Cesar Chavez</i>	Drafted and sent to PCS
<i>Carlos Rosario</i>	Drafted and sent to PCS
<i>Global Girls Academy</i>	Drafted and sent to PCS
<i>IDEA</i>	Drafted and sent to PCS
<i>KIPP Legacy (Somerset)</i>	Drafted and sent to PCS
<i>KIPP College Prep</i>	Drafted and sent to PCS
<i>Richard Wright</i>	Drafted and sent to PCS
<i>SEED</i>	Drafted and sent to PCS

23. For FY 24 and FY 25, to date, list all intra-District transfers to or from DDS.

See Question 24 below.

24. Provide a complete accounting for all Interagency Standard Request Form Agreements for FY 24 or FY 25 to date, including:

- a. Buyer agency and Seller agency;**
- b. Attributes for the: Services GL – Buyers Program Cost & Cost Center Attributes; Buyers Fund Attributes; and the Buyer Project # - Assigned to Seller;**
- c. Funding source (i.e., local, federal, SPR);**
- d. Description of MOU services; and;**
- e. Total MOU amount, including any modifications.**

See attachment.

25. List the task forces and organizations DDS is a member of, and any associated membership dues paid.

In FY 2024, the agency engaged with businesses through paid memberships with the D.C. Board of Trade, D.C. Chamber of Commerce and the D.C. Hispanic Chamber of Commerce. RSA was represented in FY 2024 and 2025 at community workforce meetings with organizations like Coalition for Nonprofit Housing and Economic Development, Job Developer’s Network, the D.C. Hire Local Initiative run by City Works D.C. and Federal City Council, D.C. Workforce Investment Council Community of Practice and the Council of State Administrators of Vocational Rehabilitation – National Employment Team, which includes an associated annual membership due of \$11,423.71. DDA is a member of the National Association of State Directors of Developmental Disabilities Services, which includes an associated annual membership due of \$12,851.00. Council of State Administrators of Vocational Rehabilitation (CSAVR) \$10,879.73 in FY24. All other 2025 membership payments are pending.

26. 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 24 and FY 25, to date.

In FY 2024 and FY 2025, DDS maintained a strong and collaborative partnership with the Office of Disability Rights (ODR), working together on a variety of programs, initiatives, and events aimed at promoting inclusion and employment opportunities for people with disabilities.

One of the key collaborations in FY 2024 was the co-hosting of the third annual Disability Tech Summit, which took place virtually on December 5-6, 2024. This event built on the successful partnership established between DDS and ODR in FY 2023, aligning with their shared mission to promote independence, access to resources, and inclusion for individuals with disabilities.

Another important initiative was ODR's involvement in the State as a Model Employer (SAME) initiative. The District of Columbia was selected for the National Expansion of Employment Opportunities Network (NEON) District, a program sponsored by the U.S. Department of Labor. DDS and ODR, together with other agency partners and NEON-supported subject matter experts, developed "learning journeys" in the DC Government's learning management system. These focused on the Americans with Disabilities Act (ADA) and inclusive workplace strategies.

Looking ahead to FY 2025, DDS and ODR are deepening their partnership to expand employment opportunities for people with disabilities, both within the DC government and the private sector. Building on their Employment First initiatives, they will focus on addressing barriers such as the fear of losing public benefits when seeking employment. NEON efforts this year will also include guidance on how employment may affect benefits, educating individuals on protections available to help them maintain Medicaid and other benefits, should they lose their job.

Additionally, DDS and ODR, along with the Developmental Disabilities Council (DDC) and other community partners, worked together to plan and execute several events in FY 2024 that provided crucial resources for individuals with disabilities. Notably, they hosted the third annual Employment First Summit on October 25, 2024, at the MLK Library, where participants gained valuable insights into employment strategies, workplace accommodations, and ADA rights. They also co-hosted the Mayor's Disability Career Fair on October 30, 2024, at the same location, offering a platform for individuals with disabilities to connect with potential employers.

In addition, DDS, ODR, and DDC partnered to organize multiple events for Developmental Disabilities Awareness Month (DDAM), including an awards ceremony on March 27, 2024, to honor the contributions of individuals and organizations supporting the disability community. The DDS along with ODR is currently planning activities for DDAM for March 2025.

27. 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 24 and FY 25, to date.

In FY24 and FY25, DDS worked closely with the Mayor's Office of Deaf, Deafblind, and Hard of Hearing (MODDHH) on several key initiatives to ensure accessibility and inclusion for individuals who are Deaf, Deafblind, or hard of hearing.

During the 2024 Disability Tech Summit, MODDHH played a critical role by coordinating American Sign Language (ASL) services, ensuring that the event was accessible to attendees requiring sign language interpretation. This collaboration was key to making the summit an inclusive experience for all participants.

Additionally, MODDHH was a key partner in the Employment First Leadership Workgroup and supported the State as a Model Employer (SAME) initiative under the NEON program for FY24. Moving into FY25, MODDHH will continue its partnership with DDS to develop a public benefits planning system and a campaign aimed at promoting employment for people with disabilities, building on the NEON-supported efforts mentioned in the previous question.

DDS, MODDHH, and other District agencies, alongside community partners, also worked together to plan and execute the third annual Employment First Summit in person at the MLK Library on October 25, 2024. The event was designed to provide valuable resources for individuals with disabilities, and MODDHH ensured that sign language interpretation was available to ensure full accessibility for participants.

28. 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 24 and FY 25, to date.

In FY24 DDS and DBH collaborated to transition 147 DDS people to new behavioral health providers following the closure of the DBH Intellectual-Developmental Disability program at 35 K St.

In FY24, upon official notification that the 35 K St IDD clinic would be closing, DBH and DDS collaborated to ensure that patients were provided choice in the selection of new psychiatric service providers by:

- a. Collaborating on the official notification letters informing of the closing to ensure consistent messaging to CSAs, DDS service coordinators, DDS residential providers, guardians/decision makers, and patients
- b. Identifying specific CSAs that had the capacity to take on the patients from 35 K St without delay, including the ability to schedule an intake within 7 days of referral
- c. Requiring DDS service coordinators to work with the person and their interdisciplinary teams to choose a new psychiatry service provider.

DBH Provider Relations tracked 30- day, 60 -day, and 90- day follow-up appointments. Biweekly meetings between DBH Provider Relations and DDS Service Coordination were held throughout the transition to ensure patients were successfully placed with new providers. Currently, all DDS-linked patients have been placed with a new provider.

DBH-IDD psychiatrist, Dr. Todd Augustus, has been available throughout the transition process to assist with questions/concerns and to consult with the 35 K St. Urgent Care Clinic on people with IDD who presented to UCC during the transition.

In FY 25, DDS and DBH will continue this joint initiative to ensure that people with IDD receive high-quality and consistent behavioral health services. Dr. Augustus will provide ongoing consultative services to DDS and participate in interdisciplinary treatment team meetings for complex IDD cases, when requested. Dr. Augustus will also provide educational trainings to DDS and group home providers pertaining to mental health needs of IDD consumers through the DDS Nursing Roundtable.

DBH and DDS have a well-established collaborative relationship which will continue to expand and evolve in FY 2025.

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 the 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.

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

RSA has designated a VR counselor to collaborate with CFSA, focusing on identifying and referring youths for RSA services. To ensure seamless access to these services and eliminate potential barriers, the VR counselor conducts monthly office hours at CFSA headquarters.

The Child and Family Services Agency (“CFSA”) partners with DDS to identify youth with developmental disabilities and to ensure seamless transitions into adult services. We also collaborate to identify youth who require an early transition to access DDA services and supports that are not available through CFSA.

a. How many individuals transitioned from CFSA services to DDA services in FY 24 and FY 25, to date?

FY 24 CFSA transitioned 3 people into DDA services. FY 25 as of 12/31/24 there were 2 people who transitioned to DDA services. In FY 24, two (2) youth with developmental disabilities received access to adult services early, prior to the age of 21. In FY 25 (as of 12/31/2024), two (2) youth with developmental disabilities received access to adult services early, prior to the age of 21.

30. 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.

HSCSN is a member of the Supporting Families Community of Practice (facilitated by DDS and DDC). DDS Intake and Outreach and HSCSN have coordinated to attend each other’s community outreach events and share information with individuals and families through this group. Additionally, coordination is facilitated through data sharing in which both organizations track HSCSN referrals and the status of individuals who were referred to DDS for services. This document contains the referred individual’s demographics, and the contact information of their HSCSN worker, and DDS case manager. Additionally, in FY 24 (May and June 2024), DDS SCs and HSCSN Care Managers received cross training on accessing joint services from DDA and HSCSN.

a. *How many individuals transitioned from HSCSN services to the I/DD or IFS waiver in FY 24?*

In FY 24, 36 people were referred to DDA from HSCSN, 12 transitioned to the IDD waiver and 2 people transitioned into the IFS. Of the individuals in the waiver, DDA and HSCSN share responsibility for the 13 within the waivers, one individual enrolled in the IDD waiver has fully transitioned from HSCSN to DDS services and DDA only provides case management to the other 22.

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.

31. *Does DDS coordinate with Department of Youth Rehabilitation Services (DYRS) to identify youth who will be or are already eligible for DDS services? If so, explain that coordination.*

Yes, RSA and the Department of Youth Rehabilitation Services (DYRS) collaborate to identify and refer eligible youth for vocational rehabilitation services. This collaborative effort ensures a seamless and comprehensive approach to meeting the vocational rehabilitation needs of eligible youths. An assigned VR Specialist coordinates with DYRS for referrals and conducts standing site visits at the Maya Angelou Academy Youth Services Center, New Beginnings, and DC Jail. To ensure seamless access and eliminate potential barriers, the VR counselor also hosts monthly office hours and facilitates Pre-Employment Transition Services (Pre-ETS) workshops, providing opportunities for youth to develop transition skills while incarcerated.

DDA does not receive referrals directly from DYRS but DCPS and/or other involved agencies may submit referrals for youth who are involved with DYRS.

32. *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.*

The Department on Disability Services (DDS) coordinates with the District of Columbia Public Schools (DCPS), nonpublic schools for students with disabilities, and public charter schools to ensure students with intellectual disabilities have a smooth transition to

adult services. DDS works collaboratively across these schools, providing comprehensive support and ensuring a seamless transition.

DDS has assigned a Community Liaison Specialist to the RSA Transition Unit, who works closely with RSA Transition counselors and school staff and attends monthly collaboration meetings. The Community Liaison Specialist regularly presents information sessions about DDA adult services to students, parents, staff, and workforce development coordinators at DCPS, nonpublic schools, and public charter schools. Additionally, they assist families with the DDA application process and make referrals to community-based organizations to support any unmet needs.

The Community Liaison Specialist also works with students, teachers, and administrators in these schools to ensure appropriate transition services, providing guidance and support to develop and implement IEP transition plans and ensure continuity of services from school to adult services.

RSA also coordinates with all LEAs by assigning a VR counselor and Transition Specialist to DCPS, nonpublic, and public charter high schools. These assigned staff work closely with special education teachers, LEA rep designees, and school counselors to provide pre-employment transition services (Pre-ETS) and vocational rehabilitation (VR) services to transition aged youth. The RSA staff also attend IEP meetings to provide guidance and support in the development of IEP transition plans. Additionally, VR counselors attend Summary of Performance (SOP) meetings to ensure a continuity of services from school to postsecondary education and support with student employment goals.

33. Does DDS coordinate with the DC Department of Corrections to identify individuals who are eligible for DDS services? If so, explain that coordination.

No. However, to the extent the Department of Corrections or a person's advocate or attorney identifies the person as potentially eligible for services, or if the agency otherwise receives an application from the person, the agency works on establishing eligibility where there is a specified release date. 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 defense counsel for persons who may be eligible for forensic commitment by DDS in the Mental Habilitation Branch of the Family Court if the person has been found incompetent to stand trial (i.e. Jackson finding) or to participate in sentencing or transfer proceedings for a crime of violence or sex offense after conducting a risk assessment.

a. How many incarcerated individuals did DDS provide support to in order to facilitate their release?

In FY 24, discharge, discharge planning support was afforded to 3 DDA person who was incarcerated. In FY 25 (as of 12/31/2024) discharge planning support was provided to 1 person.

b. Is DDS now refusing to process applications from people who are incarcerated who do not yet have a specified release date? If so, what is the reason for that refusal?

For people who are incarcerated and do not have a specified release date, DDS does not process applications for services because the person is not Medicaid-eligible and is otherwise unavailable for services. DDS is required by D.C. Official Code § 7-761.05(9)(A) to maximize Medicaid revenue by providing habilitation and care services to Medicaid-eligible persons from Medicaid-eligible providers. A person incarcerated in “a jail, prison, other place of confinement for persons who are awaiting trial or who have been found guilty of a criminal offense, or a hospital for people with mental illness” is not eligible for Medicaid until they are released and, by definition, is not available for any home and community-based services and supports. Once a release date is specified by the Court, DDS works with the U.S. Attorney’s Office, the Bureau of Prisons, the Court Services and Offender Supervision Agency or the U.S. Probation Office (as appropriate), and defense counsel to determine eligibility, engage in the interdisciplinary process to develop a person-centered individualized service plan, and then put in place appropriate home and community-based services and supports through a Medicaid-eligible provider under the HCBS IDD waiver program at the time of release.

Budget

34. Provide a table showing DDS’ Council-approved budget, revised budget (after reprogrammings, etc.), and actual spending, by program, activity, and funding source for FY 24 and FY 25, to date. Detail any over- or under-spending and if the agency had any federal funds that lapsed.

See attachment.

35. Provide a list of all budget enhancement requests (including capital improvement needs) for FY 24 and FY 25, to date. For each, include a description of the need, the amount of funding requested, and the status of the enhancement.

See attachment.

36. List, in chronological order, each reprogramming that impacted DDS in FY 24 and FY 25, 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.

See attachment.

- 37. Provide the details of any surplus in DDS' budget for FY 24, including:**
- a. The total amount of the surplus; and**
 - b. All projects and/or initiatives that contributed to the surplus.**

See attachment.

- 38. List and describe any spending pressures DDS experienced in FY 24 and FY 25, to date and any anticipated spending pressures for the remainder of FY 25. Include a description of the pressure and the estimated amount. If the spending pressure was in FY 24 or FY 25, to date, describe how it was resolved, and if the spending pressure is expected in FY 25, describe any proposed solutions.**

There are no spending pressures in FY 25 at this time.

- 39. For FY 24 and FY 25, to date, identify any special purpose revenue funds maintained by, used by, or available for use by DDS. 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.

- 40. For FY 24 and FY 25, to date, list any purchase card spending by DDS, the employee making each expenditure, and the general purpose for each expenditure.**

See attachment.

- 41. For FY 24 and FY 25, to date, provide the following information regarding DDS' 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**
 - e. Justification for the travel (per person and trip).**

See attachment.

- 42. Provide a list of all vehicles owned, leased, or otherwise used by DDS including their age, division, and purpose.**

See attachment.

- 43. For FY 24 and FY 25, to date, list all employees who receive cell phones, personal digital assistants, or similar communications devices at agency expense.**

See attachment.

- 44. Provide a complete accounting of all federal grants DDS received for FY 24 and FY 25, to date, including:**

- a. The amount;**
- b. The purpose for which the funds were granted; and**
- c. For FY 24, the amount of any unspent funds that do not carry over.**

See attachment.

- 45. Did DDS receive any grants in FY 24 and FY 25, to date from sources besides the federal government? If so, what was the source and duration of the grant(s), and what was it used to accomplish?**

No.

- 46. List all grants DDS issued in FY 24 and FY 25, to date**

The following are all grants DDS issued in FY 24 and FY 25, to date.

FY 24 Grants - 3

R2310829-P2334354 Columbia Lighthouse for the Blind-\$80,000.00
R2311414-P2336077 University Legal Services -\$624,990.60
R2312113-P2338423 D.C. Center for Independent Living - \$110,000.00

FY 25 Grants - 3

R2315215-P2351496 D.C. Center for Independent Living -\$110,000.00
R2315454-P2352619 Columbia Lighthouse for the Blind-\$80,000
R2315452-P2352614 University Legal Services -\$420,550.00

Risk Management

- 47. List all pending lawsuits that name DDS as a party. Identify which cases on the list are lawsuits that potentially expose the District to financial liability or will result in a change in agency practices and describe the current status of the litigation. Provide the nature of each claim, regardless of its likelihood of success.**

None

48. List all settlements entered into by DDS or by the District on behalf of DDS in FY 24 and FY 25, to date, and provide the parties' names, the amount of the settlement, and if related to litigation, the case name and a brief description of the case. If unrelated to litigation, describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).

None

49. List the administrative complaints or grievances that DDS received in FY 24 and FY 25, to date, broken down by source.

DDS received a complaint filed with the Office of Human Rights in September 2024 alleging discrimination by RSA against a client seeking services. The agency filed its position statement denying the allegations in October 2024. DDS has not received any administrative complaints or grievances in FY 25 to date.

50. Provide a list of total workers' compensation payments paid in FY 24 and FY 25, to date, including the number of employees who received workers' compensation payments, in what amounts, and for what reasons.

See attachment.

Investigations, Audits, and Reports

51. List and describe any ongoing investigations, audits, or reports on DDS or any employee of the Agency that were completed during FY 24 and FY 25, to date.

During FY 25, the Office of Inspector General for the Social Security Administration conducted an audit of DDS's Disability Determination Division, entitled, "Changes in Staffing, Productivity, and Processing Times at State Disability Determination Services," which was an analysis of key performance metrics, specifically focused on attributes related to attrition, productivity, claim processing times, and examiner trainee staffing percentages.

In 2023, DDS referred an employee for investigation by the Office of the Inspector General's Medicaid Fraud Control Unit (OIG/MFCU) based on allegations of improper conduct with a provider. The OIG/MFCU completed its investigation in June 2023 without further action. DDS referred that employee in October 2024 to the Board of Ethics and Government Accountability (BEGA) for an ethics investigation. In May 2024, DDS referred another employee to BEGA for an ethics investigation that resulted in a negotiated disposition in September 2024.

52. Provide a copy of all studies, research papers, reports, and analyses that DDS prepared or funded during FY 24 and FY 25, to date.

The 2024 IDD Waiver Rate Study is located on DDS's web site at:
<https://dds.dc.gov/node/1758031>.

The Comprehensive Statewide Needs Assessment, which is a triennial assessment conducted by the Rehabilitation Services Administration is located on DDS's website at:
[Comprehensive Statewide Needs Assessment \(CSNA\) for DC RSA | dds](#)

DDS partners with the National Core Indicator- Intellectual and Developmental Disabilities (NCI-IDD), a national effort to measure and improve the performance of public developmental disabilities by participating in the following annual surveys:

1. In-Person Survey (IPS): conversations with adults receiving case management and at least one paid service from the state.
2. Adult Family Survey: administered to families who have an adult family member (18 years or older) with an intellectual or developmental disability who lives in the family home and receives at least one service other than case management.
3. State of the Workforce Survey: completed by representatives of agencies supporting adults with IDD to learn more about the wages, benefits and concerns of professional direct care workforce.

DDS contract with a vendor to complete the In-Person Survey and the Adult Family Survey. The Provider Community completes the State of the Workforce Survey. The results from the FY24 surveys are expected to be posted on NCI-IDD website by August 2025.

The 2023 NCI-IDD Survey results are located on NCI-IDD's website at:

In-Person: <https://idd.nationalcoreindicators.org/wp-content/uploads/2024/12/DC-22-23-NCI-IDD-State-Report.pdf>

Adult Family Survey: [DC-22-23-NCI-IDD-AFS-State-Report.pdf](#)

[State of the Workforce: 2023-NCI-IDD-SoTW_241126_FINAL.pdf](#)

53. Identify all recommendations identified by the Office of the Inspector General, Auditor, or other federal or local oversight entities during the previous three years. Provide an update on what actions have been taken to address these recommendations. If the recommendation has not been implemented, explain why.

None.

Racial Equity

54. 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.”

a. What is DDS’ mission?

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

b. In the context of DDS’ mission and the District’s racial equity definition, what are three areas, programs, or initiatives within DDS where the Agency sees 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.

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

1. DDS staff understand and are committed to achieving racial equity.
 - (a). Increase awareness through training and sharing information
2. DDS is committed to eliminating racial and ethnic inequities.
 - (a). Streamlined focus on equity through strategic planning during policy and procedure and assessing needs via data review.
3. DDS is committed to meaningfully involving community and strengthening community partnerships.
 - (a). Increase and further utilize opportunities for sharing and accessing information.
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.

56. Consider one area where DDS collects race information. How does DDS use this data to inform decision-making?

DDS is collecting and tracking race information for improved employment outcomes for people receiving vocational rehabilitation 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.

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

Through the Comprehensive Statewide Needs Assessment, the Rehabilitation Services Administration identifies unserved and underserved communities in the District of Columbia, as it relates to the provision of vocational rehabilitation and independent living services. One of the communities that was identified as underserved was the Latino community. RSA engages with this community by hosting, along with other District government and private agencies, an annual conference. This conference is held in Spanish, with English translation for non-Spanish speakers. The purpose is to provide information to the community about services in the District and to hear from the community about ways in which the District could better meet the needs of Latinos with disabilities and their families. In September, 2024, the District held the Sixth Annual Latinx Conference.

Sexual Harassment

58. Explain DDS' 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 24 and FY 25, 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 FY 24, there were two (2) reported allegations of sexual harassment. All have been resolved. In FY 25, to date, there have been no reports of sexual harassment.

59. 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.

Attorney Advisor Emily Harris is the Sexual Harassment Officer and Human Resources Specialist Melonie Buckley is the alternate Sexual Harassment Officer.

60. 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

61. Identify all electronic databases maintained by DDS, including the following:

- a. A detailed description of the information tracked within each system;
- b. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and
- c. Whether the public can be granted access to all or part of each system.

See attachment.

62. List all regulations for which DDS is responsible for oversight or implementation. List by chapter and subject heading, including the most recent revision date.

29 DCMR Chapter 1 (Vocational Rehabilitation Services), as of December 10, 2021

29 DCMR Chapter 2 (Blind Vendors Program), as of October 16, 2020

29 DCMR Chapter 19 (Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities), as of August 16, 2024

29 DCMR Chapter 90 (Home and Community-Based Services Waiver for Individual and Family Support), as of August 23, 2024

29 DCMR Chapter 131 (Contribution to Costs of DDA Residential Supports), as of November 30, 2018

29 DCMR Chapter 132 (Department on Disability Services Formal Complaint System), as of February 7, 2020

63. Explain the impact on DDS of any federal legislation or regulations adopted during FY 24 and FY 25, to date that significantly affects agency operations or resources.

There will be no significant programmatic impacts in FY 25 on the agency of legislation or regulations passed by the federal government from October 1, 2023, to date. However, the Federal Government passed the “Access Rule,” which may have fiscal impacts beginning in FY28. In FY24, Centers for Medicare and Medicaid Services (CMS) released the finalized rules which are intended to improve access to care, quality and health outcomes, and address health equity issues. The first, Medicaid Program: Ensuring Access to Medicaid Services

Final Rule (“the Access Rule”), addresses Medicaid fee-for-service, managed care, and Home and Community Based-Waiver Services programs (HCBS). The second, Medicaid and Children’s Health Insurance Program Managed Care Access, Finance, and Quality Final Rule (“the Managed Care Rule”) to enhance and standardize reporting, monitoring and evaluation of access to Medicaid services.

DDS must ensure compliance with the following applicable components of the Access Rule:

- a. Strengthens oversight of person-centered service planning in HCBS.
- b. Requires that states meet nationwide incident management system standards for monitoring HCBS programs.
- c. Requires that states establish a grievance system for HCBS delivered through fee for service FFS.
- d. Requires that in three years, states report on their readiness to collect data regarding the percentage of Medicaid payments for homemaker, home health aide, personal care, and habilitation services spent on compensation to the direct care workers furnishing these services; and in four years, states report on the percentage of Medicaid payments for homemaker, home health aide, personal care, and habilitation services spent on compensation to the direct care workers furnishing these services, subject to certain exceptions.
- e. Requires that, in six years, states generally ensure a minimum of 80% of Medicaid payments for homemaker, home health aide, and personal care services be spent on compensation for direct care workers furnishing these services, as opposed to administrative overhead or profit, subject to certain flexibilities and exceptions (referred to as the HCBS payment adequacy provision).
- f. The HCBS payment adequacy provision provides states the option to establish: (1) a hardship exemption based on a transparent state process and objective criteria for providers facing extraordinary circumstances and (2) a separate performance level for small providers meeting state-defined criteria based on a transparent state process and objective criteria. The HCBS payment adequacy provision also exempts the Indian Health Service and Tribal health programs subject to 25 U.S.C. 1641 from complying with its requirements.
- g. Requires states to report on waiting lists in section 1915(c) waiver programs; service delivery timeliness for personal care, homemaker, home health aide, and habilitation services; and a standardized set of HCBS quality measures.
- h. Promotes public transparency related to the administration of Medicaid-covered HCBS through public reporting of quality, performance, and compliance measures.
- i. States will be required to establish both the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC). Final rule renames and expands the scope of the states’ Medical Care Advisory Committees.

CMS established various timelines for implementing the above components outline in the Access Rules; however, the planning to assess the operational and fiscal impact to ensure compliance will continue throughout FY 25.

64. Who at DDS is responsible for ensuring DDS 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?

Each DDS employee is responsible for ensuring that their actions on behalf of the agency comply with applicable District of Columbia Municipal Regulations. In addition, as the organizational chart illustrates, DDS has an Office of the General Counsel that employs a General Counsel, a Deputy General Counsel, and four Assistant General Counsels. These attorneys provide legal sufficiency reviews of certain agency actions to assure compliance with statutory and regulatory requirements.

Community Engagement

65. For in FY 24, and FY 25, to date, list all community engagement events DDS held. For each event include:

- a. Date of event;**
- b. start and end time of event;**
- c. location of the event;**
- d. format of the event (virtual, in-person, or hybrid);**
- e. topic of event; and**
- f. number of attendees.**

See attachment.

66. Provide a list of community engagement events DDS holds on a regular basis (monthly, quarterly, annually, etc.).

See attachment.

67. Explain the factors DDS considers when deciding whether to hold a community event.

Specify whether DDS considers:

- a. The number of requests for an event from District residents;**
- b. Whether a Council office or committee requested an event;**
- c. Whether another agency or government official requested an event; or**
- d. The level of time-sensitivity or urgency of the topic?**

DDS develops an annual outreach and engagement plan for each fiscal year. When the Department on Disability Services (DDS) evaluates the decision to hold a community event, several crucial factors and detailed considerations come into play to ensure the event aligns with its strategic goals and mission.

Goals

The primary goals DDS aims to achieve through these community events include:

1. Increasing the number of Rehabilitation Services Administration (RSA) clients.
2. Building and maintaining relationships with community-based organizations and residents in Wards 7 and 8, as well as from historically underserved groups.

Strategies

To achieve these goals, DDS deploys a range of strategies:

- **Understanding Communities:** Enhancing RSA’s understanding of the diverse communities in Washington D.C. is essential. This involves engaging with residents and community organizations to gain insight into their unique needs and challenges.
- **Staff Engagement:** Engaging RSA staff in outreach activities ensures that the team is actively involved and connected with the community.
- **Public Awareness:** Raising general awareness about DDS’ mission helps build trust and familiarity within the community.
- **Leveraging Community Assets:** Collaborating with cultural brokers and other trusted community entities to support engagement efforts.
- **Mutual Learning:** Developing and maintaining relationships with community-based agencies to foster a culture of mutual learning and support.
- **Digital Presence:** Increasing RSA’s virtual presence through social media, website updates, virtual events, and communications.

Activities and Tasks

To make these strategies actionable, DDS undertakes specific activities and tasks:

- **Committee Meetings:** Holding quarterly outreach committee meetings to plan and review outreach initiatives.
- **Increasing Outreach Participation:** Encouraging more RSA staff to participate in outreach activities.
- **Data Review:** Analyzing existing data to identify underserved and unserved communities.
- **Racial Equity Capacity Building:** Building the agency’s capacity in racial equity to better serve diverse populations.

- Community Representation: Ensuring RSA vocational rehabilitation representation at community sites.
- Policy Review: Updating DDS' policies around access, intake, outreach, and language services.
- Language Access: Providing language access for LEP/NEP communities at public meetings.
- Event Organization: Organizing events such as fairs, forums, and workshops targeting underserved groups.
- Outreach Materials: Developing outreach materials in various languages.
- Partnership Communication: Utilizing partners' communication strategies to disseminate information.
- Printed Materials: Distributing flyers, brochures, and other materials in diverse languages.
- Web Information: Sharing information through DDS websites.
- Sponsorships: Sponsoring community events and participating in LEP/NEP community events and meetings.

Responsibility

Executing these activities involves a coordinated effort among various DDS roles:

- Intake and Outreach Supervisor
- RSA Transition/General Project Managers
- Community Liaison Specialists
- VR Counselors/Supervisors
- Public Information Officer
- DDS Language Access Officer
- Outreach Committee Members
- Other assigned agency staff

Expected Outcomes

Each activity aims to achieve specific outcomes:

- Increased partnerships with district agencies and community-based organizations.
- Increased number of events in which DDS participates and sponsors.
- Growth in the number of RSA community locations.
- Rise in the number of RSA clients from underserved groups.
- Increase in referrals for RSA during outreach events.

- More offsite evaluations conducted by VR Supervisors.

Measuring Success

Success is measured through:

- Reviewing client demographics and service requests.
- Evaluating the number of RSA community locations.
- Conducting customer service surveys.
- Reviewing the number of events and partnerships.
- Analyzing updated policies and procedures.
- Tracking new partnerships with CBOs.
- Evaluating offsite survey completions.

Progress Monitoring

- Progress is tracked through:
- Maintaining an outreach tracking spreadsheet.
- Holding quarterly outreach meetings.
- Keeping an RSA off-site roster.
- Reviewing client demographics semi-annually.
- Maintaining an annual outreach work plan.
- Monitoring the RSA offsite survey.

By carefully considering these factors, DDS ensures that community events are effective in meeting our goals of increasing client numbers and fostering strong community relationships.

68. Explain the factors DDS considers when determining whether a community event should be in-person, online, or hybrid.

When determining the format of a community event—whether it should be in-person, online, or hybrid—the Department on Disability Services (DDS) considers several important factors to ensure the event is accessible, engaging, and effective in meeting its goals. Here’s an overview of the factors taken into account:

Audience

Demographics: Understanding the audience's demographics, including age, technological proficiency, and language preferences, is crucial. For example, older adults or those with limited access to technology might benefit more from in-person events, while younger audiences might prefer online or hybrid formats.

Location: Assessing where the target audience resides can help determine the most convenient format. If the community is spread out geographically, an online or hybrid event might be more accessible.

Accessibility

Technological Access: Ensuring that the target audience has the necessary technology (e.g., internet access, devices) to participate in online events is essential. For communities with limited technological resources, in-person or hybrid events may be more suitable.

Language Services: Providing language access services, such as translation and interpretation, can influence the event format. In-person events may require on-site interpreters, while online events can utilize virtual translation tools.

Engagement Goals

Personal Interaction: If the goal is to build strong personal relationships with the community, in-person events might be more effective. They allow for face-to-face interactions and foster a sense of community.

Broad Reach: Online events can reach a larger audience, especially those who might not be able to attend in person due to distance or scheduling conflicts. Hybrid events can offer the best of both worlds by accommodating different preferences.

Health and Safety

Public Health Guidelines: Considering current public health guidelines and the safety of participants is critical. In times of health concerns (e.g., pandemics), online or hybrid events can ensure the safety of all attendees.

Comfort Levels: Some community members might feel more comfortable attending online events due to health or mobility issues. Providing a hybrid option can cater to these varying comfort levels.

Resources and Budget

Cost: Assessing the budget for the event is important. In-person events may involve higher costs related to venue rental, travel, and accommodations, while online events might require investment in technology and digital platforms.

Logistics: Evaluating the logistical requirements for each format, including staffing, equipment, and setup, helps in making an informed decision.

Feedback and Evaluation

Past Event Feedback: Reviewing feedback from previous events can provide insights into the preferred formats and what worked well. This can guide the decision for future events.

Evaluation Metrics: Determining how success will be measured for each format can also influence the decision. For example, online events might offer easier data collection and analysis through digital tools.

Flexibility and Adaptability

Hybrid Flexibility: Hybrid events provide flexibility, allowing participants to choose their preferred mode of attendance. This can enhance overall participation and satisfaction.

Adaptability: Being adaptable to unforeseen circumstances (e.g., weather, emergencies) can ensure the event's success. Online and hybrid formats offer more adaptability compared to strictly in-person events.

By considering these factors, DDS can make informed decisions about the format of community events, ensuring they effectively reach and engage the intended audience while meeting the department's goals and maintaining safety and accessibility.

Performance Evaluation

69. Does DDS conduct annual performance evaluations of all its employees? If so, who conducts such evaluations? What steps are taken to ensure that all office employees are meeting individual job requirements?

DDS conducts annual performance evaluations for all agency employees. Supervisors for each work unit conduct evaluations utilizing each employee's annual performance plan that includes an individual development plan as well as competency and S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Time-Related) goals, which the supervisor and employee

develop and record in the District of Columbia’s PeopleSoft system (“PeopleSoft”) prior to each fiscal year. The annual performance plan aligns the agency and work units’ overall goals with each employee’s regular tasks. At the mid-year point, each supervisor provides a progress summary, recorded in PeopleSoft, that includes feedback to each employee and identifies any area(s) requiring improvement. Once areas of improvement have been identified, the supervisor develops a performance improvement plan (“PIP”) that provides the employee the opportunity to demonstrate improvement to meet the specified performance expectations.

70. Provide DDS’ FY 24 Performance Accountability Report.

See attachment.

71. Provide all agency assessments which are given to demonstrate staff competency.

Prior to the commencement of each fiscal year, agency supervisors and employees develop a performance plan that sets forth the performance expectations and development objectives that the employee should accomplish during that fiscal year. The following five core competencies are included in each employee’s performance plan: accountability; communication; customer service; goal attainment; and job knowledge. In addition to these, the following three core competencies are applicable to supervisors: leadership; management of others; and operational and strategic planning. All employees’ performance plans also include S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Time-Related) goals that assist each employee with focusing efforts and increasing the probability of reaching each goal. Supervisors utilize this process to regularly measure competency.

72. Provide DDS’ metrics on customer service for FY 24 and FY 25, to date.

In FY24, out of the 153 inquiries processed by the Customer Services unit, 148 (97%) were acknowledged and assigned to a supervisor within the same day of receipt, five (5) (3%) were assigned and acknowledged the next business day. In FY 24, the average number of days it took to resolve the 153 inquiries was seven (7) days. In FY 25, 41 inquiries received were acknowledged and assigned on the same day as received. In FY 25, the average number of days it took to resolve the 41 inquiries was seven (7) days.

73. Explain the staff on-boarding and training process for DDA and RSA.

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; Improving Customer Service/Customer Care; 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.

a. Provide a list training curriculum synopsis (including the training course titles, topics and hours of training under each course title).

See attached (DDS HR Training Catalog 2024-2025).

b. Provide a list of the trainings/information sessions DDS provided in FY 24 and FY 25, to date.

The following are the trainings/information sessions or activities that were provided in FY 24 and FY 25, to date: Communication Skills; Conflict Resolution; Public Speaking; Cultural Competence; Managing Your Own Performance; Meeting Facilitation; Customer Care Excellence; Developing a Career Path; Get the Facts: AWOL, LWOP, FMLA, & PFL; How to Use Peoplesoft; Understanding Percipio; Managing Workplace Emotions, Attitudes and Stress; Safety in the Workplace and Community; Sexual Harassment; True Colors -Individual/Teams; What’s My Communication Style?; Working in a Person-Centered Way; Person Centered Thinking - Day 1 & Day 2; Person Centered Counseling Training – Phase II; Working Effectively with Deaf Colleagues; Writing Your Resume for DC Government Jobs; Alternative Work Schedule (AWS) Policy Training; Language Access Refresher Training ; Change Management; Developing a Management Style of Trust; Ways to Improve Morale; How to Develop S.M.A.R.T. Goals; Supervising

in a Person Centered Way; Managing Employee Performance; Performance Management; FLMA Training for Managers; New Manager Cohort (Fall); Team Building Scavenger Hunts; Health & Wellness Activities | Wellness Wednesdays: Socha Bounce, Zumba, Lunchtime 2K Walk, Rooftop Tai Chi, BMI Screening, Smoothie & Spin, Healthy Heart Line Dancing, Midday Massage; RSA Safety Training: Protecting Yourself in the Field; DDS/DDA BEGA Ethics Training; Autism Spectrum Disorder; Mental Illness in People with IDD and Intervention Strategies for Support.

c. Provide a list of the trainings/information sessions DDS plans to provide in the remainder of FY 25.

The following are trainings that will be conducted in the remainder of FY 25: DDS/RSA BEGA Ethics Training; Health & Wellness Activities | Wellness Wednesdays: Puppy Therapy, Others TBD; New Manager Cohort (Spring/Fall); Understanding How to Use AI in the Workplace; Effective Communication Skills in the Workplace: Texts, Emails, Meetings, etc.; RSA Safety Training: Protecting Yourself in the Field; Conflict Resolution Techniques; Improve Your Leadership Skills; Public Speaking ; Cultural Competence; Managing Your Own Performance; Meeting Facilitation; Customer Care Excellence; Developing a Career Path; Get the Facts: AWOL, LWOP, FMLA, & PFL; Managing Workplace Emotions, Attitudes and Stress; Safety in the Workplace and Community; Sexual Harassment; True Colors -Individual/Teams; What's My Communication Style?; Working in a Person-Centered Way; Person Centered Thinking - Day 1 & Day 2; Person Centered Counseling Training – Phase II; Working Effectively with Deaf Colleagues; Writing Your Resume for DC Government Jobs; Alternative Work Schedule (AWS) Policy Training; Language Access Refresher Training; Change Management; Developing a Management Style of Trust; Ways to Improve Morale; How to Develop S.M.A.R.T. Goals; Supervising in a Person Centered Way; Managing Employee Performance; Performance Management; FLMA Training for Managers; Team Building Scavenger Hunts; RSA Safety Training: Protecting Yourself in the Field.

74. Does RSA require vocational rehabilitation counselors to attend specific trainings every year? What percentage of counselors satisfy ongoing training requirements?

New counselors receive training as part of the onboarding process to meet HR requirements and to ensure they are equipped with the necessary knowledge and skills to perform as Rehabilitation Counselor. Additionally, each counselor develops an individualized development plan as part of their annual performance plan, with training needs and metrics tailored to their specific learning requirements. While there are no mandatory ongoing training requirements for all counselors, those who hold the Certified Rehabilitation Counselor (CRC) credential must complete 100 hours of continuing education units every five (5) years to maintain their certification.

75. Provide a list of DDS continuing education requirements.

DDS does not require the completion of continuing education courses.

76. What reviews did the Quality Assurance unit conduct in FY 24? Provide the results (summary report of findings) for each of these reviews, and the action plan for quality improvement.

The Quality Assurance and Performance Management Administration (QAPMA) provides oversight and monitoring of quality service delivery through the administration of the issue resolution system, incident investigations, data collection, analysis, and the operation of key committees that aim to protect people from harm and safeguard the health and wellness of people served by the Developmental Disabilities Administration (DDA). QAPMA also ensures compliance with all federal and District mandates and regulations to promote positive outcomes for people with intellectual and developmental disabilities.

In FY24, DDS employees monitored the quality of service and support provided to people with intellectual and developmental disabilities. Issues were generated for deficiencies discovered during the visit, which resulted in 23,140 issues generated (14,751 individual issues and 8,389 issues). Issues are assigned to the provider for resolution. To close an issue, the provider must provide the required documentation by the due date, which may include a copy of the required documentation and/or a corrective action plan to address systemic issues.

QAPMA's Quality Improvement Unit (QIU), analyzed the issues data to identify the top five issues by type: 1. Documentation; 2. Environmental; 3. Support and Services; 4. Behavior Support Plan; and 5. Health Care Management Plan. QAPMA is collaborating with DHCF, DPI, and the provider community to revise the Direct Support Training Policy and Procedures and create a standard template for progress notes, revise the Behavior Support Plan Policy and Procedures, and hold bi-monthly meetings with the Provider's Director of Nursing.

QAPMA's Quality Resources Unit (QRU) manages the Provider Performance Review (PPR) process. The PPR process ensures all provider performance data is synthesized throughout DDS and presented in a coordinated and comprehensive manner annually. QRU analyzed the data to identify trends, systemic issues, and areas for improvement. During the PPR, QRU reviews key performance measures and findings with the provider and representatives from DDA. A Continuous Improvement Plan (CIP) is developed to address performance measures falling below established benchmarks and systemic concerns. The Quality Resource Specialist reviews the CIP quarterly to ensure the providers implement the improvement plan. In FY24, 115 PPR meetings were held. DDS has established an improvement area that is required for all providers, 2 or more improvement areas were due to the data analysis and concerns identified by QAPMA and/or DDA.

The Provider Certification Review (PCR) is the mechanism used to determine if a provider is qualified to deliver the Home and Community-Based Waiver Service that they have been enrolled to provide. The purpose of the PCR is to determine if people are receiving all the services specified in their Individual Support Plan (ISP), identify positive practices and areas for improvement, assess compliance with regulations specified in the Medicaid Waiver for people with intellectual and developmental disabilities and identify trends and strategies for system-wide improvement across all services and supports.

FY24 PCR Data Request	
Total # Annual PCRs (Includes Annual and HCBS)	155
Total # Initial PCRs	16
Total # of Annual PCRs that Required Follow Up	15
Total # of Initial PCRs that Required Follow Up	2
Total # of Providers who required a CAP	139
Total # of Provider who did not require a CAP	63

Contracting and Procurement

Overall

77. List each contract, procurement, and lease entered or extended by DDS during FY 24 and FY 25, to date. For each contract, provide the following information where applicable:

- a. The name of the contracting party (vendor);**
- b. A description of the contract, including the end product or service;**
- c. The dollar amount of the contract, including amount budgeted and amount actually spent;**
- d. The term of the contract (award date and end date);**
- e. Whether the contract was competitively bid;**
- f. The name of the agency's contract monitor and the results of any monitoring activity;**
- g. The DDS division under which the contract operates;**
- h. The funding source; and**
- i. Any long-term contracts and how community input is sought regarding the contract.**

See attachment.

78. For all contract modifications made in FY 24 and FY 25, to date, provide:

- 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.

79. Provide a list of sole source contracts awarded in FY 24 and FY 25, to date. Explain why each was awarded as a sole source contract.

See attachment.

80. Explain DDS' process for vendor dispute resolution. Provide a list of all protests and disputes filed against the District filed with the Contracting Officer in FY 24 and FY 25, to date. Identify which protests and disputes resulted in formal claims and their outcomes.

The Office of Contracting and Procurement has contracting authority for DDS. Under the District's Procurement Practices Reform Act, all disputes and protests are submitted to the Contract Appeals Board and responded to through the Office of the Attorney General Procurement Division. In FY 24, the Contracting Officer received one dispute that is currently pending and can be more appropriately addressed by the Office of Contracting and Procurement.

81. 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.

82. Provide the number of contracts and procurements executed by DDS in FY 24 and FY 25, to date. Indicate how many contracts and procurements were for:

- a. Under \$250,000;*
- b. Between \$250,000-\$999,999; and*
- c. Over \$1 million.*

Total number of contracts: 198
Under \$250,000: 156
Between \$250,000 and \$999,999: 29
Over \$1 million: 13

Contractor/Provider Accountability

83. Explain DDS' processes for ensuring contractors fully satisfy the requirement of their contract? What specific terms are written into each contract to ensure work is acceptable and, if not, that DDS and taxpayers do not pay for substandard work?

DDS's contracts include specific provisions in the Requirements section that specify the scope of services expected under the contract. The Contract Administration section of each contract includes the responsibilities of the Contract Administrator, who must ensure that all work conforms to the requirements of the contract. The Contract Administrator consults with other DDS staff, including those whose work is related to that of the contractor, during the contract evaluation period that potentially impacts whether the District will exercise the next contract option year. The District may terminate a contract in accordance with Standard Contract Provisions or exercise sanctions in accordance with DDS policies, if the contractor fails to fulfil its obligations under the contract.

84. Explain DDS' processes for ensuring Contracting Officer's Technical Representatives (COTRs) are monitoring vendors' compliance with benchmarks and delivering on their contracted responsibilities?

Consistent with terms of each contract, the Contract Administrator ("CA") is responsible for the general administration of all contracts and informing the Contracting Officer as to the contractor's compliance or non-compliance with the contract. The CA is responsible for ensuring that the work conforms to the requirements of the contract. Upon receipt, the CA reviews invoices for completeness of work and collaborates, as needed, with other DDS staff to confirm receipt of goods and services.

85. Within FY 24 and FY 25, to date, has DDS terminated any contracts? If so, provide a list and brief explanation for each instance.

See attachment.

86. Within FY 24 and FY 25, to date, has DDS issued any cure notices? If so, provide a list and brief explanation for each instance.

See attachment.

87. Within FY 24 and FY 25, to date, has DDS sued any contractors for breach of contract? If so, provide a list.

No.

Complaints

DDS

88. For FY 24 and FY 25, to date, provide for both DDS and providers:

- a. The number of formal complaints filed;
 - 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: 153 in FY 2024 and 41 in FY 2025, as of December 31, 2024.

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

Inquiry/Concern/Complaints	FY 24	FY 25
Clarification of Case Status	31	5
DDA Formal Complaint	7	2
Feedback about DDS staff services - communication	20	7
Feedback about DDS staff services - Other	21	8
Feedback about provider services	29	10
Informal Administrative Review Meeting	9	0
Inquiry: how to receive DDS services	13	2
Inquiry: not related to DDS services	2	0
Other	2	1
Other - Seeking workforce development	1	0
Request for new Service Coordinator/VR Counselor	13	6
Transportation	0	0
Vendor Inquiry	5	0
Total	153	41

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

Administration	FY 24	FY 25
DDA	71	26
DDD	16	0
DDS	11	3
RSA	55	12
Total:	153	41

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

DDS received 153 complaints/inquiries in FY 2024. As of December 31, 2024, DDS received 41 complaints/inquiries in FY 2025. 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 24 (mean)	FY 25 (mean)
DDA	9 Days	7 Days
DDD	3 Days	N/A
DDS	7 Days	11 Days
RSA	7 Days	6 Days

89. 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, or by a third party with the person’s consent. The person can also ask family members, friends, advocates, and other people to help them with their complaint for the person, if they have the person’s permission to do so. A formal complaint can be filed 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 (2) 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 provide 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 provided 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.

90. *What outreach has DDS conducted regarding the formal complaint process to both supported persons and families?*

On August 23, 2024, DDS presented on the DDS Customer Service Process, DDA Formal Complaint Process, and RSA Administrative Review Process at the Provider and Community Stakeholder Forum. The service coordinators review the process for filing a complaint during each person’s initial and annual ISP meetings.

DDA

91. *How many complaints were received by DDA in FY 23, FY 24, and FY 25, to date?*

Type of Complaint	FY 23	FY 24	FY 25
Customer Service Complaints	40	60	21
DDA Formal Complaints	0	8	2
Total	40	68	23

92. *How many informal administrative review meeting requests for DDA were made in FY 23, FY 24, and FY 25, to date?*

Informal administrative review meeting requests are not applicable to DDA.

- a. *In FY 24, how many and what percent of the review meetings resulted in reversal or partial reversal of the decision of DDA?*

Not applicable.

93. *In FY 23, FY 24 and FY 25, to date, for DDA, how many External Review meetings were held?*

No External Review meetings were held during FY 23 and FY 24, and one (1) in FY 25 to date.

RSA

94. How many complaints were received by RSA in FY 23, FY 24, and FY 25, to date?

FY 23	FY 24	FY 25
58	48	10

a. For FY 24, how many complaints:

- i. involved communication problems between a vocational counselor and an RSA client;**
18
- ii. involved a conflict over vocational rehabilitation services to be provided;** 1
- iii. were related to the RSA application or eligibility process;**
16
- iv. involved the selection of vendors for provision of vocational rehabilitation services;**
0
- v. involved the selection of employment outcomes;**
0
- vi. involved the selection of training or post-secondary education funding; and**
0
- vii. involved Independent Living services?**
0

95. How many informal administrative review meeting requests for RSA were made in FY 23, FY 24, and FY 25, to date?

FY 23	FY 24	FY 25
11	9	0

a. In FY 24, how many and what percent of the review meetings resulted in reversal or partial reversal of the decision of RSA?

There were 9 informal administrative review meetings requests in FY 24. Of the 9 reviews meetings held, 3 were upheld and 6 resulted in reversals or partial reversals.

b. In FY 24, how many informal administrative review meeting:

- i. involved communication problems between a vocational counselor and an RSA client;**
0

- ii. *involved a conflict over vocational rehabilitation services to be provided;*
0
- iii. *were related to the RSA application or eligibility process;*
1
- iv. *involved the selection of vendors for provision of vocational rehabilitation services;*
0
- v. *involved the selection of employment outcomes;*
1
- vi. *involved the selection of training or post-secondary education funding; and*
3
- vii. *involved Independent Living services?*
1

96. In FY 23 and FY 24, how many RSA clients filed for a fair hearing before the Office of Administrative Hearings?

In FY 24, eleven RSA clients filed for a hearing before OAH and, in FY 25 to date, no RSA clients filed for a hearing. Note that a single request for hearing before OAH, although filed in 2024, was not scheduled for an initial status hearing by OAH until January 2025. Four of the FY 24 cases were dismissed by OAH, and one was resolved without a decision by OAH. Two cases from 2023 are pending final orders from OAH. Six cases remain pending, to date.

a. In FY 24, how many of cases, did the hearing resulted in a reversal or partial reversal of RSA's decision?

None.

b. In FY 24, how many fair hearings:

- i. *involved a conflict over vocational rehabilitation services to be provided;*

Five cases involved a conflict over vocational rehabilitation services, which includes three post-secondary education cases, one termination of vocational rehabilitation services, and one quality of vocational rehabilitation services. Note that four cases involve the Randolph Sheppard Vending Facility Program.

- ii. *were related to RSA application or eligibility process;*

Two (2) cases.

- iii. *involved the selection of vendors for provision of vocational rehabilitation services;*
None.
- iv. *involved the selection of employment outcomes;*
None.
- v. *involved the selection of training or post-secondary education funding;*
None.
- and*
- vi. *involved Independent Living services?*
None.

Developmental Disabilities Administration (DDA)

Waivers, Supports, and Services

97. How many people currently (on 12/31/24) receive supports from DDA?

2,506

a. How many people received supports from DDA on 12/31/23?

2,454

98. How many people currently receiving supports were found eligible based on a developmental disability and not an intellectual disability?

62 people are currently receiving supports based on a developmental disability and do not have an ID diagnosis.

99. How many people currently receiving services are under the following Medicaid waivers:

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

There are currently 1,894 people receiving I/DD Waiver services.

b. Individual and Family Supports (IFS) Waiver.

There are currently 83 people receiving IFS services.

100. In FY 24 and FY 25, to date, how many slots are available for:

a. I/DD Waiver; and

In FY 24, there were 1,963 available I/DD waiver slots. In FY 25, there are 1,983 available I/DD waiver slots.

b. IFS Waiver.

In FY 24, there were 120 available IFS waiver slots. In FY 25, there are 150 available IFS waiver slots.

101. In FY 24 and FY 25, 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?

In FY 24, 30 supported persons requested a transfer from IDD waiver to IFS waiver primarily due to DDS’ assessment of the level of service needs with consideration of available natural and community supports to determine if services offered in the IFS waiver are most appropriate to meet the persons’ needs, goals, and desires.

In FY 25, there were no supported persons who requested a transfer from the IDD waiver to IFS waiver.

102. Who determines if a person should apply for the IFS waiver or the I/DD waiver? Explain the factors that are considered when that decision is made.

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 person’s needs are reassessed during their annual individual support planning period. If the projected cost of their services exceeds \$75,000 or if the person has a need for residential services, the person is enrolled in the IDD waiver.

103. In FY 24 and FY 25, to date, how many I/DD or IFS Waiver participants did DDA terminate waiver services?

In FY 24, there was a total of 59 persons terminated from waiver services, and in FY 25, there were 24 persons terminated from 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 for Termination	FY 24	FY 25
Death	25	11

Incarceration	8	0
Moved to ICF/IDD	2	2
Nursing Facility	2	0
Refusal of Service/Voluntary Termination	12	8
Moved Out of State	8	3
Transferred to EPD Waiver	1	0
Not Eligible for Medicaid	1*	0
Total	59	24

*This person became ineligible for Medicaid Waiver due to income. The interdisciplinary team helped the person create a budget and negotiate an affordable private pay rate for needed services. All services are documented in the ISP; and the service coordinator continues to monitor service delivery.

104. In FY 24 and FY 25, to date, how many DDA clients appealed DDA’s termination of service to the Office of Administrative Hearings (OAH)?

None.

- a. *How many of the appealed terminations were reversed or partially reversed?* N/A
- b. *What was the outcome of the appeals?* N/A

105. How many people supported by DDA experienced a lapse in their DC Medicaid benefits during FY 24 and FY 25, to date?

In FY 24, 667 people supported by DDA experienced a lapse in their D.C. Medicaid benefits. Persons supported who experienced a lapse in Medicaid did not lose waiver services during this period. DDS waiver providers were impacted when persons supported lost Medicaid coverage due to denied billing claims for waiver services. DDS and DHCF worked collaboratively to address lapse of coverage cases and provided guidance to providers to resolve billing issues once Medicaid was restored.

In FY 25, to date, 110 people supported by DDA experienced a lapse in their D.C. Medicaid benefits. Of the 110 persons who experienced a lapse of Medicaid coverage in FY 25, one State Plan provider of a DDS supported person opted to discontinue services. DDS immediately recommended selection of another State Plan provider to the person and their support team and worked expeditiously to reinstate Medicaid.

106. How many people supported by DDA (1) currently (on 12/31/24) and (2) on 12/31/23:

- a. *Live(d) in in ICFs;*
- b. *Live(d) in residential habilitation settings;*
- c. *Live(d) in in out-of-state placements*

- d. Receive(d) Supported Living services;*
- e. Live(d) in their natural homes;*
- f. Are/were placed in nursing homes;*
- g. Are/were placed in psychiatric hospitals; and*
- h. Are/were incarcerated?*

Setting	2023	2024
a. Live(d) in in ICFs	248	242
b. Live(d) in residential habilitation settings	88	84
c. Live(d) in in out-of-state placements	7	6
d. Receive(d) Supported Living services	915	971
e. Live(d) in their natural homes	1,038	1,121
f. Are/were placed in nursing homes	4	4
g. Are/were placed in psychiatric hospitals	6	3
h. Are/were incarcerated?	10	5

107. In FY 24 and FY 25, to date? How many people:

- a. received Individualized Day Supports; and*

FY 24- 652

FY 25- 640

- b. received day habilitation services?*

FY 24- 318

FY 25- 301

108. How many people received My Life, My Way Participant-Directed Services in the IFS waiver in FY 24, and FY 25, to date?

In FY 24, eight (8) people received My Life, My Way participant-directed services in the IFS waiver.

In FY 25, to date, eight (8) people have received My Life, My Way participant-directed services in the IFS waiver. Additionally, there are 15 people with pending budgets who will receive My Life, My Way services after their budgets have been finalized and approved.

- a. What data is DDA collecting to evaluate the My Life, My Way Self-Directed initiative?*

DDS is evaluating the progress of the My Life My Way program by continuously tracking enrollment status, the number of people who are not interested in participating, incident

management, budget status, and grievances. In addition to these weekly reports, DDS and the fiscal management services vendor meet bi-weekly to discuss programmatic growth.

b. What are DDA’s plans to enable people receiving services under the IDD waiver to participate in the My Life, My Way Self-Directed Initiative?

At this time there are no immediate plans to expand the My Life, My Way program to the IDD Waiver. DDS will continue to monitor implementation of the program in the IFS Waiver to consider whether, once fully implemented, there are adequate controls in place to ensure that the program can be effectively and efficiently added to the IDD Waiver. DDS has not heard from IDT teams concerning the unavailability of this service in the IDD Waiver at this time.

109. How many people supported by DDA also received services from DBH in FY 23, FY 24 and in FY 25, to date?

The Department of Behavioral Health (DBH) oversees community behavioral health providers (i.e. core service agencies) and, until FY 24, provided behavioral health services directly to DDA participants through the 35 K Street Intellectual and Developmental Disability/ Deaf and Hard of Hearing behavioral health clinic.

At the end of FY 24 the 35 K St clinic ceased operations and the DDA participants transitioned to new behavioral health providers resulting in a significant decline in the reported number of clients. In FY 24 Lyle Healthcare, a free- standing behavioral health clinic that serves many DDA people, was added as a DBH community behavioral health provider which significantly increased the number of DDA participants receiving services in that category in FY 24 and FY 25.

	FY 23	FY 24	FY 25 (to date)
DDA people receiving services from DBH Community Providers	231	433	437
DDA people receiving services from 35 K St.	125	140	0

110. How many people supported by DDA were competitively employed in FY 23, FY 24 and in FY 25, to date?

FY 23 420,
FY 24 434, and
FY 25 to date 389

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

As of December 31, 2024, 622 people supported by DDA had a Behavior Support Plan.

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

As of December 31, 2024, 32 people supported by DDA had physical restraints as part of their Behavior Support Plan.

113. How many people supported by DDA received Employment Readiness and Supported Employment Services in FY 24 and in FY 25, to date?

Employment Readiness

FY 24: 58

FY 25: 47

Supported Employment

FY 24: 68

FY 25: 54

a. How many successfully moved into supported employment?

FY 24: 12

FY 25: 5

b. How many successfully moved into competitive employment?

FY 24: 47

FY 25: 0

114. 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 150 people living alone in DDA housing. There are 74 units that are greater than DDA's rental cap.

Application, Eligibility, Receipt of Services, and Caseloads

115. In FY 24 and FY 25, to date, how many people applied for DDA services?

FY 24, 176 applications were received by DDS for DDA services.

FY 25, 51 applications were received as of 12/31/24.

a. Provide the reasons/categories for service denial and the number of denials in each category.

Primary Reason for Denial	FY'24	FY'25 as of 12/31/2024
Sole dx of a mental illness	1	
Lacks functional limitations in 3 or more areas of major life activity	13	3
No pre 22 documentation of ID or DD	6	1
No evidence of a current need for ongoing support across multiple settings	4	
Total ineligible* applicants	24	4

*ineligible does not include cases that were discontinued or closed

b. How many applicants sought eligibility under:

People apply for support services without specifying intellectual or other developmental disability and are then evaluated for intellectual disability or other developmental disability during the eligibility determination process.

- i. the developmental disability criteria;* See b. above
- ii. the intellectual disability criteria?* See b. above

116. In FY 24 and FY 25, to date, how many people did DDA find eligible for DDA services?

FY 24 130 people were determined eligible; FY 25 (as of 12/31/2024) 40 people were found eligible.

117. How many of the people were found eligible:

a. based on a developmental disability; and

FY24 20 people were DD and FY 25 4 people were DD.

b. based on the intellectual disability criteria?

FY24, 38 people were ID, 72 were both DD and ID. FY 25 as of 12/31/24 3 people were ID, 33 people were both DD and ID.

118. In FY 24 and FY 25, to date, how many people were denied eligibility? For each denial, what was the basis for the denial?

FY 24, 24 people were denied eligibility. Of those people, 3 were DD, 4 were ID, and 17 were both DD and ID. FY 25, 4 people were denied eligibility. All 4 were both ID and DD. See Question 115 a. above for the basis for the denial.

119. In FY 24 and FY 25, to date, of those who were denied eligibility how many appealed through the internal appeals process? How many of those denials were reversed in the internal appeals process?

In FY 24, 7 people appealed their eligibility decision and requested a Level I Appeal. Of the 7 people, 6 of the determinations were sustained and 1 determination was reversed. There were 2 Level II Appeals both decisions were sustained.

120. In FY 23, FY 24, and FY 25, to date, how many individuals were found eligible for DDA services but denied eligibility for the I/DD or IFS?

In FY 23, one person has been denied eligibility for the I/DD or IFS waiver as a result of citizenship (he would not have applied for HCBS). In FY 24 and FY 25 YTD 1 person who was determined eligible and is on a spend down to meet the income requirement for Medicaid and the I/DD waiver.

121. In FY 23, FY 24, and FY 25, to date, what was the average length of time from when a Medicaid waiver application was submitted to when a finding of waiver eligibility was made?

	FY'23	FY'24	FY'25
Length of Time	65 days	79 days	28 days

122. In FY 23, FY 24, and FY 25, to date, what was the average length of time between when an ISP meeting was held and when Medicaid Waiver application was submitted?

Comments	FY23	FY24	FY 25
Average length of time (days) between ISP meeting and submission of Medicaid waiver application	114* days	37*	8**

**Excludes persons with service delays (defined as >2 weeks between scheduled meetings or documentation receipt) or who were not service-ready (e.g., usage of alternative resources, foster care, incarceration, hospitalization, pending Medicaid etc.)*

***This is an example of the timeline between the initial ISP meeting and waiver enrollment when service needs are urgent. Expedited services are provided through the use of local funds. If documentation for waiver enrollment is received timely from the person, family or guardian, enrollment is approved retroactive to the first of the month, effectively reimbursing the local funds.*

To ensure persons receive the necessary supports in the least restrictive and most integrated setting, all eligible persons receive case management services to coordinate community-based services, and waiver enrollment is expedited to address urgent need for services. Even during the eligibility determination process, persons with an urgent need receive an expedited review. Persons are enrolled in the waiver when they lack adequate community resources to meet their needs. Service needs are reassessed by the eligibility determination unit, during service coordinator, initial and monthly contacts, and during the initial ISP meeting, to determine if/when services are required to supplement existing supports. Timely enrollment may be affected by individual circumstances including Medicaid eligibility, hospitalization, incarceration, nursing home admission etc. Service Coordinators support persons with navigating these challenges. When persons supported have an ISP meeting while hospitalized or in a nursing home, waiver enrollment is contingent upon their release.

123. In FY 23, FY 24, and FY 25, to date, what was the average length of time between the eligibility decision and the completion of an Individual Support Plan (ISP)?

FY 23: 59;

FY 24: 60 days;

FY 25 (as of 12/31/2024): 54 days

124. In FY 23, FY 24, and FY 25, to date, what was the average length of time between eligibility and receipt of services identified in the ISP?

FY 23 126* (91):

FY 24: 102 days*

FY 25: 103 days*

*Includes youth who had not aged out of CFSA, are still in school, those receiving services from other agencies or community-based services and cases where there was delay due to

family availability. It also includes people who received their first waiver service within 9 to 33 days after eligibility determination.

125. In FY 24 and FY 25, to date, what is the average caseload of DDA service coordinators?

The average caseload of Service Coordinator-I (CS-11) is 22 cases. This excludes 44 cases currently held by MSS Supervisors pending orientation of newly hired Service Coordinators. The average caseload of Service Coordinator-II (CS-12) is 33 cases.

a. What is the highest number of individuals a service coordinator currently (12/31/24) has on their caseload?

The highest caseload of a Service Coordinator-I is 30 and the highest caseload of a Service Coordinator-II is 35, which is consistent with policy and procedure.

126. Explain how DDS determines caseloads.

The service coordinator's grade determines the caseload sizes. Grades 11 and 12 have a maximum of thirty and thirty-five, respectively. A service coordinator grade 11 may be promoted to grade 12 after a year or more with DDS depending on performance/recommendation by Supervisor and availability of funding. New hires get a graduated caseload (up to 10 cases in their third week) plus an additional 5 to 10 cases in their fourth week after training and orientation by their respective supervisors. Newly hired service coordinator may receive up to 30 cases after five (5) weeks with DDS. Grade 12 service coordinator can have up to 35 cases at any time. The exact number and type of cases are determined by available slots on the service coordinator's caseload, complexity of their current caseload, and geographic location of their current cases.

Service Providers

127. What monitoring has DDA engaged in during FY 24 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.

128. In FY 23, FY 24, and FY 25, to date, how many day programs has DDA determined are not in compliance with CMS’ Settings Rule .For those not found in compliance, what action has DDA taken?

Three (3) day programs did not comply with CMS’ Settings Rule in FY 23, none in FY 24, and none in FY 25 (as of December 31, 2024). Of the three (3) day programs that did not comply with CMS’ Settings Rule in FY 23, one (1) closed voluntarily and two (2) received follow-up to ensure compliance.

129. For FY 23, FY 24 and FY 25, to date, provide the DDA inciden[ts] reports by provider as well as DDS responses.

See attachment.

130. In FY 23, FY 24, and FY 25, to date, how many serious reportable incidents (SRIs) did DDA investigate? Provide the number of SRIs by category.

Incident Type	FY 2023	FY 2024	FY 2025
Abuse	135	124	36
Death	42	40	10
Exploitation	43	76	11
Missing Person	67	45	6
Neglect	283	306	54
Other	7	1	0
Serious Medication Error	19	17	17
Serious Physical Injury	131	174	51
Serious Reportable Incident/ COVID-19 (Person Supported - EIH)	11	10	0
Suicide Attempt	6	0	0
Unplanned or emergency inpatient hospitalization	410	421	105
Use of unapproved restraints	0	0	2
Grand Total	1,155	1,214	292

131. In FY 23, FY 24, and FY 25, to date, how many allegations of abuse and neglect were substantiated?

Incident Type	FY 23	FY 24	FY 25, YTD
Abuse	30	32	12
Neglect	187	223	27

132. In FY 23, FY 24, and FY 25, to date, how many deaths were substantiated as the result of abuse, neglect or the use of restraints by a DDA provider substantiated? Was law enforcement involved in investigating any of these deaths?

No deaths in FY 23, FY 24, or FY 25 YTD were substantiated for neglect or abuse.

133. In FY 23, FY 24 and FY 25, to date, what percentage of the SRIs were investigated within 45 days as required by DDA’s policy?

FY	Total	On Time	Late	% On Time
2025 - Q1	248	246	2	99.19%
2024	1174	1167	7	99.40%
2023	1164	1156	8	99.31

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

See attachment.

135. In FY 23, FY 24 and FY 25, to date, how many service providers in the DDA system received some form of formal sanction? How many are currently receiving some form of sanction?

In FY 23, 37 providers received some form of formal sanction. In FY 24, 44 providers received some form of formal sanction. As of December 31, 2024, 12 providers received some form of formal sanction in FY 25. Eight providers are currently on formal sanctions.

a. Which service providers have been sanctioned most often?

In FY 23, Regal Home Services received four sanctions, and Simky Family and Healthcare Services received three sanctions. In FY 24, 1 Axium received five sanctions, Starlite Case Services received four sanctions, and DC Care Center received three sanctions. In FY 25 (as of December 31, 2024), Community Support Systems received two sanctions, and Starlite Care Services received two sanctions, with all other providers receiving one sanction each.

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

In 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 sanctions were 1) Failed initial PCR: Unsuccessful First Review. Requires Follow-up, 2) Issuance of Notice to Cure due to lack of evidence of required insurance, 3) Failure to address issues timely. In FY 25, as of December

31, 2024, the three most common reasons for sanctions are 1) Failed initial PCR: Unsuccessful First Review. Requires Follow-up, 2) Failure to address issues timely, 3) Failed Annual PCR Follow-Up.

136. In FY 23 and FY 23, FY 24 and FY 25, to date, 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, 44 providers were placed on the “Do Not Refer List.” In FY 25, as of December 31, 2024, 11 providers have been placed on the “Do Not Refer List”.

a. 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.

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

In FY 23, the average length of time a provider was on the “Do Not Refer List” was 46 days. In FY 24, the average length of time a provider was on the “Do Not Refer List” was 47 days. In FY 25, the average length of time a provider has been on the “Do Not Refer List” is 28 days.

c. 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 are removed from the “Do Not Refer List”.

137. In FY 23, FY 24 and FY 25, to date, how many Intermediate Care Facilities (ICF) did the Department of Health cite for Immediate Jeopardy.

<i>FY 23</i>	<i>FY 24</i>	<i>FY 25 (as of December 31, 2024)</i>
<i>0</i>	<i>1</i>	<i>0</i>

a. For those in FY 24 and FY 25, to date, describe the reason for the finding of Immediate Jeopardy.

In FY24, one (1) 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.) 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.

138. In FY 23, FY 24, and FY 25, to date, how many providers closed, either voluntarily or involuntarily? For those in FY 24 and FY 25, to date, if the providers closed involuntarily, provide the reason the providers were forced to cease providing services.

In FY 23, one provider closed voluntarily, and none closed involuntarily.
 In FY 24, two providers closed voluntarily, and none closed involuntarily.
 In FY 25 (as of December 31, 2024), no providers closed voluntarily, and none closed involuntarily.

139. In FY 23, FY 24, and FY 25, to date, how many people have been subject to instances of unapproved use of restraint by provider staff

FY 23	FY 24	FY 25
1	1	2

140. 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.

a. 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. 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 have been identified, This information is sent to the person for their review and choice.

141. 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 DC Health, 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.

142. *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 DDA 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 provided?*

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.

143. *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.

Other

144. *What percentage of people in DDA residential placements have DDS as their representative payee?*

As of December 31, 2024, DDS was the representative payee for 1,079 (or 80.58%) of 1,339 people in DDA residential placement.

145. *If DDS is the representative payee, how does it ensure the person is not over-resourced for either SSI or Medicaid?*

In FY 24, DDS Medicaid Waiver Unit provided consistent communication requiring contracted residential providers of supported people to upload bank statements and pay statements for employed people in advance of their Medicaid eligibility period to avoid the lapse of coverage or eliminate any case denials. DDS enhanced its case management system to increase visibility of supported people’s assets by requiring residential providers to enter the account balance of the bank statement. If the balance in the supported person’s account exceeds the income limit for Social Security income, the residential provider and assigned DDA Service Coordinator receive an email alert advising them that the person has been identified as over the asset limitation and that they must immediately initiate a spend down plan to avoid disruption or reduction in Social Security benefits.

Throughout the year, DDS staff routinely review supported people’s assets. The DDS Medicaid Waiver Unit reviews the income limitations for both Social Security income and Medicaid with DDA Service Coordinators and residential providers to ensure that supported people remain within the asset limitations and to prevent occurrences of overpayment and denial of benefits.

146. If DDS is the representative payee for people who are employed, who is responsible for assisting to report their employment income to the Social Security Administration?

Residential providers that DDS contracts with are responsible for assisting supported people who are employed, to report their earned income to the Social Security Administration.

Rehabilitation Services Administration (RSA)

Cases and Closures

147. In FY 23, FY 24, and FY 25, to date, how many cases did RSA have?

FY 23: 5,501
FY 24: 5,300
FY 25: 3,999

148. In FY 23, FY 24, and FY 25, to date, how many people received vocational rehabilitation services

FY 23: 1,667
FY 24: 2,161
FY 25: 2,194

149. In FY 24, and FY 25, to date, how many RSA clients also received services from DDA?

FY 24: 473
FY 25 YTD: 384

150. In FY 24, and FY 25, to date, how many RSA cases were closed?

a. Provide the reason (such as successful employment placement, loss of contact, death etc.) for each closure.

FY 24: 1,379
394: Successful Closures
985: Unsuccessful closures due to reasons such as, no longer interested, loss of contact, transfer of agencies, etc.

FY 25: 201
40: Successful Closures
161: Unsuccessful closures due to reasons such as, no longer interested, loss of contact, transfer of agencies, etc.

151. In FY 24, and FY 25, to date, how many RSA clients exited the RSA program without achieving an employment outcome?

FY 24: 985

FY 25: 161

a. What were the most common reasons?

The most common reasons are individuals are no longer being interested or due to loss of contact.

b. Were any of those who were unsuccessful attempting to obtain self-employment?

No.

152. In FY 24, what percentage of cases did RSA meet the 60-day requirement for determination of eligibility?

FY 24: 92%

153. In FY 24, what percentage of cases did RSA meet the 90-day requirement for IPE development?

FY 24: 97%

154. 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”)?

1,813.

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

867

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

Employment Services

155. In FY 24 and FY 25, how many RSA clients received supported employment services to date under 2019-RSA-POL007?

In FY 24 and FY 25, DCRSA provided supported employment services to 648 and 666 individuals respectively in the District of Columbia.

a. In FY 24, how many requests for supported employment services has RSA denied?

None.

156. In FY 24 and FY 25, to date, how many RSA clients obtained self-employment

There were no individuals who obtained self-employment for FY 24 and FY 25.

157. In FY 24 and FY 25, to date, how many RSA clients attained employment for 90 days or more?

In FY 24, a total of 394 individuals achieved employment and maintained it for at least 90 days. As of FY 25, 40 individuals have successfully secured employment.

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

RSA ensures that all individuals receiving vocational rehabilitation services are placed in competitive, integrated employment earning at least minimum wage or higher. RSA does not support subminimum wage employment and remains committed to promoting fair wages and economic self-sufficiency for all individuals with disabilities.

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

Of those individuals who attained employment	FY 24	FY 25 (YTD)
What percentage were earning within \$1.00/hr. above the minimum wage for the District of Columbia?	20%	26%
What portion were earning less than the minimum wage??	27%*	11%*

**These are people who are placed for employment outside the District of Columbia. The entry level wage is lower than the DC minimum wage. However, RSA ensures that any placement is in a job that pays at least the minimum wage in the jurisdiction where the person is placed. RSA is prohibited from placing clients in sub-minimum wage positions.*

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

a. Cleaning and maintenance positions;

FY 24: 92

FY 25: 13

b. Office administrative support positions; and

FY 24:19

FY 25: 4

c. Food preparation and serving positions?

FY 24: 43

FY 25: 6

160. 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 adheres to its [Supported Employment Policy](#) (2019-RSA-POL007) Sec. F when an individual reaches the maximum allowable months of supported employment services. In certain cases, the individual and their VR specialist may mutually agree to extend the timeframe needed to achieve the employment outcome outlined in the Individualized Plan for Employment (IPE). This extension is made possible through VR program funds designated for individuals with the most significant disabilities who qualify under the Supported Employment program.

Youth with disabilities remain eligible for supported employment services until the age of 25 and may receive these services through RSA for up to four years. However, reaching the maximum service duration has become less common due to the expanded eligibility for DDA services.

a. In FY 24, 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

161. In FY 24, how many students, broken down by school, were eligible for Pre-Employment Transition Services?

See attachment.

162. In FY 24, how many students, broken down by school, received pre-employment transition services?

See attachment.

163. In FY 23, FY 24, and FY 25, to date, how many students were reached? What challenges has DDS identified with reaching DCPS students?

DDS reached 3,429 students in FY 23; 3,775 students in FY 24; and 708 students to-date in FY 25. DDS has experienced minor challenges reaching DCPS students. The challenges include students being absent from school on the day of services, scheduling events at a time convenient for students, and receiving parents' written consent to provide services to students under age 18 and conflicts in scheduling.

To address these challenges, the DCPS Central Services Director of Secondary Transition and the DDS Transition Program Manager meet monthly to strategically plan and coordinate opportunities for students to participate in Pre-ETS activities and events.

Pre-ETS Activity*	#Students Reached in FY 23	#Students Reached in FY 24	#Students Reached YTD FY 25
Work-Based Learning Experiences	740	623	111
Job Readiness Training	901	727	188
Counseling on Postsecondary Education	1,233	973	578
Career Exploration	1,563	1,452	798
Self-Advocacy Training	796	1,031	584

*Contains duplicates. Not unique.

164. *In FY 24, what strategies did RSA use for providing the five required direct Pre-Employment Transition Services that are allowable under WIOA?*

DCRSA leveraged the expertise of its vocational rehabilitation specialists, collaborated with approved Pre-ETS providers, and coordinated with D.C. Public Schools (DCPS) and the DC Special Education Cooperative to provide the five required Pre-Employment Transition Services (Pre-ETS) under WIOA. To ensure students received appropriate support, vocational specialists met individually with each student on their caseload. During these meetings, specialists explained the various Pre-ETS options, helping students and their families understand the available services and selecting the best Pre-ETS provider for their needs. This process enabled students to make informed decisions based on their interests, career goals, and support requirements. By focusing on each student's unique needs, DCRSA made Pre-ETS services more accessible and personalized.

Additionally, students enrolled in DCPS's General Explorations internship course and Post-Secondary Training and Education Program (P-STEP) participated in Pre-ETS activities that aligned with the curriculum. Through these opportunities, students engaged in all five Pre-ETS activities, developed skills, and gained independence.

165. *Are there RSA counselors assigned to assist youth at all DCPS schools and charter schools?*

Yes, RSA Vocational Rehabilitation counselors and Transition Specialist are assigned to all DCPS high schools, public charter high schools, non-public schools that serve DC students and select middle schools that serve 14-year-old students. DCRSA continues to work closely with DCPS Special Education leaders and the DC Special Education Cooperative to ensure all schools serving students aged 14-22 who are potentially eligible for Pre-Employment Transition Services (Pre-ETS) have a DCRSA staff member to ensure access to DDS services.

166. *Are there RSA counselors assigned to assist DC youth attending non-public schools?*

Yes, RSA counselors are assigned to assist DC youth attending non-public schools. These counselors work closely with non-public school staff and DCPS' Non-Public Unit to ensure DC youth have access to Pre-Employment Transition Services (Pre-ETS).

167. *Are there RSA counselors assigned to assist youth at New Beginnings and the Youth Services Center? Are there RSA counselors assigned to assist DC youth placed in other DYRS facilities or in PRTFs or RTCs out of state? If not, how do those youth know about RSA's services?*

Yes, an RSA counselor is assigned to support DC youth at New Beginnings and the Youth Services Center. This same RSA counselor is assigned to assist DC youth placed in PRTFs or

RTCs. This information is publicly available on the DDS website at this link [DCPS School Assignment.docx 2023_4.pdf](#).

168. In FY 24 and FY 25, to date, how many counselors are assigned to provide pre-employment transition services to transition-age youth in public or public charter schools?

In FY 24, 15 counselors and 3 transition specialists were assigned to provide Pre-Employment Transition Services to transition-age youth in public and public charter schools. In FY 25, there are currently 15 counselors, and 3 transition specialists assigned to provide pre-employment transition services to transition-age youth in public, non-public, and public charter schools.

169. In FY 24 and FY 25, to date, on average, for how many students was each counselor who provides Pre-Employment Transition Services responsible?

In FY24, each vocational rehabilitation specialist responsible for providing Pre-Employment Transition services had an average of 66 Pre-ETS students on their caseload. Currently YTD, each vocational rehabilitation specialist responsible for providing Pre-Employment Transition services has an average of 78 Pre-ETS students on their caseload.

170. in the Fall and Winter 2024 quarters, what pre-ETS services were offered to DC students with disabilities when the new pre-ETS program was being implemented?

- In October 2024, the Pre-ETS program staff facilitated Workplace Readiness Training workshops for youth with disabilities at the 2024 Employment First Summit and the Mayors Career Fair.
- On November 1, DC3C Next Steps Fair provided job exploration counseling, counseling on postsecondary education opportunities, workplace readiness training, and self-advocacy workshops.
- During the Fall and Winter 2024 quarters, VR counselors provided pre-ETS services to students during the school day by offering workshop sessions in classrooms, hosting lunch and learn events on high school campuses, and after-school workshops.
- Between November 2024 – January 2025, Pre-ETS program staff provided Job Exploration Counseling to 11th and 12th grade students at DCPS and Public Charter Schools. The focus of these Pre-ETS workshops included providing an overview of local job and career training programs and assisting students with completing the application process for the different opportunities available.
- January 15, 2025 – Pre-ETS Transition Fair was held at DDS HQ for 11th and 12th grade students who will graduate in 2025. Students targeted to attend this event were those who intend to enter the workforce upon graduation from high school. This event offered a valuable opportunity for students to explore various career paths and gain insights into job readiness programs and providers. RSA Transition Unit Employment Coordinators hosted breakout rooms where individual students received resume writing support. Pre-

ETS activities – Job Exploration Counseling, Workplace Readiness Training, Counseling on Postsecondary Education and Training Opportunities.

- The Pre-ETS program Employment Coordinator works closely with DCPS Transition program staff to identify Work-Based Learning Experiences (WBLE) such as workplace tours, paid and non-paid internships, job shadowing, apprenticeships, and real work experiences for students with disabilities.

171. Between August 1 and December 31, 2024, how many students were seen by the DCRSA pre-ETS team?

Between August 1 and December 31, the DCRSA Pre-ETS Team and VR counselors have provided pre-ETS services to 969 students with disabilities.

- How many students were provided with job exploration counseling by DCRSA counselors?***
- How many students were connected to work-based learning experiences by DCRSA counselors?***
- How many students were provided with counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs at institutions of higher education?***
- How many students were connected to or received workplace readiness training by DCRSA counselors?***

Pre-ETS Activity*	#Students Reached between August 1 and December 31, 2024
Work-Based Learning Experiences	111
Job Readiness Training	188
Counseling on Postsecondary Education	578
Career Exploration	798
Self-Advocacy Training	584

*Contains Duplicates, not Unique

172. Between August 1, 2024, and December 31, 2024, how many IEP meetings did DCRSA counselors attend?

DCRSA counselors attended (42) IEP meetings for youth supported by DCRSA.

173. In FY24, how many RSA clients received supported employment services. In FY24, how many requests for supported employment services has RSA denied?

In FY24, DCRSA provided supported employment services to 648 individuals in the District of Columbia. RSA did not deny any request for supported employment services in FY24.

174. How does RSA determine whether an individual should continue to get supported employment services?

RSA evaluates the continuation of supported employment services through periodic reviews and adheres to its [Supported Employment Policy](#) (2019-RSA-POL007) Sec. F. when an individual reaches the maximum duration for supported employment services.

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

a. For FY 24, provide an update on the transition services that RSA has provided to 14- and 15-year-olds youth.

During FY 24, RSA will continue offering work-based learning opportunities for students ages 14 and the following programs will host youth within this age range:

SchoolTalk:

- JumpStart (part of the Summer Youth Employment Program)
- Youth Stamp Collective Program
- Youth Leadership & Introduction to Pre-ETS Activities
- Creative Career Training Program
- Voices of Change Conference

DCPS:

- CEO Program
- General Explorations Work-based Learning Experiences

DC Special Education CoOperative

- DC3C Explore Summer 2025 Program
- Next Steps Transition Fair - Fall
- Next Step Summit – Spring
- Pathway Prep

Project ReDirect

- The Keep Encouraging Youth (KEY) Transition Program

Urban Equity

- ToolFest

RCM

- Travel Training
- Guided Group Discovery
- Direct Support Professionals

Beyond these programs, students with disabilities who are eligible or potentially eligible may access a full range of Pre-Employment Transition Services (Pre-ETS) through the VR Specialist and RSA Transition Specialist assigned to their school or an RSA-contracted provider. These services align with those available to students with disabilities between the ages of 14 and 22.

Additionally, RSA remains committed to supporting middle school students aged 14-15 at the annual DC3C Next Step Summit which is hosted by our provider the DC Special Education Cooperative. This transition fair focuses on Self-Advocacy skills and seeks to address the needs of 8th grade students rising to 9th grade by empowering students to develop a support network and understanding their rights.

b. How does RSA work with DCPS and DC public charter schools to ensure that counselors are aware of IEP meetings?

VR Specialists, VR Supervisors, and the Transition Program Manager collaborate with public, public charter, and non-public schools to ensure that, with parental or adult student consent, RSA is invited to participate in student IEP meetings. This often involves schools sharing information about upcoming IEP meetings where consent has been obtained for an RSA representative to attend, including 504 plan meetings for students with disabilities. Additionally, RSA VR Specialists engage in outreach efforts with their assigned schools to provide information about the supports and services available to youth with disabilities. These efforts include attending Back to School Nights, special education department meetings, transition fairs, college fairs, and community events to inform students and families about the services offered by RSA.

Randolph Sheppard Vending Facilities Program (RSVFP)

176. In FY 23, FY 24, and FY 25, to date, how much income did the District's RSVFP generate?

	Assigned Commission	Unassigned Commission (Pension)	Set-Aside	Total Program Income
FY 25 YTD	\$235,649.52	\$165,909.80	\$ 45,735.00	\$ 447,294.32
FY 24	\$879,387.00	\$747,612.00	\$206,533.40	\$1,833,532.40



FY 23	\$783,696.00	\$566,881.00	\$156,562.00	\$1,507,139.00
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177. In FY 24 and FY 25, to date, how many complaints from RSVFP vendors did RSA receive?

In FY 24, the DDS Customer Service Line received one (1) complaint about the Randolph Sheppard Program. In FY 25, no complaints from RSVFP vendors.

178. Explain RSA’s compliant process for the RSVFP. Is it the same as the rest of DDS? Explain how RSA informs from 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. 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.

179. In FY 24 and FY 25, to date, how many accommodation requests for communications to be sent in accessible methods, including Braille, to RSVFP vendors did RSA receive in receive?

None.

a. How many of those requests were fulfilled? For those that were not fulfilled, why were they not?

Not applicable.

180. In FY 24 and FY 25, to date, how many times did RSA disburse commissions to RSVFP vendors late? Explain the reasons for each delay.

Distributions were delayed twice for the following reasons:
 FY 24 Program income exceeded the budget authority, and an increase was required to the budget in order to distribute the final commission payment in FY 24.

SPR Budget Modifications for RSVFP			
	Budget Authority	Increase Amount	Revised Budget
Sept-24	\$ 1,700,000.00	\$ 144,446.57	\$ 1,844,446.57

FY 25, 16 of the 19 RSVFP vendors ACH expired 11/14/24. Operations immediately corresponded with the participants to obtain updated ACH Forms. The commission checks were distributed between 11/19/24-12/16/24 based on the vendor's response to update request.

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

In 2019, the Department of Education conducted a monitoring visit regarding the provision of vocational rehabilitation services, which included a review of the Randolph Sheppard finances. These monitoring visits typically occur every five years. The monitoring visit that would have occurred in 2024 was delayed, as these visits were suspended during COVID.

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

(a) Elections of the Blind Vendor Committee are conducted by an outside non-profit organization, the Washington Ear. (b) Call downs are conducted by the Promotion and Transfer Committee, as sub-committee of the Blind Vendors Committee. The composition of this committee is required to include three program vendors, one outside volunteer, from a community-based non-profit organization and one agency staff person. (c) When imposing corrective action, RSA ensures that vendors are advised of their due process rights, should they believe actions taken, either by the agency or a committee of the BVC were improper.

183. *Describe RSA's procedures for preventing the unauthorized disclosure of vendors' confidential information to other vendors. What does RSA do when RSA is made aware of such unauthorized disclosures?*

The only circumstance in which a Randolph Sheppard vendor would have access to confidential information regarding another vendor would be in circumstances in which, as part of their responsibilities for active participation on the BVC, a vendor receives information about another vendor's performance. When the new BVC is sworn in, they are provided with an oath that reminds them of their obligations as BVC members, including the responsibility to maintain as confidential any information they receive in the course of complying with their responsibilities as a BVC member. For example, members of the Promotion and Transfer Committee should receive performance data about all vendors in order to make decisions about assignment of facilities. Those vendors would be advised of the confidentiality regarding the information they receive.

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

In an effort to recruit Randolph Sheppard Vendors, both the VR program and the Randolph Sheppard program collaborate on providing information to interested individuals by way of connecting and collaborating with the VR program. VR counselors meet with their clients to

explain the Randolph Sheppard program. Moreover, the Randolph Sheppard program continues to work with the business services team to spread information to build clientele.

185. During DDS' FY 23 Performance Oversight Hearing, the Committee heard heartbreaking testimony from multiple Blind Vendors about their poor experiences with RSVFP. During this testimony and meetings with Blind Vendors, several patterns emerged. Provide specific processes and procedures RSA has implemented to remedy and address each of the following areas.

a. Poor treatment of vendors;

Any customer service concerns received by the agency are forwarded to the next level supervisor of the person about whom the concerns are expressed. This supervisor works with DDS's Human Capital Administration, as necessary, to investigate the allegations and implement appropriate personnel action, if any, consistent with the DC Personnel Regulations.

b. Bias in favor of certain vendors;

The federal and local regulations both contemplate that the State Licensing Agency and the Blind Vendors Committee (including its Promotion and Transfer Committee) (BVC) will work together (i.e. "actively participate") in "major administrative decisions and policy and program development decisions affecting the overall administration" of the program. Under 29 DCMR § 211.1(b), the BVC is required to "[r]eceive and transmit to the licensing agency grievances at the request of blind vendors and serve as advocates for vendors in connection with grievances." All new vendors entering the program receive training on their due process rights. In FY 24, DDS's Office of General Counsel prepared training for the BVC on the various due process rights available to vendors, applicants and trainees. In addition, in March, September and October 2024, DDS brought in a national subject matter expert on the Randolph Sheppard program, who provided two and a half days of training and technical assistance for agency staff and the BVC. Because the vendors in the program compete with one another for the various locations licensed by the State Licensing Agency, and the BVC and its Promotion and Transfer Committee are elected every two years, there exists a certain amount of tension among the vendors, which translates into complaints during so-called "call downs" depending on which vendors are then serving on the BVC.

c. Refusal to fulfill ADA accommodations;

In May 2024, the three Randolph Sheppard Program Monitors reached out to all vendors in the program to ensure that the agency has a current record of the vendors' preferred mode of communication in order to ensure that all communications sent are consistent with these personal preferences.

d. Hostile workplace culture; and

Hostile work environment is the specific legal term of art. As explained above, to the extent the agency receives allegations of a customer service concern about one of its employees, DDS's Human Capital Administration, with support from the agency's Office of General Counsel, would investigate and the agency would implement appropriate personnel action, if any, consistent with the DC Personnel Regulations. To the extent the agency receives a grievance from the BVC under 29 DCMR § 211.1(b), the agency similarly would investigate the allegations and take appropriate action.

e. Non-compliance with procedures in the Randolph Sheppard Act of 1936.

See responses above regarding vendors' grievance and due process rights. There are currently three consolidated cases at the Office of the Administrative Hearings regarding interpretation of an agency policy, with a fourth case pending a consolidation motion. These matters relate to actions of the BVC's Promotion and Transfer Committee, and the agency's actions in application of its policies when considering a vendor's informal administrative review challenging a decision of the BVC's Promotion and Transfer Committee.

As stated above, the SLA collaborated with Terry Smith of the National Association of Blind merchants on three occasions for him to provide subject matter expertise regarding RSVFP program policy and impact. The first meeting was in March, 2024. There was a subsequent meeting on September 4, 2024, via ZOOM, with Mr. Smith previously reviewing the DC RSVFP policies, he provided valuable insight into national interpretation for:

- Fair Minimum Return;
- Call Down Process;
- BVC meeting frequency and attendees;
- Set aside (levy); and
- Commission collections.

The second gathering was an in-person meeting on October 15, 2024, with Mr. Smith, SLA, BVC where he further expounded on a framework and a methodology to review the DC RSVFP policies. Mr. Smith acknowledged that the way the policies are written feeds varying interpretations especially for:

- Call Down Process;
- Set Aside;
- Satellite obtainment; and
- Micro markets.

Mr. Smith provided two tools that he created to assist SLA's and Elected Committees with a means to create and improve upon policy and help work through the active participation

process. These tools include Model BEP Rules and Active Participation Protocol. Both documents provide a step-by-step measure to collaborate on policy development.

186. *Has DGS taken any steps to reengage with the Department of Education to enter into mediation proceedings with Blind Vendors. If not, explain in-detail why.*

As explained in the hearing in 2024, there are due process remedies available to Randolph Sheppard vendors within DDS and the District government, before it would be appropriate to seek mediation at the Department of Education. The discussions regarding mediation in 2023 involved other parties. The vendors were represented by Counsel at the time, who is no longer working with them. The identified issues are currently consolidated in one matter before the Office of Administrative Hearings.

Budget Pause

187. *Explain in-detail the causes of the RSA-wide pause in funds in May 2024?*

There was not an RSA-wide pause in funds in May 2024. As explained in the budget hearing, there was a disruption in the payment for work-based learning experiences. This occurred as RSA shifted the mechanism for payment for this service from a private provider, which was creating significant spending pressure for the administration, and with support from DOES, began using DOES's payment system to pay wages. This shift was completed by June 2024.

In addition, there were some delays in authorizing job placement and supported employment services for some providers. As was explained in the agency community forum at the time, this time of year can be challenging for RSA for issues related to cash flow. This results because of issues of attrition related to authorization of services. Counselors authorize services for clients, which obligates funds. Some clients do not follow up on those services. The process for de-obligating these funds can be timely. Counselors need to confirm whether the person is going to move forward with the authorized service or not, before freeing up funds. Every week counselors are provided with a list of authorizations outstanding more than 45 days without action. These are then followed up to determine which may still be utilized. The management of funds becomes increasingly difficult throughout the year as funds must be available for POs for providers that may be selected to provide services and as counselors do the ongoing work of determining whether authorizations issued will be utilized. In some cases, counselors were able to offer clients alternatives of utilizing RSA in-house employment coordination services for job development or could consider another provider with existing funds on their PO, rather than wait for funds to be added to their preferred provider's PO.

188. *How many people receiving RSA services had their services delayed due to this pause?*

Work-based learning experiences were disrupted for 25 youth participating in DCPS Competitive Employment Opportunities program.

189. Did RSA notify people affected by the pause of the delay in their services? If so, how did they notify them?

For transition students affected by the disruption in the payment of wages, RSA notified the DCPS contact that was working directly with the students to provide the information to affected students and their families.

Clients receiving job placement and supported employment services received direct communication from their assigned VR counselor about the status of providing services through the provider of choice.

190. Has RSA taken any action to ensure an agency wide pause in funds does not occur again? If so, describe the action taken.

As indicated above, there was no agency-wide pause.

This fall, RSA received technical assistance from the VR Technical Assistance Center – Quality on VR finance issues. The Technical Assistance included issues related to management of funds, including how to manage issues related to attrition in VR services, which is a common challenge for VR agencies.

Other

191. In FY 24, how many individuals receiving RSA services engaged in formal mediation with RSA?

None.

192. In FY 23, FY 24 and FY 25, to date, what were the caseloads for each RSA vocational rehabilitation counselor

See attachment.

193. How many vocational rehabilitation counselors worked for RSA as of the start date of FY 24? Forty-Four (44)

a. During FY 24, how many counselors left employment (voluntarily or not)?

Nine (9)

b. During FY 24, how many new counselors were hired?

Two (2)

194. 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 36 Vocational Rehabilitation Counselors currently on staff at the agency, of which 25 % (or 9) have been with the agency for 3 years or less. The remaining 75% (or 27) 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?

Based on the data, RSA does not experience persistent turnover. The agency actively supports employee growth and career advancement by offering professional development opportunities, including reimbursement for VR Specialists pursuing CRC certification. This investment reflects RSA's commitment to staff development.

RSA fosters a collaborative and supportive workplace culture through its person-centered organizational model. The agency prioritizes open communication, teamwork, and mentorship while addressing concerns professionally and efficiently.

To promote work-life balance, RSA offers flexible work arrangements, including remote work options and compressed schedules, making it an attractive employer in the demanding DC metro area. Additionally, RSA regularly recognizes and celebrates staff achievements and milestones at its annual Learning and Innovations Retreat.

New hires benefit from a structured onboarding program designed to integrate them into the agency's mission, values, and procedures. Each new staff member is paired with a mentor to provide guidance and support during their transition period.

RSA remains committed to continuous learning by investing in training programs, such as the Learning Management System, to ensure staff stay updated with the latest knowledge and best practices in vocational rehabilitation.

Furthermore, RSA actively cultivates leadership development within the agency, fostering a strong pipeline of internal talent for future promotions.

195. During FY 24 and FY 25, to date, how many individuals receiving vocational rehabilitation services requested a new counselor?

One (1)

196. In FY 23, FY 24, and FY 25, to date, how many vocational evaluations were funded and conducted by RSA?

In FY 24, a total of 162 vocational evaluations were completed, including 113 funded by RSA and 49 conducted in-house. In FY 25, 32 vocational evaluations have been conducted to date, with 22 funded by RSA and 10 completed in-house.

a. What percentage were conducted by outside vendors?

30% in FY 24 and 30% in FY 25.

197. What is the formula and procedures by which RSA determines how much a RSA client must contribute to their vocational rehabilitation services? Which RSA regulation, policy, or procedure describes how to apply the formula?

RSA adheres to its Services and Authorizations Policy to determine the financial contributions required from eligible individuals. In accordance with Chapter 29, Section 124 of the District of Columbia Municipal Regulations (DCMR), titled Client Participation in the Cost of Services Based on Financial Need, RSA evaluates whether an eligible individual must contribute to the cost of their vocational rehabilitation services and, if applicable, determines the required contribution amount.

198. In FY 24, how many RSA clients received benefits counseling from a certified benefits counselor.

During FY 24 a total of (47) RSA clients received benefits counseling.

199. In FY 24, how many RSA clients received rehabilitation technology and assistive technology?

A total of (84) clients received rehabilitation technology and assistive technology.

200. In FY 24, how many RSA clients received job development services from RSA in FY 24? How many RSA clients found employment as a result?

During FY 24, (761) received job development services. Of those individuals (394) found employment.

201. What partnerships does RSA have with major employers in the area?

RSA has engaged and establishes relationships with many employer representatives through the years. The agency 's business relations specialist engages with businesses through paid memberships with the DC Board of Trade, DC Chamber of Commerce and the Hispanic

Chamber of Commerce. RSA is represented at community workforce meetings with organizations like Coalition for Nonprofit Housing and Economic Development, Job Developer's Network, the DC Hire Local Initiative run by City Works DC and Federal City Council, DC Workforce Investment Council Community of Practice and the Council of State Administrator of Vocational Rehabilitation – National Employment Team. All employer requests for candidates are shared with the agency's vocational rehabilitation counselors and employment coordinators. RSA continues to provide disability awareness education to employers to dispel myths around working with and hiring persons with disabilities.

Disability Awareness Education for Employers included the following:

National Disability Employment Awareness Month Event, October 2023

Panel representation on the U.S. Department of Energy's Creating Access for Persons with Hidden Disabilities

Windmills Disability Awareness Trainings

Perceptions: Reframing Disabilities Training Module

- U.S. Mint – August 28th
- DC Housing Authority, August 1

Profiles Training Module

- DC Housing Authority, July 26th

Fact or Fiction Training Module

- Destination, DC October 23rd
- U.S. Mint, July 24th

DDA Developmental Disabilities Awareness Month, March 6th

The Story Training Module

DC Housing Authority, July 11th

Employer Spotlights

The below employers met with RSA staff and jobseekers to present their employment opportunities and share why individuals would want to work for their organization. Employers also addressed questions from jobseekers and staff. These employers included:

Urban Institute

Destination DC

Grand Hyatt Hotel

U.S. Customs and Border Protections

Walgreens

DC Government Career Day October 2023

Participating agencies included DC Department of Human Resources, DC Youth and Rehabilitative Services, DC General Services, DC Department on Disability Services, DC Department on Aging and Community Living, DC Department of Behavioral Health, DC Child and Family Services, DC Department of Health, DC Office of Unified Communications, Office of the Ombudsman for Children.

General Employer Career Day August 2024

Participating employers included Grand Hyatt, Hyatt Regency, JW Marriott, Cyber Village, Federal Highway Administration, Didlake, U.S. Mint, Commodity Futures Trading Commission, Urban Institute, The Westin Washington, DC Downtown, Federal Aviation Administration, Crystal Gateway Marriott, CINTAS, Allied Universal, Pipeline & Hazardous Materials Safety Administration (PHMSA), U.S. Department of Energy, PCSI, American Red Cross, Renaissance and Residence Inn Arlington Capital View.

- a. *In FY 24 and FY 25, to date, which employers are new partners What is RSA's plan to establish additional partnerships?*

RSA Plans to establish additional relationships and contacts through memberships with the Board of Trade, participating in no-cost meetings with other organizations in the city who convene businesses and through traditional research and cold calling

FY24 Employer Contacts and Partnerships

Home Depot
U.S. Mint
Washington Gas
Carefirst
Urban Institute
Cintas
Greater Washington DC Black Chamber of Commerce
City Works (convener of business)
Destination DC
Child and Family Services
Department of Youth Rehabilitation Services
Office of Unified Communications
HUB International
U.S. Department of Energy
Rita Ice
Allied Universal
DC Office on Aging

FY25 Employer Contacts and Partnerships

District Bridges
National Archives
Laerdal Medical
Levy Restaurants
Mozzeria Inc
Federal Emergency Management Agency
Deaf Reach
Syntelligent Analytic Solutions, LLC
National Children Center

202. *What is the average number of days between a RSA counselor adding a service to an IPE and a purchase authorization being submitted for that service?*

Individual Plans for Employment are developed at the initiation of a vocational rehabilitation case. The client and VR counselor attempt to identify all services that will be needed from eligibility for services through a successful employment outcome. The timeframe between including a service in an IPE and initiation of the service could take years, depending on the services needed to achieve the person's employment goal. Therefore, this is not a metric that is tracked by RSA.

203. *What is the average number of days between when a service is added to an IPE and the person starts receiving the service?*

Individual Plans for Employment are developed at the initiation of a vocational rehabilitation case. The client and VR counselor attempt to identify all services that will be needed from eligibility for services through a successful employment outcome. The timeframe between including a service in an IPE and initiation of the service could take years, depending on the services needed to achieve the person's employment goal. Therefore, this is not a metric that is tracked by RSA.