

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



Fenty Administration's DDS Reform Plan

DDS REFORM PLAN

The District of Columbia government has been involved for more than 30 years in class action litigation in the U.S. District Court for the District of Columbia in a case now known as *Evans v. Fenty*, Civil Action No. 76-293(ESH). As the Court recently stated, “[t]his case was filed . . . in an effort to remedy the constitutionally deficient level of care, treatment, education, and training being provided to resident of Forest Haven, the District of Columbia’s institution for persons with developmental disabilities, which was closed as a result of this litigation in 1991.” See Memorandum Opinion dated March 30, 2007, at 1. The parties entered into consent orders in 1978, 1981, and 1983, there was a court-ordered plan in 1996, and the parties negotiated the “2001 Plan for Compliance and Conclusion of *Evans v. Williams*” (“2001 Plan”), that provided outcome criteria to achieve seven goals which would result in compliance with the Court’s underlying orders. Nevertheless, in the context of the plaintiffs’ motion to find the defendants in noncompliance and to appoint a receiver, and “[b]ased on a voluminous but basically uncontested record, the Court [found] that plaintiffs have demonstrated, by clear and convincing evidence, that defendants have failed to comply with existing Court Orders in the core areas of health, safety, and welfare.” The Court further found that the defendants’ noncompliance with the existing Court Orders was “systemic, serious and continuous.” There can be no question that the time has come for sustainable reform in our system of care and habilitation for some of our most vulnerable residents.

The Department on Disability Services (“DDS”) was permanently established by Title I of D.C. Law 16-264, the “Department on Disability Services Establishment Act of 2006,” effective March 14, 2007, as a separate Cabinet-level agency, subordinate to the Mayor. This legislation, and the emergency legislation which preceded it, was introduced by then Councilmember Adrian M. Fenty in order to create an agency capable of leading and sustaining reform of the District’s system of care and habilitation services for citizens with mental retardation and other developmental disabilities. The DDS Director has been provided with “the authority to organize the Department as the Director may determine is necessary and appropriate to carry out the Department’s mission.” See §§ 103 and 104(b). In addition, the Mayor was required to “delegate to the Director all personnel authority” and that authority is “independent of the Office of Personnel,” see § 106(d); and to “delegate to the Director all procurement authority, including contracting and contracting oversight,” and that authority is “independent of the Office of Contracting and Procurement,” see § 106(e). The Mayor delegated personnel, procurement, and rulemaking authority to the DDS Director in Mayor’s Order 2007-68 dated March 20, 2007. The Fenty Administration will appoint an acting Director for DDS on Wednesday, April 25, 2007, followed thereafter by the Council confirmation process.

There have been many past efforts seeking change, as evidenced by the 1978, 1981, and 1983 Consent Orders, the 2001 Plan, and the 90-day plan from 2005, but all have fallen short. However, in July 2006, the agency published its “Six Month Systems Improvement Plan,” that was designed to review and re-design service systems necessary for the agency to effectively and efficiently carry out its mission. Having now substantially completed this initiative (see attached Systems Improvement Plan Update), the Fenty Administration, through Peter J. Nickles, General Counsel to the Mayor, has committed the District of Columbia to aggressively address areas of the 2001 Plan deemed critical to ensuring the health, safety and welfare of *Evans* class members and other DDS consumers, while availing them of the least restrictive and most integrated settings and conditions for habilitation and care.

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This work plan sets forth the District's additional commitments to *Evans* class members in the areas of: A. Leadership and Organization; B. Health; C. Safety; and D. Welfare. For each of these areas, the work plan identifies a specific objective, along with the tasks necessary and the responsible parties for achieving the objective. Generally speaking, the objectives are targeted for completion on or before November 15, 2007, though some objectives may be achieved earlier and some may be achieved at a later date.

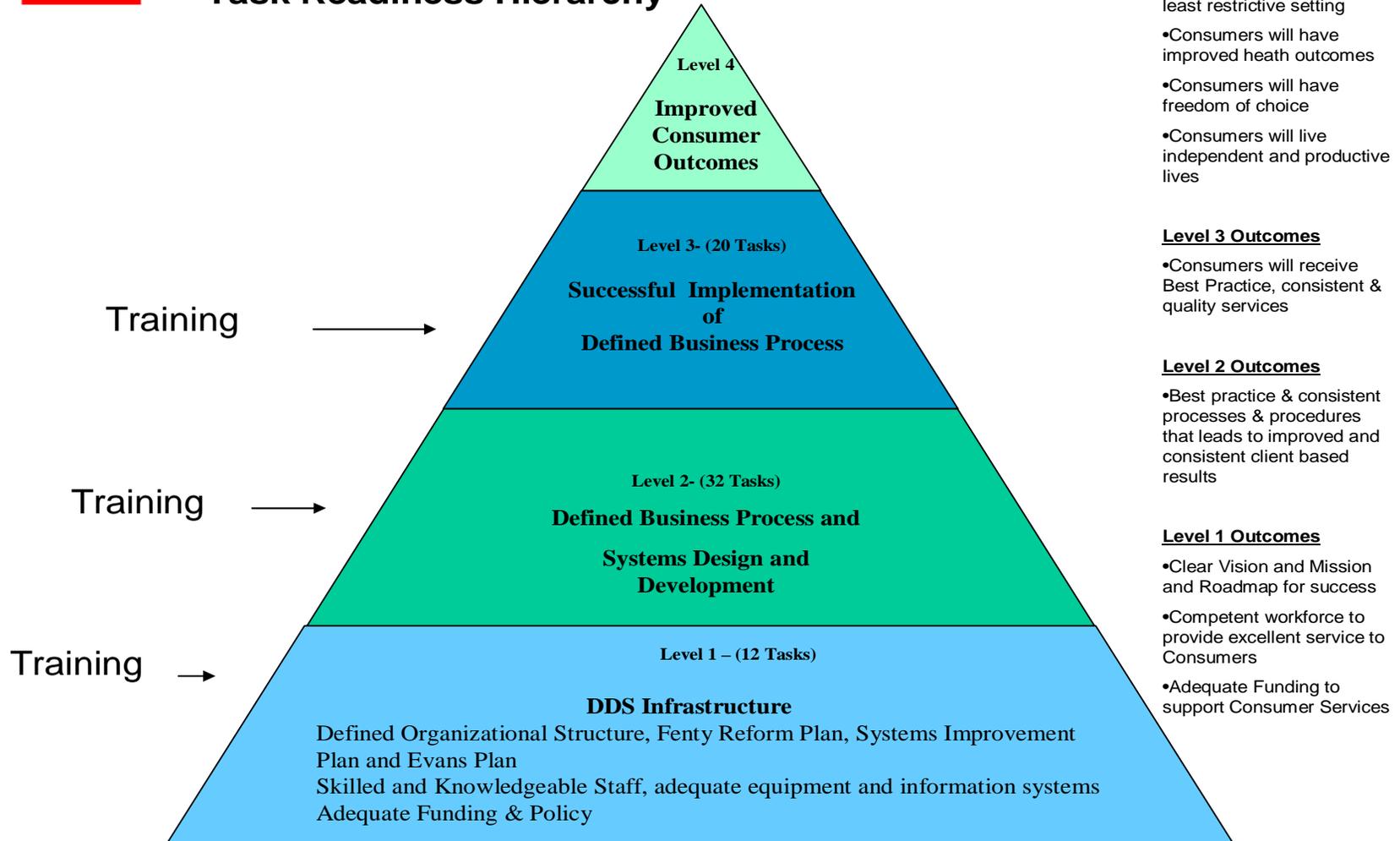
The Fenty Administration's DDS Reform Plan contains sixty-four tasks that are outlined in the remainder of this document. The following page contains a diagram that identifies each task by inclusion in the following "Task Readiness Hierarchy". The diagram identifies four levels of DDS operational readiness that leads to improved consumer long-term outcomes. Readiness level 1 contains 12 tasks that must be completed to ensure the infrastructure of DDS is sound. Readiness level 2 contains 32 tasks that must be completed to ensure DDS has consistent and clear business processes and operational systems. Readiness level 3 contains 20 tasks for successful implementation of the previously defined business processes. Each level builds upon the other and upon successful completion will lead to level 4, improved consumer outcomes.

The Fenty Administration's DDS Reform Plan tasks begin on page 5 of this document. Each task is identified with a readiness level as indicated by the letter "L" followed by the readiness level of 1, 2 or 3.

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Fenty Administration DDS Reform Plan Task Readiness Hierarchy



DDS REFORM PLAN

A. LEADERSHIP AND ORGANIZATION

Director for Department on Disability Services

Objective: Recruit and appoint permanent Director for Department on Disability Services.

Task	Responsible/Lead Staff
1. Conduct national recruitment for qualified candidates for DDS Director. (L-1)	City Administrator's Office
2. Conduct panel interviews consisting of advocate, agency leaders, Court representatives and other stakeholders. (L-1)	City Administrator's Office
3. Recommended candidate to meet with Council members, General Counsel, City Administrator and Mayor. (L-1)	City Administrator's Office
4. Mayor selects and appoints DDS Acting Director. (L-1)	Mayor Fenty
5. Appointed DDS Acting Director begins confirmation process.	DDS Acting Director Council
6. DDS Director confirmed by Council. (L-1)	Council

Significant background: In September 2006, then Mayor Williams transmitted to the Council for its consideration Bill 16-890, the “Department of Cognitive and Developmental Disability Services Establishment Act of 2006,” to create a separate, Cabinet-level agency. Bill 16-890 was introduced by the Council and referred to the Committee on Human Services, but the Committee did not schedule hearings or consider Bill 16-890. Instead, the Committee conducted a mark-up of Bill 16-398, the “Department of Disability Services Establishment Act of 2005,” which previously had been introduced by then Councilmembers Fenty and Gray in July 2005. Bill 16-398 was amended at the mark-up consistent with many of the provisions of Bill 16-890, reported out of Committee in November 2006, had public readings in December 2006, became Act 16-620 on December 28, 2006, and became D.C. Law 16-264 on March 14, 2007. Because the permanent legislation to create the new DDS could not become law prior to the end of the Council session, then Councilmember Fenty introduced Bill 16-1066, which became Act 16-672 on December 29, 2006, as emergency legislation to create the agency. Both bills created DDS as a Cabinet-level agency, subordinate to the Mayor, with independent personnel and procurement authority by delegation from the Mayor, and vested authority in the DDS Director to organize the new agency. Upon taking office in January 2007, the Fenty Administration began a national recruitment for qualified candidates for the DDS Director. Headed by the City Administrator’s office, these efforts already have resulted in panel interviews with advocates,

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agency leaders, Court representatives, and other stakeholders. The Fenty Administration will appoint the DDS Acting Director in April 2007, followed thereafter by the Council confirmation process.

DDS REFORM PLAN

A. LEADERSHIP AND ORGANIZATION

Organizational Structure and Staffing

Objective: Organize and staff new Department on Disability Services.

Task	Responsible/Lead Staff
1. Develop proposed plan for organizational structure for DDS. (L-1)	DDS Director
2. Submit plan to authorizing agencies, City Administrator, and Mayor’s General Counsel for review and approval. (L-1)	DDS Director
3. Submit plan to affected Unions and negotiate impacts and effects as required. (L-1)	DDS General Counsel DDS HR Chief DDS Director
4. Finalize position classification and staffing work plans. (L-1)	DDS HR Chief
5. Implement structure and staffing plan. (L-1)	DDS Director

Significant background: Title I of D.C. Law 16-264, effective March 14, 2007, the “Department of Disability Services Establishment Act of 2005,” created DDS as a Cabinet-level agency, subordinate to the Mayor, with independent personnel and procurement authority by delegation from the Mayor, and vested authority in the DDS Director to organize the new agency. The current DDS Interim Director has developed a proposed plan for organizational structure for the new agency and submitted the proposed plan for review and comment by the Department of Human Resources, the Attorney General, the Office of Labor Relations and Collective Bargaining, the City Administrator, the Mayor’s General Counsel, and other stakeholders. Once these reviews are completed and the comments of these agencies and senior and executive officials integrated, DDS will move forward with organizing and staffing the new agency in accordance with the applicable laws, regulations, and collective bargaining agreements.

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B. HEALTH

High Health Risk Consumers

Objective: Adopt and train on standardized health assessment tool.

Task	Responsible/Lead Staff
1. DDS will adopt the Support Intensity Scale (SIS) as the standardized assessment tool, including a standardized protocol for specialized healthcare needs. (L-2)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership
2. DDS will identify and contract with qualified vendor/trainer to conduct SIS user training of designated DDS and other staff. (L-3)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership
3. Training of designated personnel will be completed. (L-2)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership

Significant background: DDS has decided to adopt the Support Intensity Scale (SIS) as its standardized assessment tool for consumers, and will include a standardized protocol for specialized healthcare needs. DDS will be working with Georgetown University's DC Healthcare Resources Partnership (DCHRP) to conduct SIS user training.

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B. HEALTH

High Health Risk Consumers

Objective: Implement SIS to assess and monitor At-Risk consumers, including *Evans* class members.

Task	Responsible/Lead Staff
1. All consumers and <i>Evans</i> class members classified as “At-Risk” will be reassessed using the new assessment tool. (L-3)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership
2. All other consumers and <i>Evans</i> class members will be assessed using the new assessment tool and the “At-Risk” list will be updated. (L-3)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership
3. DDS will conduct annual health assessments of consumers and <i>Evans</i> class members to ensure the “At-Risk” list is kept current as to consumers’ and class member’s healthcare needs. (L-3)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership
4. DDS will monitor the implementation of healthcare planning, based upon the assessment tool, through the Basic Assurance Standards Certification Process. (L-3)	DDS Deputy of Program Integrity Georgetown DC Healthcare Resources Partnership

Significant background: DDS has decided to adopt the Support Intensity Scale (SIS) as its standardized assessment tool for consumers, and will include a standardized protocol for specialized healthcare needs. DDS will be working with Georgetown University’s DC Healthcare Resources Partnership (DCHRP) to conduct SIS user training. To begin implementation of SIS, DDS will reassess all consumers’ and *Evans* class members classified as At-Risk, will reassess all other consumers and *Evans* class members, and then will update its At-Risk list consistent with these reassessments. DDS has committed to conduct annual health assessments of consumers and *Evans* class members and to monitor implementation of healthcare planning based on SIS through the Basic Assurance Standards Certification Process.

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B. HEALTH

High Health Risk Consumers

Objective: Revise and submit new Medicaid waiver application that affords consumers and their families more individualized and flexible services and supports to maximize success in less restrictive, integrated community settings.

Task	Responsible/Lead Staff
1. DDS will work with MAA and Pennhurst to identify and modify provisions of new Medicaid waiver application to afford consumers and their families more individualized and flexible services and supports. (L-2)	DDS Deputy of Administration DDS Deputy of Program MAA Director Pennhurst
2. DDS will revise and submit new Waiver application consistent with ability to afford consumers and their families more individualized and flexible services and supports. (L-2)	DDS Deputy of Administration MAA Director
3. DDS will train its case management and other staff on new Waiver program. (L-2)	DDS Deputy of Program Integrity DDS Deputy of Programs

Significant background: DDS, in conjunction with its Medicaid Waiver Stakeholder Group, successfully modified seven Medicaid waiver rules to be more flexible in meeting the needs of consumers with disabilities. To prevent any further time delays in amending the waiver, DDS also decided, based on recommendations from Pennhurst, to make the existing rules more flexible rather than changing the definitions of the exiting rules, which would have required more time and approval of CMS. In addition, because the current waiver expires on November 7, 2007, DDS decided to make the more substantial changes in the new waiver application due in the Spring of 2007. This initiative commits DDS to work with MAA and Pennhurst to identify and modify provisions of the new Medicaid waiver application to afford consumers and their families even more individualized and flexible services and supports for consumers, including those with special medical, behavioral, mobility and/or cognitive needs. Changes such as those recently allowed under the revised waiver rules will be made available for extended crisis preventative, attendant care, and personal care supports. The new waiver application is being designed with input from self advocates, family members, providers, and District government officials.

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B. HEALTH	
High Health Risk Consumers	
Objective: Expand dental services to consumers through use of District’s Medicaid Plan and modification of approval process under Medicaid waiver.	
Task	Responsible/Lead Staff
1. DDS will identify eligible consumers, including <i>Evans</i> class members, needing expanded dental services under the State Medicaid Plan or Waiver program. (L-2)	DDS Deputy of Administration Medicaid
2. MAA, in conjunction with DDS, will work with CMS to amend the State Plan and modify approval process for expanded dental services under the Medicaid waiver program. (L-2)	DDS Deputy of Administration Medicaid
3. DDS will implement expanded dental services to eligible <i>Evans</i> class members. (L-3)	DDS Deputy of Administration Medicaid

Significant background: DDS, in conjunction with its Medicaid Waiver Stakeholder Group, successfully modified seven Medicaid waiver rules to be more flexible in meeting the needs of consumers with disabilities. To prevent any further time delays in amending the waiver, DDS also decided, based on recommendations from Pennhurst, to make the existing rules more flexible rather than changing the definitions of the exiting rules, which would have required more time and approval of CMS. In addition, because the current waiver expires on November 7, 2007, DDS decided to make the more substantial changes in the new waiver application due in Spring of 2007. This initiative commits DDS to work with MAA and Pennhurst to identify and modify provisions of the new Medicaid waiver application to afford consumers and their families even more individualized and flexible services and supports for consumers. The new waiver application is being designed with input from self advocates, family members, providers, and District government officials. In this instance, DDS will be looking to expand dental services to Medicaid-eligible *Evans* consumers through the Medicaid waiver program.

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B. HEALTH

Morbidity Reviews

Objective: Conduct morbidity reviews of consumers and *Evans* class members.

Task	Responsible/Lead Staff
1. DDS will identify and select qualified medical consultant to conduct morbidity reviews. (L-2)	DDS Director
2. DDS will execute a contract with selected consultant to conduct a comprehensive analysis of <i>Evans</i> consumer deaths. (L-2)	DDS Deputy of Administration
3. Consultant will provide DDS a written report and consultation of case analysis of findings and conclusions. (L-3)	Consultant
4. Consultant will assist DDS in identifying clinically significant trends to guide preventative treatment and care, systemic policy decisions and other needed improvements. (L-3)	Consultant

Significant background: Although each death of a DDS consumer will be investigated or re-investigated by a third-party, independent contractor, and will be reviewed by the MRDD Fatality Review Committee, co-chaired by the Chief Medical Examiner and the DDS Director, and by DDS's internal Mortality Review Committee, DDS has been working to identify and select a qualified medical consultant to conduct a comprehensive morbidity review of the deaths of DDS consumers, including *Evans* class members, to identify clinically significant trends that guide preventative treatment and care, systemic policy decisions, and other needed improvements to DDS's delivery systems.

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C. SAFETY	
Review and Investigation of Serious Reportable Incidents	
Objective: Ensure quality and timely review and investigation of deaths of consumers, including <i>Evans</i> class members, by an independent, qualified contractor.	
Task	Responsible/Lead Staff
1. DDS will execute a contract with the Columbus Organization to conduct review and investigation of all deaths, to include certain deaths occurring and investigated during the last quarter of FY 06. (L-2)	DDS General Counsel DDS Deputy of Administration DDS Contracting Officer
2. DDS will submit to contractor an investigation plan and schedule that identifies the order and priority in which the review and reinvestigation of prior deaths will be completed. (Priority will be given to the most recent deaths and prior deaths that are deemed suspicious and/or high profile.) (L-2)	DDS IMEU Chief DDS Contracting Officer <i>Evans</i> Court Monitor

Significant background: On March 28, 2007, DDS executed a contract with the Columbus Organization for investigation and re-investigation of the deaths of up 43 DDS consumers, including *Evans* class members. As part of the contract, DDS has been working with the contractor and the *Evans* Court Monitor to establish an investigation plan and schedule that identifies the order and priority in which the review and re-investigation of prior deaths will be completed.

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C. SAFETY	
Review and Investigation of Serious Reportable Incidents	
Objective: Develop internal investigation capacity and competency for investigation of serious reportable incidents.	
Task	Responsible/Lead Staff
1. DDS will recruit Labor Relations Alternative Inc., a qualified contractor, to provide investigation training and certification for DDS staff. (L-2)	DDS Director
2. DDS will execute a contract with Labor Relations Alternative Inc. to train and certify DDS investigation personnel on investigative techniques, weighing evidence, drawing conclusions and writing investigative reports. (L-2)	DDS Deputy of Administration DDS Director
3. DDS will complete training and certification of designated personnel. (L-2)	Contractor DDS Director DDS IMEU Chief
4. Through agreement with DMH's Office of Accountability, DDS will conduct periodic review and evaluation of investigations conducted and shall train and certify all newly employed investigators. (L-3)	DMH's Office of Accountability DDS Director

Significant background: DDS has been criticized by the plaintiffs, the *Evans* Court Monitor, and the Quality Trust for the timeliness and quality of its investigations of serious reportable incidents involving its consumers. Accordingly, in an effort to develop internal capacity and competency, DDS has been working to identify a nationally-recognized, third-party, independent contractor to develop a training and certification process designed to ensure that investigators are properly trained and certified for their work. By the end of April 2007, the contractor must conduct a three-day course designed to teach participants the fundamental principles of investigation including the role of speed, thoroughness and objectivity in conducting investigations; collecting and preserving physical evidence; interviewing witnesses (including persons with disabilities) and obtaining written statements; collecting other documentary evidence; and reconciling conflicting testimonial evidence. This three-day course would be the prerequisite for a one-day course for writing investigative reports, which includes the format for writing the investigative report and instruction regarding the proper documentation of investigative procedure, evidence, analysis, and conclusions. The contractor will provide level one certification (*i.e.* certification by examination) to successful participants who complete the three-day course and pass an examination with a grade of 80 percent or higher, and level two certification (*i.e.* certification by evaluation) by evaluating two investigative files and measuring whether the investigator as achieved a grade of 80 percent or higher in the quality of the investigation. Finally, the contractor will provide DDS

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with a self-assessment and evaluation methodology, will meet with appropriate District of Columbia personnel to tailor the evaluation methodology and train on its use. DDS will work with the Department of Mental Health's Office of Accountability on this initiative.

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C. SAFETY	
Review and Investigation of Serious Reportable Incidents	
Objective: Ensure quality and timely review and investigation of all other serious incidents, excluding deaths, by qualified and trained investigators.	
Task	Responsible/Lead Staff
1. DDS will notify and provide the Office of the Inspector General with a copy of all serious reportable incidents received by the DDS Incident Management and Enforcement Unit (IMEU). (L-3)	DDS IMEU Chief
2. DDS will investigate all serious reportable incidents in accordance with DDS's Incident Management Policy. (L-3)	DDS IMEU Chief

Significant background: Beginning with initial discussions in January 2007, DDS has been working with the Office of the Inspector General (OIG) to ensure that copies of all serious reportable incidents received by the DDS IMEU from providers as entered into the MRDDA Consumer Information System (MCIS) are sent by facsimile transmission to OIG's Medicaid Fraud Control Unit (MFCU) for review. The MFCU determines whether to investigate the allegations, and advises the DDS IMEU Chief of MFCU's intent to initiate an investigation. This procedure ensures that OIG is able to timely review and investigate serious reportable incidents and to determine instances where criminal charges may be brought. For each serious reportable incidents received from providers as entered into the MCIS, the DDS IMEU will investigate all serious reportable incidents involving allegations of abuse, neglect, theft or serious physical injury, and may investigate or provide an administrative closure memorandum for all other serious reportable incidents, in accordance with the DDS Incident Management Policy. The investigative reports, or the administrative closure memorandum, as the case may be, are provided to the OIG, Quality Trust, co-Special Masters, *Evans* Court Monitor, and the plaintiffs for each *Evans* class member.

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C. SAFETY	
Coordination of Licensure and Enforcement	
Objective: Establish interagency system for coordination of licensure and enforcement.	
Task	Responsible/Lead Staff
1. DDS, in conjunction with the Department of Mental Health (DMH), Department of Health (DOH), and the Office of Contracting and Procurement, will operationalize the Compliance Coordinating Council (CCC) to coordinate the District's various enforcement mechanisms to ensure provider compliance. (L-3)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
2. DDS, through the CCC, will develop and distribute written protocols and requirements for new ICFs/MR, group homes and waiver providers. (L-2)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
3. DDS will implement new protocols and requirements for new providers. (L-3)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
4. DDS, through the CCC, will develop and distribute written protocols for ICFs/MR immediate jeopardy and 90-day enforcement, and group home enforcement. (L-2)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
5. DDS will implement new protocols for ICFs/MR and group home enforcement. (L-32)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
6. DDS will develop and distribute written protocols for enforcement activities for all support services (including transportation, day habilitation and basic assurances). (L-2)	DDS IMEU Chief DDS Deputy of Program Integrity CCC
7. DDS will implement new protocols for support services providers. (L-3)	DDS IMEU Chief DDS Deputy of Program Integrity CCC

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Significant background: In October 2006, by Memorandum of Understanding by and among the former MRDDA, the Department of Mental Health, the Department of Health (DOH), and the Office of Contracting and Procurement (OCP), the District of Columbia created the Compliance Coordinating Council (CCC) to coordinate the various enforcement mechanisms to ensure provider compliance through the OCP contracting officer under human care agreements, licensure and federal certification of intermediate care facilities for persons with mental retardation and developmental disabilities (ICFs/MR) by DOH's Health Regulation Administration (HRA), and DOH's Medical Assistance Administration (MAA) oversight under the Medicaid program. These agencies agreed to form and actively participate in the work of the CCC, which is to meet as necessary, but not less than quarterly, to share information and coordinate the respective agencies' enforcement activities. To the extent permitted by law, the agencies also agreed to share information concerning the performance of the respective health care and social service providers and to maintain ongoing coordination and collaboration regarding changes in client status and changes in circumstances that require governmental intervention. The CCC members met for four consecutive weeks in March 2007 to develop written protocols to guide its work and will be meeting in the weeks and months to come to complete and disseminate these written protocols.

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C. SAFETY	
Poorly Performing Facilities	
Objective: Identify poorly performing facilities and move <i>Evans</i> class members and other consumers.	
Task	Responsible/Lead Staff
1. DDS and the <i>Evans</i> Court Monitor will jointly identify facilities with long standing and consistent records of poor performance. (L-2)	DDS Director <i>Evans</i> Court Monitor
2. From list of facilities identified, the DDS Director and <i>Evans</i> Court Monitor will jointly identify those from which consumers should be moved and those deemed appropriate for targeted technical assistance and/or other special supports. (L-2)	DDS Director <i>Evans</i> Court Monitor
3. For poorly performing facilities for which it is determined <i>Evans</i> consumers should be moved, the DDS Director and <i>Evans</i> Court Monitor will jointly agree to a schedule and plan for movement. (L-2)	DDS Director <i>Evans</i> Court Monitor
4. DDS will move all consumers, including <i>Evans</i> class members, from poorly performing facilities. Priority will be given to any consumer deemed to be in immediate risk of harm. (L-3)	DDS Director DDS Deputy of Program

Significant background: Most recently, with the ill-fated 90-day plan from 2005, the parties have sought to identify poorly performing facilities and to then move *Evans* class members and other consumers from these poorly performing facilities. Recently, the parties agreed that the DDS Director and the *Evans* Court Monitor would jointly identify facilities with long standing and consistent records of poor performance and to then move *Evans* class members and other consumers from these facilities or to provide targeted technical assistance or supports needed to improve the facilities' performance.

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D. WELFARE

Expand Provider Capacity

Objective: Expand provider capacity for less restrictive moves.

Task	Responsible/Lead Staff
1. DDS and MAA will increase waiver rates under residential or independent habilitation to attract new providers and expand provider capacity. (L-2)	DDS Director MAA Director
2. DDS will recruit and select a minimum of five new providers with demonstrated experience and successes in providing quality community integrated services. (L-2)	DDS Director

Significant background: There is general consensus DDS must expand provider capacity, in conjunction with identifying and enhancing the quality and level of care of the poorly performing facilities, so that DDS consumers may exercise choice with respect to placement in less restrictive, more integrated, residential settings. This initiative commits DDS to identifying a minimum of five new providers with demonstrated experience and successes in providing quality community integrated services in other jurisdictions. The success of this initiative to attract new providers is somewhat dependent on other initiatives to expand the Medicaid waiver program and improve Medicaid rates, among others.

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D. WELFARE

Least Restrictive Conditions and Settings

Objective: Move *Evans* class members and other consumers to less restrictive residential settings.

Task	Responsible/Lead Staff
1. DDS will identify consumers, to include a minimum of 50 class members, who currently reside in ICFs/MR facilities for whom their clinical assessments and individualized service plans indicate appropriateness for movement to less restrictive residential setting. (L-2)	DDS Deputy of Programs
2. Based on assessed residential needs of these consumers, DDS will issue a Request for Proposals, both locally and nationally, to recruit qualified providers. Recruitment will give priority to development of residential settings of 4 beds or less homes for consumers with special medical and behavioral needs. (L-2)	DDS Deputy of Programs DDS Deputy of Administration DDS Contracting Officer
3. For class members and consumers who have dual diagnoses (MI and MR), the DDS will work with the DMH to develop an MOU to jointly provide residential treatment, habilitation and care for those identified. (L-2)	DDS Director DMH Director
4. DDS will move consumers, to include a minimum of 50 class members, to less restrictive community integrated settings under the Home and Community Based Waiver as applicable. DDS will respect the choice of consumers and their surrogate decision makers in making final placement. (L-3)	DDS Deputy of Programs

Significant background: Under the 2001 plan and D.C. Law 2-139, the District is required to provide care and habilitation services to persons with mental retardation and other developmental disabilities in the least restrictive, most integrated residential setting. This initiative commits DDS to identify a minimum of 50 class member who currently reside in ICFs/MR facilities for whom their clinical assessments and individualized service plans indicate appropriateness for movement to less restrictive residential settings. This initiative is dependent on the ability to timely issue a Request for Proposals and to recruit qualified providers and is respectful of the choice of individual class members and their surrogate decision makers in making final placements.

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D. WELFARE

Least Restrictive Conditions and Settings

Objective: Provide supported employment to consumers, including *Evans* class members.

Task	Responsible/Lead Staff
1. DDS will identify consumers, to include a minimum of 25 class members, who are participating in day programs for whom professional assessments and their individualized service plans indicate readiness for movement into supported employment. (L-2)	DDS Deputy of Programs
2. Based on assessed needs and recommendations of VCU, the DDS will issue a Request for Proposals, both locally and nationally, to recruit qualified providers. (L-2)	DDS Deputy of Programs DDS Deputy of Administration DDS Contracting Officer
3. DDS will develop an MOU between MRDDA and RSA to provide necessary supports to facilitate placement of class members in supported employment opportunities. (L-2)	DDS Director MRDDA Administrator RSA Administrator
4. DDS will place consumers, to include a minimum of 25 class members, in supported employment settings. DDS will respect choice of consumers and surrogate decision makers in final decisions. (L-3)	DDS Deputy of Programs MRDDA Administrator RSA Administrator

Significant background: In conjunction with the Virginia Commonwealth University and the *Evans* Court Monitor, DDS has been working on seeking appropriate supported employment opportunities for *Evans* class members. This initiative commits DDS to work with VCU to place a minimum of 25 *Evans* class members who are participating in day programs for whom professional assessments and their individualized service plans indicate a readiness to move into supported employment opportunities. This initiative is dependent on the ability to identify appropriate supported employment opportunities in the community and is respectful of the choice of individual class members and their surrogate decision makers in making final placements.

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D. WELFARE

Least Restrictive Conditions and Settings

Objective: Reduce and regulate use of restrictive and intrusive treatment methods through training, development, and implementation of best practices policies and procedures.

Task	Responsible/Lead Staff
1. DDS, in conjunction with the Human Rights Committee, will identify restrictive and intrusive treatment methods, such as use of one to one supervision and psychotropic medication, and conduct best practices research of policies and procedures that reduce and regulate the use of these methods. (L-2)	DDS Deputy of Programs DDS Deputy of Program Integrity DDS Office of Policy
2. Based on best practices research, DDS will design and implement new policies and procedures for use of restrictive and intrusive treatment methods. (L-2)	DDS Deputy of Programs DDS Deputy of Program Integrity DDS Office of Policy
3. DDS will train case management, quality improvement and provider staff on new policies and procedures for use of restrictive and intrusive treatment methods. (L-2)	DDS Director DDS Deputy of Programs DDS Deputy of Program Integrity

Significant background: Recent findings of a DDS One-to-One Task Force, comprised of representatives of DDS, Medicaid, OIG, DOH’s Medicaid and Health Regulatory Agency and Evans Court Monitor, found an increased usage of restrictive methods in caring for persons with special medical and behavioral needs. Since findings did not reveal a correlation between improved care or reduction in serious incidents, the Task Force recommended the agency develop, implement and monitor these policies and procedures to ensure consumers’ rights to freedom of movement and least restrictive methods, conditions and settings are being protected.

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D. WELFARE

Least Restrictive Conditions and Settings

Objective: Redesign DDS residential continuum of services to reduce and specialize the number and type of ICF/MR programs and increase the number and type of less restrictive residential settings under the Medicaid waiver program.

Task	Responsible/Lead Staff
1. DDS will analyze its provider base and conduct best practices research to redesign its residential continuum of services to reduce and specialize the number and type of ICFs/MR programs and increase the number and type of less restrictive residential settings under the Medicaid waiver program. (L-2)	DDS Director DDS Deputy of Administration DDS Deputy of Programs DDS Deputy of Program Integrity
2. Based on provider base analysis and best practices research, DDS will redesign and implement its new residential continuum of services to reduce and specialize the number and type of ICFs/MR programs and increase the number and type of less restrictive residential settings under the Medicaid waiver program. (L-3)	DDS Director DDS Deputy of Programs DDS Deputy of Program Integrity DOH MAA and HRA

Significant background: Through this initiative, DDS has committed to analyze and compare its current provider capacity and consumers needs to radically redesign and implement a new residential continuum of services. The anticipated outcomes are to reduce the number of ICF/MR programs, to develop specialized ICF/MR programs for consumers whose medical and/or behavioral challenges require more intense levels of supervision and care and to increase the number and type of smaller, less restrictive community integrated settings under the Medicaid waiver.

DDS REFORM PLAN

D. WELFARE

Promote and Protect Consumer Rights

Objective: Establish internal rights, protection and advocacy program to review and resolve allegations of rights violations and to educate consumers, families, providers and other stakeholders about rights established by federal and local law, regulations, policies and procedure.

Task	Responsible/Lead Staff
1. DDS will conduct best practices research to design policies and procedure for internal rights, protection and advocacy program. (L-1)	DDS Director DDS Deputy of Programs DDS Deputy of Program Integrity DDS Office of Policy
2. Based on best practices research, DDS will design and implement new policies and procedure to establish internal rights, protection and advocacy program, including creation of a handbook for dissemination to consumers, families, providers and other stakeholders. (L-3)	DDS Director DDS Deputy of Programs DDS Deputy of Program Integrity DDS Office of Policy
3. DDS will provide training on new policies and procedures using handbook and other materials. (L-2)	DDS Director DDS Deputy of Programs DDS Deputy of Program Integrity

Significant background: It is widely recognized and believed that the most effective and sustainable change is that which is brought about from within an organization. Towards this end, DDS believes that understanding, promoting and enforcing consumers' most basic rights are paramount to the agency's ability to successfully and substantially comply with the court's orders. Thus, to assume this responsibility, the DDS has hired a part-time employee to conduct best practices research in designing and establishing an internal rights, protection and advocacy program which will answer directly to the agency Director. The program will function to provide consumers and their families an internal and more timely means by which alleged violations of their rights can be reviewed and resolved and providers and consumers can be educated and trained.