

HCBS IDD Waiver Data Update for September 30, 2017

The following two attachments are updated data from DC's second completed assessment of all HCBS IDD waiver settings. The Provider Certification Review (PCR) data includes 100% review of all day and employment settings, as well as 100% organizational review of all residential providers and a sampling of settings. The personal assessment data includes interview and assessment with 100% of waiver beneficiaries who live in a residential setting.

At the systems level, DC is seeing continued improvement in provider compliance with the requirements of the HCBS Settings Rule. A review of PCR data for day settings shows significant progress in comparison to the data from the last pull (1/1/16-12/30/16). In 2017, we have gone from 17 indicators that are not met in more than 10% of settings to only 5 indicators. There were no HCBS Settings organizational indicators that are not met in more than 10% of settings during this time period. (Please see tab labelled HCBS Day Ind Not Met 10%.) Likewise for residential settings, in 2017 we have 13 HCBS Settings indicators that are not met in more than 10% of settings, compared to 23 indicators last year. (Please see tab labelled HCBS Res Ind Not Met 10%.)

On the ground, the experience for people receiving services has not yet fully caught up to the organizational changes we are finding. The personal assessment data, completed through Service Coordination monitoring, shows some progress, with responses for individual questions increasing, some by 20 percentage points. However, the overall compliance rate for residential settings has not increased, according to the results of the personal assessment service coordination monitoring.

The pathway to full community integration for people in HCBS IDD settings and compliance with all of the requirements of the HCBS Settings Rule is largely an uncharted course. The District has undertaken comprehensive initiatives to reform and rebuild the IDD system to advance opportunities for community engagement and inclusion for all waiver beneficiaries, which dovetail with the use of PCT principles in the service planning process. While the District may not yet have achieved full compliance with the HCBS Settings Rule for all beneficiaries, it is clearly on the right track, as the initiatives outlined in this Statewide Transition Plan and the results of the PCR assessments demonstrate.

The District's commitment to continued learning and capacity building – and to bring best practices to the District – is evidenced by the District's ongoing participation in national efforts like the Supporting Families Community of Practice Innovations Work Groups and the Community Life Engagement project, as well as the variety of activities described throughout the Statewide Transition Plan, such as the State Employment Leadership Network, the Employment First State Leadership Mentoring Program, and Vision Quest. The combination of these activities, paired with DDS's demonstrated progress in advancing systems change, should assure CMS that the District is committed to PCT, community engagement and inclusion, and full compliance with the HCBS Settings Rule for all waiver beneficiaries by March 17, 2019.

Finally, although to date the District has largely been engaged in partnering with the providers to achieve compliance with the HCBS Settings Rule, the changes we have made to the PCR tool give DDS and DHCF stronger sanctioning tools against providers that fail to comply with the

HCBS Settings Rule and community integration mandates, if needed. Under DDS's current PCR Policy and PCR Guide and Survey Form, a provider who fails to meet the thresholds established by the PCR indicators related to integration, may find itself subject to sanctions including placement on the Do Not Refer List, Enhanced Monitoring and the creation and satisfactory implementation of a Corrective Action Plan (CAP). The implementation of a CAP for a provider that does not achieve a satisfactory score on its initial PCR permits DDS to require swift interventions and corrective actions, without having to wait for a follow-up PCR. Finally, the PCR process also gives DDS the option to recommend that DHCF terminate the Medicaid provider agreement and withdraw the Medicaid billing number for a provider who cannot achieve the requisite thresholds set forth in the PCR Policy and PCR Guide and Survey Form.

DC continues to monitor provider compliance with the HCBS Settings Rule through PCR and the personal assessment tool, which has been incorporated in the Service Coordination Monitoring Residential tool. We will provide updates to CMS at least annually and more frequently, upon request. The next data update will be submitted by September 30, 2018. We will also continue to publish the detailed results of the PCR and personal assessment monitoring on our website at: <https://dds.dc.gov/page/waiver-amendment-information>.