

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF DISABILITY RIGHTS

**DC—One Community for All: Olmstead Community Integration Plan
Calendar Years 2021-2024**



Current as of March 1, 2023

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EXECUTIVE SUMMARY

In the 1999 *Olmstead v. L.C.* case, the Supreme Court ruled state and local governments could not discriminate against people with disabilities by excluding them from participating in government services, programs, or activities under Title II of the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973. The ADA's integration mandate requires that these services, programs, and activities be provided in the most appropriate, integrated setting. A state or territory's "Olmstead Plan" demonstrates compliance with the ADA's integration mandate.

Olmstead Community Integration Planning in the District of Columbia

This document's purpose is to present the District of Columbia's *Olmstead Community Integration Plan* for Calendar Years 2021 to 2024 ("*Olmstead Community Integration Plan*" or "*Plan*") to District residents, families, advocates, and other community stakeholders. The District's *Olmstead Community Integration Plan* is a series of goals and priorities the District government ("District") is committed to achieving for residents with disabilities to live in the community in the most integrated setting possible. The United States Department of Justice has defined the "most integrated setting" as one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible."¹ The District defines interacting in the community as providing residents with disabilities opportunities to: live and participate in their communities as they see fit; build and maintain meaningful relationships with family, friends and peers; and work in competitive and integrated employment opportunities while earning market-rate wages.

The creation and development of the 2021-2024 *Olmstead Community Integration Plan* was a collaborative effort and the result of partnerships with District residents with disabilities, their family members, the community, disability organizations, and disability rights advocates.

This *Olmstead Community Integration Plan* reflects:

- Discussions and feedback gathered from four community town halls held in January, February, April, and July 2020, and May 2021;
- Conversations conducted by District Government staff with several advocacy groups and individual stakeholders discussing ways to improve service delivery to people with disabilities;
- Public comments received during the review period from May 3, 2021 through June 4, 2021, and;
- Available data provided by the District's core Olmstead agencies since the enactment of the 2017 Olmstead Plan.²

Based on these recent interactions and experiences, the 2021-2024 *Olmstead Community Integration Plan* identifies and focuses on three main priorities:

¹ See Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* (addressing 28 C.F.R. Pt. 35, App. A (2010)) (last updated February 25, 2020). Found at: https://www.ada.gov/olmstead/q&a_olmstead.htm

² See Appendix C.

1. [Housing](#)
2. [Health Care and Wellness Supports](#)
3. [Employment](#)

The District is constantly reevaluating and improving its services to transition individuals with disabilities into the most integrated setting appropriate for their level of care. This Plan will build upon the progress made in the 2017 Olmstead Plan.

The DC Department of Health Care Finance has increased the number of participants who are provided with home and community-based services after discharge following a long term stay in a nursing facility, the number of participants whose home and community-based person centered service plans include health and safety risks, and the number of participants who receive services as specified in the individual service plan.

The DC Department of Aging and Community Living has increased the number of home adaptations completed through Safe at Home and the number of clients receiving Options Counseling each year except 2020, when public health measures placed new restrictions on these programs. DACL also transitioned 233 people into the community through the Community Transition Program, transitioning an average of 58 people each year.

The 2017-2020 data can be found in [Appendix C](#).

The 2021-2024 *Plan* remains in effect until amended or superseded.

SECTION I: OVERVIEW

Background

The District's 2021-2024 *Olmstead Community Integration Plan* is based on the 1999 mandate in the seminal *Olmstead v. L.C.* Supreme Court case. In 2007, the Disability Rights Protection Act³ established the Office of Disability Rights (ODR) as the District's ADA compliance office. Under the Act, ODR was given responsibility for developing and submitting the District's *Olmstead Community Integration Plan* for approval to the Executive Office of the Mayor. ODR published the District's first *Olmstead Plan* in April 2012, and the District Government has since made numerous revisions based on stakeholder feedback.

In 2015, Mayor Muriel Bowser created the *Olmstead Working Group*, charged with making recommendations for revisions to future iterations of the District's *Olmstead Plan*. Through this process, they support the creation of the *Olmstead Plan* while including a broad array of voices. The *Olmstead Working Group* is comprised of representatives from District agencies as well as District residents with disabilities, their family members, community organizations, and disability rights advocates.

Under the guidance of ODR, the District Government is presenting the new *Olmstead Community Integration Plan* for Calendar Years 2021 to 2024. Staff representatives from the Internal Services Cluster, the Deputy Mayor for Health and Human Services, and numerous District agencies have provided substantial contributions, support, and oversight in development of the 2021-2024 *Olmstead Community Integration Plan*. The *Olmstead Community Integration Plan* is a series of goals and priorities the District is committed to providing residents with disabilities to live in the community in the most integrated setting possible in accordance with the ADA. ODR will continue coordinating the reporting process required under the *Olmstead Plan* and submit recommendations to the Mayor as appropriate.

Understanding the Service Structure for People with Disabilities in the District of Columbia

District residents with disabilities can have a broad range of medical and personal care needs. Support needs may include assistance with daily living activities (e.g., preparing meals, managing medication, housekeeping) or with major life activities (e.g., eating, bathing, dressing). District residents with disabilities also may require help training for a job, securing a job, and receiving reasonable accommodations to perform the job. These various forms of assistance (also known as "Long Term Services and Supports," or LTSS) are most often provided informally through unpaid caregivers like family and friends. However, LTSS can be provided by professionals who serve people in institutions and in a person's home or community-based setting.

Improving the Long-Term Services and Supports System

The District is engaged in collaborative efforts in designing and implementing a seamless process for individuals leaving institutionalized care and accessing LTSS. Specifically, the

³ D.C. Code § 2-1431.01.

District has concentrated its efforts around improving data collection and tracking a resident's progress toward integration and independence in meaningful, understandable ways.

Since the implementation of the 2017 Olmstead Plan, the District has embraced the principles of No Wrong Door (NWD), a government-wide program which streamlines the eligibility process and provides District residents with accurate information, regardless of where they enter the system. These NWD efforts were supported by federal grants awarded through the United States Department of Health and Human Services, Administration on Community Living, Centers for Medicare and Medicaid Services, as well as a major grant awarded to the DC Department of Health Care Finance (DHCF) to procure a new multi-agency case management system. These system improvements significantly reduced fragmentation and the time it took for District residents to access services.

In keeping with the NWD principles, the Centers for Medicare and Medicaid Services (CMS) issued a final rule effective March 17, 2014, that contains an outcome-oriented definition of home and community-based services (HCBS) settings (Settings Rule). The federal regulation's purpose ensures that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community, as an alternative to providing services in an institutional setting.

The District maintains three HCBS waiver programs:

1. Elderly and persons with Physical Disabilities (EPD) waiver operated and implemented by DHCF;
2. Intellectual and Developmental Disabilities (IDD) waiver operated and implemented by the Department on Disability Services (DDS), and
3. Individual and Family Support (IFS) Waiver also operated and implemented by DDS, effective November 2020.

The District of Columbia developed and steadily implemented an approved statewide transition plan to ensure that the EPD and IDD HCBS waiver programs met the requirements of the Settings Rule. Both Waiver Programs achieved compliance with the Settings Rule by the original CMS deadline of March 19, 2019, which were operating at the time of the Plan's establishment. The IFS Waiver, effective after the Settings Rule was issued, incorporated the HCBS Settings requirement into its program design and implementation.

In the District, federal funding accounts for 70% of Medicaid service funding. Under the Money Follows the Person Rebalancing Demonstration, the District receives an enhanced federal match of 85% for Medicaid HCBS in the year after eligible DC residents transition from a nursing facility or hospital to home.

Who Provides These Services?

The District of Columbia's service system for people with disabilities is the result of significant investment; comprised of multiple government agencies that provide services, public and private institutions that provide residential care, and local community-based organizations that receive

District and Federal Government funds to provide home and community-based services. The components of the District's service system are described below.

How Does the District Assist the Transition to an Integrated Setting?

Upon identifying District residents who would like to transition to the community, agencies have adopted specific, collaborative measures that are taken in furtherance of this goal.

Protocol for core agencies can be found in [Appendix D](#).

SECTION II: PRIORITY AREAS

The *Olmstead Community Integration Plan* will focus on three main priorities between calendar years 2021 and 2024:

1. Housing
2. Health Care and Wellness
3. Employment

PRIORITY AREA 1: HOUSING

Affordable and accessible housing plays a significant role in transitioning District residents with disabilities out of institutions who wish to do so and ensuring those who wish to live in the community of their choosing have the support they need to do so. However, securing affordable, appropriate housing is often a challenge for people with disabilities who often have specific physical needs and limited incomes.

The demand for affordable and accessible housing exceeds the supply in our Nation's Capital. District residents may find community-based housing through the DC Housing Authority (DCHA), Department of Human Services' (DHS) homeless services programs, Department of Behavioral Health (DBH), or at a Department of Health Care Finance (DCHF)'s assisted living facility. Non-housing agencies that facilitate or provide housing often partner with DCHA, which is an independent agency, to utilize housing vouchers provided by the local and federal government.

Residents with housing may receive assistance in making accessibility modifications from the Department of Housing and Community Development (DHCD) and the Department of Aging and Community Living (DACL). Programs provided through DHCD and DACL allow District residents with disabilities and the aging population to remain in their homes and communities, even as their housing needs may become more complex over time.

Olmstead Community Integration Plan Guiding Principles for Housing

What are the guiding principles embraced in the Olmstead Community Integration Plan for housing?

1. District residents live in the neighborhoods and/or communities of their choosing.
2. District residents can transition into community-based housing that meets their needs.

How does the District support our residents with living in communities of their choosing?

The *Safe at Home* and *Single-Family Residential Rehabilitation Programs* are two District programs designed to support residents to live and remain in residential housing.

DACL's *Safe at Home Program*⁴ promotes community living by providing safety adaptations in the homes of qualifying seniors and adults with disabilities. *Safe at Home* provides in-home adaptations to reduce the risk of falls, such as handrails, grab bars, bathtub cuts, shower seats, furniture risers, and chair lifts. These adaptations allow residents to "age in place" and remain in their homes as their needs change.

⁴ Safe at Home | dacl (dc.gov)

DHCD administers the *Single-Family Residential Rehabilitation Program (SFRRP)*⁵. The *SFRRP* grants up to \$30,000 in home modifications to eliminate barriers for District residents with mobility or other physical impairments. Following Mayor Bowser's COVID-19 public health emergency order, *SFRRP* implemented COVID-19 protocols to operate safely and accept program applications through one of DHCD's community-based non-profit organizations.

How does the District support our residents with transitioning into community-based housing that meets their needs?

The District focuses on the following areas to support residents with transitioning into community-based housing that meets their needs:

- A. Creation and Preservation of Affordable Housing (DHCD)
- B. Affordable Community-Based Housing (DCHA)
- C. Homeless Services and Supports (DHS)
- D. Community Housing Programs (DBH)
- E. Housing Counseling Services (DHCD)
- F. Assisted Living Facilities (funded by DHCF)

Together, DHCD, DHS, DC Health (DOH), DBH, DHCF, DCHA, and the DC Housing Finance Agency collaborate to provide housing units and services to support the Mayor Bowser's vision. DHCD, DHS, and DOH often work together to provide housing and supportive services opportunities through a consolidated Notice of Funding Availability (NOFA) process.

A. DHCD Creation and Preservation of Affordable Housing

DHCD and other District government partners create affordable housing opportunities for District residents.

DHCD is the designated agency to receive and administer the following Housing and Urban Development (HUD) funded federal entitlement funds:

- *Community Development Block Grant Program*⁶;
- *HOME Investment Partnerships Program*⁷; and
- *National Housing Trust Fund Program*⁸.

In addition, the District receives the *Emergency Solutions Grant Program (ESG)*⁹ which DHS administers, and the *Housing Opportunities for People with AIDS Program (HOPWA)*¹⁰ which DOH administers. DHCD also manages the *Housing Production Trust*

⁵ [Single Family Residential Rehabilitation Program \(SFRRP\) | dhcd \(dc.gov\)](#)

⁶ [Community Development Block Grant Program | dhcd \(dc.gov\)](#)

⁷ [Home Investment Partnerships \(HOME\) Program | dhcd \(dc.gov\)](#)

⁸ [2020 Housing Production Trust Fund \(HPTF\) Program Limits | dhcd \(dc.gov\)](#)

⁹ [ESG CARES Funding | dhs \(dc.gov\)](#)

¹⁰ [HAHSTA/HOPWA Program | doh \(dc.gov\)](#)

*Fund (HPTF)*¹¹, *Housing Preservation Fund*¹², and *Low-Income Housing Tax Credits*¹³ to produce and preserve affordable housing.

The HPTF is the District’s largest funding source that supports affordable housing. The DC Preservation Network (DCPN) tracks most federal and locally subsidized housing, including public housing (conventional and mixed-finance), project-based vouchers, federal tax credits, mortgages, and grants, and the local Housing Production Trust Fund (HPTF). As of October 2015, over 40,000 assisted units across 314 development projects receive some form of subsidy. These subsidized units represent 26 percent of the total occupied rental units and do not include additional affordable units produced from the District’s inclusionary zoning and affordable dwelling unit programs or subsidies provided by *Housing Choice Vouchers* (“tenant-based vouchers”) and other local tenant-based assistance programs.¹⁴

B. DCHA Affordable Community-Based Housing

DCHA serves low-income residents through traditional affordable housing, tenant- and project-based housing vouchers, and mixed-income properties. DCHA owns and manages public housing properties located throughout the District at reduced rents for low-income families, seniors, and individuals with disabilities.

DCHA is committed to providing equal access to programs for applicants, residents, and participants with disabilities. DCHA provides reasonable accommodations including modifications to assist with mobility in a unit, common area, or grounds; interpretation into ASL or braille; and third-party interaction with DCHA on behalf of persons who are mentally impaired. Moreover, DCHA welcomes certain registered pets at all senior/disabled properties. Additionally, any resident or participant may request a service or assistance animal as a reasonable accommodation.

Though there is a waiting list for affordable housing in the District of Columbia, residents with mobility impairments—particularly those who serve as the head of a household—are given preference when a unit becomes available. DCHA also partners with DBH to administer the *Mainstream Voucher Program*, which gives preference to persons with disabilities.

Housing is provided to residents with or without disabilities through tenant-based vouchers or the *Moderate Rehabilitation Program* (“project-based vouchers”).

¹¹ [Housing Production Trust Fund | dhcd \(dc.gov\)](https://dhcd.dc.gov)

¹² [Housing Preservation Fund | dhcd \(dc.gov\)](https://dhcd.dc.gov)

¹³ [Low Income Housing Tax Credit \(LIHTC\) Program | dhcd \(dc.gov\)](https://dhcd.dc.gov)

¹⁴ The District’s draft FY 2022-2026 Five Year Consolidated Plan provides additional information on the use of District grants that support affordable housing. <https://dhcd.dc.gov/node/1549461>

C. DHS Homeless Services and Supports

DHS provides several programs for people experiencing homelessness. The DHS Family Services Administration (FSA) oversees the provision of a wide range of services to individuals, families, and youth who are experiencing homelessness or at risk of becoming homeless in the District of Columbia, including emergency and ongoing housing support to help them transition into or maintain permanent affordable housing. All DHS programs and policies are inclusive and are designed to support people with disabilities. This includes making connections to needed resources and supporting requests for reasonable accommodations in accordance with the ADA.

FSA Programs and Services include:

- *Permanent Supportive Housing (PSH) Program*: This program provides permanent housing and supportive services designed to provide greater housing stabilization, maximum levels of self-sufficiency, and an overall better quality of life for the most vulnerable people experiencing homelessness. The *PSH Program* is designed for “chronically homeless” individuals, defined as individuals who have been experiencing homelessness for at least one year or have experienced homelessness on four separate occasions in the past three years, and, can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability (as defined in D.C. Code § 21-1201(3)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. The definition also includes an individual who has been residing in an institution and meets all the criteria for “chronically homeless.”¹⁵ In addition to housing, the *PSH Program* provides participants with case management and connection to supportive services.
- *Pandemic Emergency Program for (Medically) Vulnerable Individuals (PEP-V) Program*: This program exists to protect those experiencing homelessness who are at highest risk for severe complications or death if they contract COVID-19. The *PEP-V Program* provides private room accommodations at several hotel sites. The program allows medically vulnerable individuals who would otherwise be residing in congregate shelters or living on the streets to reduce their level of exposure to COVID-19. DHS works through its PSH Program to transition PEP-V clients to permanent housing, using PSH providers to provide case management services, help them navigate the process of finding a unit, applying for the unit, completing necessary paperwork, and moving into the unit. Once a client is admitted to a PEP-V site, a daily intake tracker is submitted to the ADA liaisons and ADA Compliance Specialist to address any ADA-related needs.
- *Targeted Affordable Housing (TAH) Program*: This program provides a permanent rental subsidy for families exiting homelessness. The *TAH Program* is intended for households who need assistance obtaining and affording housing – most likely due to advanced age and/or disability – but are connected to community resources.

¹⁵ D.C. Code § 4-751.01(6C)

- Transitional Housing (THP) Program: This is a housing program that usually lasts up to two years. *THP* provides intensive support services geared toward increasing a household's self-sufficiency and helping District residents move towards permanency, often specializing in the specific needs of the client.
- Youth Homeless Services: *Youth Homeless Service's* housing programs include the full continuum of services, including shelter, transitional housing, rapid-rehousing and permanent supportive housing. Eligibility is determined by utilizing the Transition Age Youth Service Prioritization Decision Assistance Tool (TAY-SPDAT) and the Coordinated Assessment and Housing Placement (CAHP) system.
- Family Rehousing and Stabilization Program (FRSP): This program assists District residents who are experiencing homelessness or are at risk of experiencing homelessness to achieve stability in permanent housing through individualized and time-limited assistance. Through the *FRSP*, rapid rehousing services are provided and designed to be responsive to a family's needs. These services include individualized case management services, housing identification, connection to integrated community-based resources, and financial assistance.

D. DBH Community Housing Programs

In FY 2021 to date, DBH provided housing to 1,639 individuals with serious and persistent mental illness. This includes housing provided through the following programs:

Home First Housing Voucher Program: The locally funded Home First Program provides housing rental vouchers for individuals and families who live in the apartment or home of their choice and sign their own rental leases. Consumers pay thirty percent (30%) of their household income to the landlord toward their rent, while the Home First Program subsidizes the balance of the rental amount.

DC Local Rent Supplement (LRSP) Program: The LRSP is administered by DCHA. The program follows the eligibility requirements, rules, and regulations of DCHA's federally funded voucher program. DBH makes referrals for initial occupancy and backfill of vacancies for LRSP vouchers attached to newly renovated or developed units funded with DBH capital dollars for 25 years. The LRSP vouchers are attached to single-room occupancy units and to apartments.

Licensed Mental Health Community Residential Facilities (MHCRFs):

- Intensive Rehabilitative Residence: An intensive level of care for individuals enrolled in the DBH behavioral health system who have medical issues that put them at risk of needing nursing home care if they do not receive physical health care nursing supports with the appropriate mental health rehabilitation services.
- Supportive Rehabilitative Residence (SRR): SRR CRFs provide twenty-four-hour, structured housing support for residents with severe and persistent mental

illness who need an intense level of support to live within the community. The specific services offered include 24-hour awake supervision, assisting the consumer to obtain medical care, providing training and support to assist consumers in mastering activities of daily living, maintaining a medication intake log to ensure that residents take their medications as prescribed, provision of 1:1 support to manage behaviors or perform functional living skills, transportation to doctor's appointments, assistance with money management, and participation in treatment planning, implementation, and follow-up.

- Supportive Residence (SR): SR CRFs provide on-site supervision when residents are in the facility, medication monitoring, maintenance of a medication log to ensure that medication is taken as prescribed, assistance with activities of daily living, arrangement of transportation, monitoring behaviors to ensure consumer safety, and participation in treatment planning, implementation, and follow-up.

E. DHCD Housing Counseling Services

DHCD partners with 21 Community-Based Organizations (CBOs) to provide counseling services and training to tenants, potential homeowners, and current homeowners. This includes funding the services provided by Legal Counsel for the Elderly and other non-profit organizations providing housing counseling services for those seeking housing services. Many of the CBOs offer services on behalf of DHCD, and in conjunction with the DOH and DHS.

Housing Resource Center: The *Housing Resource Center* provides a physical location that District residents can visit to access information on rent control, landlord and tenant rights and responsibilities, and affordable homeownership assistance options. Additionally, it provides on-site access to the DC Housing Search for residents who do not have access to a computer.

F. DHCF Assisted Living Facilities (ALFs)

ALFs are available to eligible residents receiving services under the Elderly and Persons with Disabilities (EPD) waiver. The EPD waiver is administered by the Department of Health Care Finance (DHCF). ALF is a licensed facility where participants can live while receiving and having access to the services they need to be as independent as possible. The person's choice for independence must also protect the safety of the participant and other persons who live at the facility.

How does the District spread the word about its housing resources and services?

DHCD offers resources to help residents find safe and affordable homes in the District of Columbia via the Housing Locator service *DCHousingSearch.org*. *DC Housing Search* posts all District assisted affordable housing units. It is a free resource, and not limited to affordable or subsidized housing units. Anyone who has an available unit may post on the Housing Locator.

DBH encourages partnerships among consumers and clients, family members, providers, and others within the community that foster an unconditional positive regard for the concerns of those who seek and receive services. DBH conducts community outreach and actively educates the general public through the following activities to improve the service delivery system:

- Sharing information among consumers, family members, providers, and the public;
- Promoting prevention, wellness, and recovery;
- Reducing stigma;
- Recognizing the needs of others for information, and;
- Communicating in an open and candid manner.

Individual residents experiencing homelessness learn about DHS programs through outreach efforts, townhall meetings with clients, communications on websites, and information sharing through case management. Persons with disabilities are identified once they arrive at a DHS shelter or the Virginia Williams Family Resource Center (VWFRC). Additionally, the DHS outreach teams are tasked with locating homeless individuals to offer resources and supports. Homeless individuals can also contact the twenty-four-hour Shelter Hotline at 202-399-7093 to request shelter resources. A client or a person with a disability applying for a DHS program may request a reasonable accommodation at any time orally or in writing. Oral requests will be put in writing by the applicant, intake or provider staff, ADA liaison, or any person identified by the individual, and submitted in accordance with the reasonable accommodation request procedures.

VWFRC is the central point of intake for families who are experiencing homelessness or at risk of homelessness in the District. Families may go to VWFRC to apply for preventative and emergency services. Families seeking emergency assistance around their housing instability are assessed to determine the severity of their needs. VWFRC is not a shelter. Eligible families can receive services such as emergency rental and utility assistance, temporary emergency shelter, referrals for employment training, work readiness, and job placement assistance.

Those participating in DHS's Youth Services Division (YSD) programs—both direct service programs for minors up to age 17 and contracted homeless services programs for youth ages 18-24—learn about programs via the DHS website, social media, schools, partner government agencies, community-based organizations, drop-in centers, and street outreach.

How does the District assess its housing services and programs?

DHS Programs are assessed through engagements with providers by program monitors and contact administrators, as well as monthly provider meetings. Outcome measures may vary by program. For example, some DHS direct service programs are measured based on success in improving youth functioning and school participation, while DHS youth homeless providers are measured based on program exits to permanent housing.

DHCD monitors both the physical and program accessibility of all its programs and units through a compliance review process for equal opportunity, accessibility, and civil rights laws. DHCD also offers annual accessibility training for developers and contractors and collaborates with other District agencies to host a yearly fair housing symposium.

DBH monitors the environment of care within all housing provided by the agency. Annual inspections are conducted to ensure that all housing units provided meet all District of Columbia health and safety codes. Through this process physical accessibility is also assessed. DBH meets bi-monthly with housing liaisons, who are employees of the Core Service Agencies (CSAs) responsible for providing behavioral health services to individuals in care. During these meetings the degree to which the housing provided meets the consumer's unique needs, including the degree to which they are receiving the supports needed to maintain community tenure is assessed.

A Consumer Satisfaction Survey is conducted annually to determine the degree to which individuals residing in DBH-supported housing are satisfied with their placements and the housing-related services they are receiving. The survey data is collected and analyzed by DBH's Applied Research and Evaluation (ARE) unit. The report generated as a result of this process is used to make data-driven decision that result in improvements in service delivery.

Specific Olmstead Housing Metrics
Tracked by the District Government Quarterly¹⁶

Guiding Principle: DC Residents can remain living in the community.			
Strategy	Program/Services	Lead Agency	Metric
1.1	Safe at Home	DACL	Number of Safe at Home adaptations performed

Guiding Principle: DC Residents can transition into community-based housing that meets their needs.			
Strategy	Programs/Services	Lead Agency	Metric
1.2	DBH Housing Vouchers	DBH	Number of individuals discharged from Saint Elizabeths Hospital with a voucher; time from the date person is ready for discharge to placement in the community; Number of individuals with severe and persistent mental illness provided a voucher who were homeless
1.3	DBH Housing Vouchers	DBH	Number of people with severe and persistent mental illness provided a voucher; Number placed in a Community Residential Facility (CRF); and Number integrated into the community from a CRF into independent living with a voucher
1.4	Assisted Living Services	DHCF	Number of District residents enrolled in Medicaid Assisted Living Programs

¹⁶ <https://odr.dc.gov/page/2021-agency-quarterly-reports>

1.5	Youth Services	DHS	Number of youths with a disability who have received services
1.6	Rapid Rehousing	DHS	Number of persons with a disability who were housed with a time-limited housing subsidy
1.7	PSH and TAH	DHS	Number of persons with a disability who were housed with a DCHA voucher through a DHS program
1.8	FRSP	DHS	Number of families with a disability who were housed with a time-limited housing subsidy
1.9	PSH and TAH	DHS	Number of families with a disability who were housed with a DCHA voucher through a DHS program
1.10	Creation and Preservation of Assisted, Affordable Housing	DHCD	Number of District assisted affordable housing units that come online ready for purchase or rental

PRIORITY AREA 2: HEALTH CARE AND WELLNESS

Long-term Services and Supports (LTSS) are a variety of health and social services that offer care for seniors and people with disabilities who need support for physical, mental, developing, or long-lasting health conditions that limit their abilities to care for themselves. LTSS can be provided in a person's home, in another community-based setting, or in a facility.

Arrangements for LTSS are conducted through District agencies and non-profit organizations that help identify services available, plan a person's care, and offer information about and recommendations for LTSS. This information will allow District residents with disabilities, the aging population, and their families to make informed decisions on the appropriate LTSS they need to live in their homes with dignity and be fully included in their communities for as long as possible.

Eligible District residents are able to utilize the following LTSS:

- Adult Day Health Programs
- Care Management
- Support for Caregivers
- Congregate (Group) Meals
- Home-delivered Meals
- Services for Hearing Impaired Persons
- Employment Services
- In-Home Supports
- Hospital Discharge Planning
- LTSS Enrollment Assistance
- Options Counseling for LTSS Planning
- Memory Care (for Alzheimer's and dementia)
- Nursing Home Transition Services
- Nutrition Programs (Counseling and Education)
- Public Benefits Application Assistance
- Senior Wellness Center Services
- Transportation
- Veterans Support Resources

Olmstead Community Integration Plan
Guiding Principles for Health Care and Wellness

What are the guiding principles embraced in the Olmstead Community Integration Plan for Health Care and Wellness?

1. District residents are supported in transition from institutional settings or facilities to home and community-based settings.
2. Quality, person-centered, home and community-based services are necessary for District residents with disabilities to live and remain in the community.

How does the District support our residents in transitioning from institutional settings or facilities to home and community-based settings?

The District offers transition coordination services for residents who live in long-term care facilities, such as nursing homes or hospitals, and desire to move into their own home or to another community-based residence. In many cases, a facility discharge planner can coordinate home and community-based supports and services along with the District resident and their family, friends, and other key people in their circle of support. Individuals may also receive more comprehensive transition and coordination services, including housing identification, household set-up, and home modifications if necessary.

The District offers these transitioning services to support our residents moving from institutional settings and facilities:

- A. Nursing Home Transition Services
 - B. Saint Elizabeths Transition Services
 - C. Psychiatric Residential Treatment Facility (PRTF) Review Process and Transition Services
- A. Nursing Home Transition Services

Connecting to transition coordination services for those residing in a nursing facility can happen in two ways. First, nursing facility staff are federally required to administer the MDS Resident Assessment Instrument (MDS) within 14 days of admission, within 14 days of a significant change in mental or physical condition, and no less than once every 12 months.¹⁷ Through Section Q of the MDS, residents' interest in returning to the community is assessed.¹⁸ Second, residents who live in a facility for 90 days or more are eligible for nursing home transition assistance from the Community Transition Program (CTP) out of the DC Department of Aging and Community Living (DACL). In addition, all nursing home residents are eligible to receive Options Counseling through the Aging and Disabilities Resource Center (ADRC) also operated by DACL.

¹⁷ 42 CFR § 483.20(b)(2)

¹⁸ [MDS Resident Assessment Instrument Manual | cms.gov](https://www.cms.gov/mds)

In conjunction with the CTP, transition assistance is conducted by facility staff. The process uses a uniform preference screening tool and transition services checklists. Decisions about the appropriateness of a less restrictive setting are ultimately made by the resident and the resident's care team, which include medical professionals, social workers, family members, and legally authorized representatives, if any.

Steps and processes supporting a person's successful transition to the community, may include but are not limited to:

- A referral to the DACL Community Transition Program when a resident expresses a desire to learn more about options for living in the community (if needed and not already involved).
- An assessment conducted to determine the District resident's wishes and willingness to return to the community.
- Collaboration between the individual, including their family, friends, and key persons in their circle of support, and their care planning team to develop an appropriate plan for the individual with goals, approaches, and strategies allowing the person to reasonably achieve a safe transition into the community.
- A review to ensure all necessary services and durable medical equipment needs are in place for the individual.

For costs that nursing home residents need to cover to prepare for their community transition, such as leasing application fees, security deposit, essential furnishings, and household set-up items including linens, kitchenware, and bathroom essentials, eligible residents may access funding through the Money Follows the Person (MFP) "rebalancing fund." After discharge, similar costs to support the transition are covered by the Medicaid EPD waiver for eligible beneficiaries. Through these services, eligible nursing facility residents who are moving home, or who are within 6 months of their discharge from the nursing home, can receive up to \$5,000 worth of assistance with transition-related costs.

Once the individual has been successfully transitioned back to the community, ongoing case management services for qualifying Medicaid beneficiaries are available through the District's EPD waiver. These services are supported in part by the District's MFP rebalancing demonstration. The rebalancing demonstration supports and funds the home and community-based services for eligible and enrolled beneficiaries in the first year after their discharge home.

Additionally, the EPD waiver covers transitional case management for beneficiaries who experience a stay in a nursing facility up to 120 days. This means care coordination by the assigned EPD waiver case manager can continue during this period even while someone is in a nursing home. A new application to the EPD waiver program is not required, as long as the discharge to home is within 120 days from admission. This is intended to ensure continuity of care, while supporting the return to home and community-based services after rehabilitation.

B. St. Elizabeths Transition Services

DBH has oversight responsibility for Saint Elizabeths Hospital (SEH). SEH is the public psychiatric hospital in the District of Columbia. The hospital is comprised of 12 houses where individualized treatment services are provided to adults suffering from medical, cognitive, psychiatric, and co-occurring behavioral health conditions as well as age-related chronic illnesses that substantially compromise their quality of life. Additionally, services are provided to a population of pre-trial individuals undergoing evaluation to determine mental competency to stand trial. Services are also provided to post-trial individuals in care who have been deemed “Not Guilty by Reason of Insanity” – seeking transfer and/or discharge requiring close adherence to court orders. There is also a population of males and females who are persistently and severely mentally ill – all of whom have complex discharge/placement needs. Many of the individuals in care have a substance use/abuse history.

The hospital starts planning discharge when an individual-in-care (IIC) is admitted. The planning is conducted by the treatment team that manages the IICs receipt of services at one of twelve houses operated by the SEH. The treatment teams consist of a clinical administrator, psychiatrist, psychologist, social worker, and nurse manager who oversee the frontline nursing staff. The Social Work department is the lead on obtaining housing for the IIC.

Individuals in care are discharged when they no longer meet the medical necessity criteria for hospitalization. A plan of care that supports on-going recovery and effective functioning within the community is developed prior to discharge. As a part of this process, individuals are linked to appropriate community-based services and provide options for housing. There are several housing options that might be appropriate including community residential facilities (CRF), single room occupancy placements (SRO), independent placements (apartments), or with relatives.

The Discharge Committee (Committee) works with each treatment team and the IIC to identify housing options. The Committee maintains lists of available placements and connects individuals in care to suitable housing based upon the level of care assessment completed by the discharge staff. Through this process a determination is made regarding the type of housing that will best meet the needs of the individual returning to the community. In addition, social workers assigned to each case put social and therapeutic supports in place to maximize the person’s ability to function in a less restrictive environment.

C. Psychiatric Residential Treatment Facility (PRTF) Review Process and Transition Services

To ensure that children are treated in the least restrictive environment, the District has implemented a rigorous medical necessity review process prior to placing a child in a Medicaid-funded PRTF. The PRTF Review Committee is an independent inter-agency team that ensures that referrals for admission to a PRTF and continued stays meet federal

guidelines in accordance with 42 CFR § 441.152 in order to issue a medical necessity determination for PRTF placement. The PRTF Review Committee is composed of a DBH board certified child and adolescent psychiatrist; a DBH PRTF Review Coordinator (non-voting member); representatives from the Department of Youth and Rehabilitation Services (DYRS); the Child and Family Services Agency (CFSA); the D.C. Public Schools (DCPS); the Office of the State Superintendent of Education (OSSE); Court Social Services (CSS) and a representative from an agency designated as the family advocacy group for families with children receiving care from DBH.

In order to issue a medical necessity determination for placement of a child or youth in a PRTF, the PRTF Review Committee must make the following findings:

- A. Community based services available in the District do not meet the treatment needs of the child/youth.
- B. Proper treatment of the child or youth's psychiatric condition requires services on an inpatient basis under the direction of a physician.
- C. Services in a PRTF can reasonably be expected to improve the child or youth's condition or prevent further regression so that PRTF services will no longer be needed.

If the Committee determines that the child or youth does not meet medical necessity for placement in a PRTF and can be served best in the community, the Committee will deny the referral and provide a list of recommended services and actions necessary to properly serve the child or youth's needs in the community. Since 2017, the District has reduced the number of children served in a Medicaid-funded PRTF from 221 to 34.

For youth with mental health issues being discharged from PRTFs, DBH has a robust transition planning process to ensure youth are successfully integrated back into the community. DBH has staff assigned to youth that are issued a level of care (LOC) and are subsequently treated in a PRTF. The DBH staff monitor the youth's treatment, make annual site visits to treating facilities, participate in monthly treatment team meetings, and coordinate with all stakeholders involved in the youth's treatment to ensure appropriate discharge planning. Prior to discharge, a Core Service Agency (CSA) is chosen by the parent/guardian. Working with the youth and his or her family, the PRTF staff, DBH coordinator, CSA and any other involved District agencies develop a discharge plan that includes behavioral health and education services, and other support services as needed.

Intensive community-based services are offered to children, youths, and families to divert treatment in a PRTF and upon return to community from a PRTF to reduce the risk of hospitalization. These intensive community based services include Community Based Intervention (CBI), High Fidelity Wraparound (HFW), Transition to Independence Process (TIP) and the full spectrum of Mental Health Rehabilitation Services and evidence-based practices to support children, youth and families such as Adolescent Community Reinforcement Approach (ACRA), Child Parent Psychotherapy (CPP), Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Parent Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Trauma Systems Therapy (TST).

How does the District provide quality, accessible, person-centered home and community-based services necessary for DC residents with disabilities to live and remain in the community?

The District utilizes multiple programs and services to support the transition and integration of our District residents with disabilities to continue living and remaining in their neighborhoods and communities. These programs and services are described, as follows:

- A. Home and Community-Based Services (HCBS)
- B. Elderly and Persons with Physical Disabilities (EPD) Waiver
- C. Home Health and Medicaid State Plan Services
- D. Intellectual and/or Developmental Disabilities (I/DD) Waiver
- E. Programs for Older Adults
- F. Mental Health and Substance Use Disorder Services

A. Home and Community-Based Services (HCBS)

HCBS offered through the District's Medicaid waiver programs are the backbone of the support system many people with disabilities rely on to live or remain in the community. Among these are the critical daily LTSS provided in the home, such as personal care aide services to assist with bathing, eating, and getting dressed; and skilled nursing for wound cleaning, medication management and the care of medical equipment like ventilators, and appendages like gastrointestinal or tracheostomy tubes.

Community-based day programs are also core daily supports that help people with disabilities thrive outside of an institution through a collaboration of supportive services and independence building. Without quality, accessible, and affordable LTSS in the home and community, people with disabilities are otherwise dependent on institutional care in nursing facilities, intermediate care facilities, and hospitals. Funded through the Department of Health Care Finance (DHCF), the District's Medicaid HCBS Program is provided in partnership with the other core agencies in the Olmstead Plan: DACL, DBH, and the Department on Disability Services (DDS).

B. Elderly and Persons with Physical Disabilities (EPD) Waiver

The EPD Waiver offers a combination of in-home or community-based support services, which include:

- *Case Management* – Assistance with obtaining or coordinating health care services.
- *Personal Care Aide (PCA) Services* – Assistance with activities of daily living, such as dressing, eating, toileting, etc. for up to sixteen (16) hours daily.
- *Adult Day Health Programs* – Non-residential services and supports promoting community inclusion and community-based care.
- *Respite Care* – Assistance with daily needs when a primary caregiver is absent or unavailable.

- *Assisted Living* – A licensed residence with services and supports to allow District residents to live independently.
- *Environmental Accessibility Adaptations* – Physical modifications to a home to ensure the safety and welfare of a District resident.
- *Participant-Directed Services (Services My Way)* – More choice and flexibility over the services District residents receive, including PCA services.
- *Community Transition Services* – Up to \$5,000 to support household set-up expenses for people moving from a nursing facility or hospital to home.

C. Home Health and Medicaid State Plan Services

PCA services offer a range of supports and service. Under the Home Health and the Medicaid State Plan, up to eight hours of care daily can be covered depending on the District resident's level of care. Personal care aides perform a wide array of routine activities, including:

- Cueing or hands-on assistance with basic personal care, including bathing, grooming, and assisting with using the toilet or bedpan.
- Assistance with continence care, including changing of catheter or ostomy supplies or protective under-garments.
- Assistance with transfers, ambulation, and exercises, as prescribed.
- Reading and recording vital signs such as temperature, heart rate, and respiration rate.
- Observing and monitoring changes in physical condition, behavior, or appearance.
- Meal preparation and assistance with eating.
- Infection control.
- Assistance with maintaining the home in order to maintain health, safety, and comfort.
- Accompaniment to medical appointments, employment, or approved activities.
- Shopping for nutrition and other health-related items.
- Assistance with telephone use.
- Assisting with self-administration of medication (PCAs may not directly administer medication to an individual).

D. Intellectual and/or Developmental Disabilities (I/DD) Waiver

Administered by the Developmental Disabilities Administration under DDS, the I/DD Waiver provides residential, day/vocational, and other support services for District residents with intellectual disabilities who choose to live in their own homes or in other community-based settings. Services include:

- *Day Habilitation Services* – Services aimed at developing meaningful adult activities and skills.
- *Individualized Day Supports* – Services and activities that operate totally in the community and are focused on opportunities to increase a person's abilities.
- *Companion Services* – Non-medical assistance and supervision to support a person's goals, desires, and needs as identified in the person's Individual Support Plan.

- *In-Home Support Services* – Blended services that provide habilitation, personal care, and other support services to help the person live successfully in their home.
- *PCA Services* – Assistance with activities of daily living such as dressing, eating, toileting, etc.
- *Respite Care Services* – Provision of short-term, temporary relief to those who are caring for family members enrolled in the waiver.
- *Residential Habilitation Services* – Blended service that provides residential supports in a licensed home serving four to six District residents.
- *Supported Living Services* – A blended service that covers residential supports in a home serving one to three District residents.
- *Creative Art Therapies* – Help a person express and understand emotions through artistic expression and the creative process.
- *Wellness Services* – Professional services which include bereavement counseling, nutritional counseling, fitness training, massage therapy, and sexuality education.

E. Individual and Family Support (IFS) Waiver

The new District of Columbia HCBS Individual and Family Support (IFS) Waiver establishes a program to allow District residents with intellectual and developmental disabilities who live in an independent environment, either in their own home or with family or friends, to receive HCB services and supports tailored to their specific needs. DDS proposes the creation of a streamlined IFS Waiver to meet the needs of persons who can leverage supports from family or friends and do not need residential services. In this way, the IFS Waiver will offer person-centered services that meet each person’s needs in the least restrictive setting needed, applying the highest standards of quality and national best practices.

The IFS Waiver offers 18 services, all of which are currently available under the IDD Waiver and adds one previously unavailable service: Education Supports.

- Education Supports. The previously unavailable service, Education Supports, consists of communication classes to teach participants who are deaf American Sign Language, Visual Gestural Communication, or another form of communication, to the extent that such classes are not available under a program funded by IDEA or the Rehabilitation Services Administration (RSA).

F. Programs for Older Adults

In addition to the in-home or community-based support services previously described, these programs are available to District residents age 60 and older:

- Nutrition Assistance
- Senior Wellness Centers

- Adult Day Health Program (ADHP)

Nutrition Assistance – DACL’s nutrition programs serve eligible seniors 60+ and adults with disabilities either at one of the more than 40 community dining sites across all eight wards or through home-delivered meals. DACL also offers nutrition counseling and nutrition education through registered and licensed dietitians and other health professionals. Nutrition programs are funded by the Older Americans Act.

Senior Wellness Centers – These Centers help older residents take charge of their health, wellness, and social life. Wellness Centers offer daily activities, group lunches, exercise equipment, computer labs, and a friendly atmosphere to keep residents healthy, connected, and thriving. There are six wellness centers in six wards, and a satellite wellness program serving Wards 2 and 3.

Adult Day Health Program (ADHP) – ADHP services are designed to encourage older adults to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting. ADHPs also foster opportunities for community inclusion. Services provided at ADHPs may include:

- Nursing services
- Individual and group therapeutic activities
- Socialization
- Individual and group counseling
- PCA services
- Medication administration
- Meals, snacks, and nutritional supports
- Art and music therapies
- Barber and beauty services
- Transportation for off-site services

G. Mental Health and Substance Use Disorder Services

DBH has a vigorous process to ensure that youths with mental health issues being discharged from PRTFs are successfully integrated back into the community. DBH has staff assigned to every youth in a PRTF, visiting the youth in person and participating in all treatment team meetings. Prior to discharge, a Core Service Agency (CSA) is assigned if no relationship previously existed. Working with the youth and his or her family (if any), the PRTF staff, DBH monitor, CSA and any other involved District agencies develop a discharge plan that includes not only mental health services, but also housing, education, and other support services as needed.

How does the District spread the word about its Health Care and Wellness Supports and Services?

The Aging and Disabilities Resource Center (ADRC) is operated by DACL. The ADRC's Information and Referral/Assistance Unit, Community Transition Team, and Community Social Workers provide "options counseling," a person-centered discussion to help District residents understand their long-term care options and empower them to make decisions based on informed choice and personal preferences. These discussions often produce outcomes in making referrals to appropriate community services and supports, including:

- Community-based, private sector resources.
- DC government health and human service programs.
- A Medicaid Enrollment Specialist who can assist with pre-enrollment for the EPD Waiver.
- Community case managers or social workers, if the resident is eligible and in need of home and community-based services (HCBS) and transition supports right away.

District residents learn about HCBS and LTSS transition supports through multiple sources that aim to reach people where they are in the community. Information about HCBS and LTSS is distributed:

- At community-based information fairs and expos;
- Online through DHCF's long-term care page: <https://dhcf.dc.gov/page/long-term-care-administration>;
- Through the DACL's Aging and Disability Resource Center (202-724-5626);
- To nursing facility residents, during regular assessments in fulfillment of federal and District reporting and eligibility requirements (quarterly Minimum Data Set-Section Q, annual DC Medicaid Continued Stay Review);
- To nursing facility residents, during information sessions at the facility led by the DACL's Community Transition Program's outreach specialist;
- To nursing facility residents and hospital patients through their social workers in the process of discharge planning; and
- Through DACL's State Health Insurance Assistance Program (SHIP) which provides free health insurance information, counseling, education, and assistance (202-727-8370 or ship.dacl@dc.gov).
- Through the DBH Access Helpline 1(888)-7WE-HELP

Key to the delivery of the information are partnerships with DACL, long-term care and acute care providers, and LTSS assessment and quality review contractors. These partnerships are built on a foundation of regular communication and strategic, working relationships. Streamlined and secure data systems, systematic operations, and periodic training and education are integral components.

Consistent, coordinated, and person-centered intake, enrollment and discharge processes increase people's decision-making power and reduce potential barriers to community integration. Further, streamlined processes reduce duplication and save resources that can be redirected elsewhere. In addition to providing information about Medicaid long-term HCBS during outreach and at intake, DACL provides application assistance through its Medicaid Enrollment unit, and transition coordination services through its Community Transition Program.

How does the District assess its health care and wellness programs and services?

The Department of Health Care Finance (DHCF) assesses its long-term care services in accordance with federal regulations and requirements established by the U.S. Centers for Medicare and Medicaid Services (CMS). Continued federal funding from CMS is contingent upon the adherence to these guidelines and is critical to continuing long-term home and community-based services.

For HCBS provided through the District's 1915 (c) EPD waiver, DHCF assesses performance quarterly through measures approved by CMS under six established assurances:

1. Level of care
2. Person-centered planning and service delivery
3. Qualified providers
4. Health and welfare
5. Administrative authority
6. Financial accountability

These measures are the most relevant to this *Olmstead Community Integration Plan* and tracked by the District Government annually.

DHCF's Long Term Care Administration (LTCA) provides oversight monitoring of compliance in the HCBS programs. When HCBS providers underperform on a measure, LTCA implements an Opportunity for Improvement Plan (OFIP) through its Oversight and Monitoring Division. Using the OFIP, providers can indicate planned corrective actions, and LTCA can monitor their implementation. When there is a delay in identifying or implementing corrective actions, LTCA implements sanctions to ensure improved performance. Additionally, DHCF's Division of Quality and Health Outcomes closely monitors the performance of the waiver and works with LTCA to implement continuous quality improvement strategies.

DHCF also improved its real-time access to Medicaid claims, enrollment, assessment, and incident data through its Medicaid Data Warehouse and case management database, DC Care Connect. This data is used regularly by LTCA's Operations Division to assess programmatic performance, identify areas for improvement, and assure quality service delivery.

DHCF implemented an online Complaint Tracking System that went live in the second quarter of Calendar Year 2017. A more specific protocol was developed for EPD Waiver reportable incidents and serious reportable incidents as outlined in the amended EPD Waiver regulation, involving Home Health Agencies, Assisted Living Facilities, Adult Day Health Programs and Case Management Agencies. Technical assistance is provided on monthly basis (and as needed) to help providers improve the overall timeliness with notifying DHCF and other service providers of an incident within 24-hours or the next business day. DHCF has assisted providers to understand and adhere to the requirements of initiating and completing investigations for all critical incidents for both serious reportable incidents and reportable incidents. DHCF continues to analyze incident report data and provide feedback to providers and the LTCA monitoring team as they conduct oversight visits.

DBH monitors the quality of MHRS and SUD services through a combination of programmatic reviews of fidelity, monitoring of key performance indicators (KPI) and claims audits. Evidenced based programs such as Community Based Intervention (CBI II and III) Multi-Systemic Therapy (MST) and Family Functional Therapy (FFT) are monitored and tracked in collaboration with our contractor, Evidenced Based Associates. DBH offers targeted technical assistance to our network of providers through the Division of Provider Relations based on performance.

Specific Olmstead Health Care and Wellness Metrics
Tracked by the District Government Quarterly¹⁹

Guiding Principle: DC residents are supported in transition from institutional settings or facilities to home and community-based settings.			
Strategy	Program or Service	Lead Agency	Metric
2.1	Nursing Facility Transition	DACL	Number of referrals from Nursing Facilities
2.2	Nursing Facility outreach	DACL	Number of nursing facility family/resident council meetings attended at nursing facilities (to include virtual events during the PHE)
2.3	Nursing Facility Transition	DACL	Number of nursing facility transition team clients transitioned from nursing facilities into the community
2.4	Nursing Facility Transition	DACL	Number of Community Transition Team cases closed
2.5	Nursing Facility Transition	DACL	Average days to transition (for clients who do not have housing to return to)
2.6	Nursing Facility Transition	DACL	Average days to transition (for clients who have housing to return to)
2.7	Saint Elizabeths Hospital transition	DBH	Number of people discharged from Saint Elizabeths Hospital and PRTFs quarterly into community housing
2.8	Substance use disorder residential treatment clinics	DBH	Percentage of substance use disorder residential treatment clients who stepped down to a lower level of care

¹⁹ <https://odr.dc.gov/page/2021-agency-quarterly-reports>

Guiding Principle: Quality, Accessible, Person-Centered, home and community-based services are necessary for DC residents with disabilities to live and remain in the community.

Strategy	Program or Service	Lead Agency	Metric
2.9	Elderly and Persons with Physical Disabilities Waiver	DHCF	Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home
2.10	EPD Waiver/State Plan Home and Community Based Services	DHCF	Number of people directly transitioned to Medicaid Home and Community-Based Services without DC Aging and Disability Resource Center transition assistance after a 90+ day stay in a nursing facility or hospital
2.11	Nursing Home Surveys	DOH	Number of surveys conducted ≤ 15.9 months.
2.12	Nursing Home Inspections	DOH	The type and number of surveys conducted
2.13	Notice of Infractions	DOH	Number of NOIs issued within 90 days for E level deficiencies and above or G level and widespread
2.14	External Affairs and Communications Team	DACL	Number of community outreach events held by the External Affairs and Communications Team to include virtual programming attendees during the public health emergency (PHE)
2.15	Senior Wellness Centers	DACL	Number of residents participating in Senior Wellness Center programs (not unduplicated)
2.16	State Health Insurance Program	DACL	Number of State Health Insurance Program-specific Events to include virtual events during the PHE

Guiding Principle: Quality, Accessible, Person-Centered, home and community-based services are necessary for DC residents with disabilities to live and remain in the community.

Strategy	Program or Service	Lead Agency	Metric
2.17	Nutrition Assistance	DAACL	Number of clients receiving nutrition assistance (to include both congregate meal participants and home delivered meal participants)
2.18	Medicaid Adult Day Health Program	DHCF	Number enrolled in the Medicaid Adult Day Health Program
2.19	Options Counseling	DAACL	Number of clients receiving options counseling
2.20	State Health Insurance Program	DAACL	Number of clients assisted under the State Health Insurance Program
2.21	Medicaid Long Term Services and Supports	DHCF	Number of assessments for Medicaid Long Term Services and Supports
2.22	Services My Way – EPD Waiver	DHCF	Number of people enrolled in Services My Way, the participant-directed services option under the Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program
2.23	EPD Waiver	DHCF	Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who received services specified in their individual support plan in accordance with type, scope, amount, and frequency
2.24	EPD Waiver	DHCF	Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who have service plans that address personal goals

Guiding Principle: Quality, Accessible, Person-Centered, home and community-based services are necessary for DC residents with disabilities to live and remain in the community.

Strategy	Program or Service	Lead Agency	Metric
2.25	Healthcare Management Plans	DDS	Percentage of Healthcare Management Plans that meet published standards
2.26	Individual Service Plans (ISP)	DDS	The percentage of ISPs that are completed before the ISP effective date per year
2.27	EPD Waiver	DHCF	Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who have service plans that address health & safety risks
2.28	EPD Waiver	DHCF	Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community-Based Waiver complaints investigated within 7 days of receipt of complaint
2.29	EPD Waiver	DHCF	Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program beneficiaries' critical incidents, where follow-up to resolve contributing factors in the incident is implemented in 30 days
2.30	DDS Waivers	DDS	Percentage of applicable waiver providers currently receiving an annual certification
2.31	Fidelity Audits	DBH	Percentage of providers complying with full fidelity standards for evidence-based services, including CBL
2.32	PRTF Admissions and Discharges	DBH	Number of children and youth admitted and discharged from PRTF quarterly to community-based setting

Guiding Principle: Quality, Accessible, Person-Centered, home and community-based services are necessary for DC residents with disabilities to live and remain in the community.

Strategy	Program or Service	Lead Agency	Metric
2.33	Behavior Health Services Audits	DBH	Percentage of denied claims on annual audits; compliance with DBH regulations for service delivery

PRIORITY AREA 3: EMPLOYMENT

Since December 22, 2014, the District of Columbia has been an Employment First State.²⁰ Under the Employment First philosophy, competitive, integrated employment is the first and overwhelmingly preferred option for working-age youth and adults with disabilities, regardless of the complexity or severity of their disabilities. The other main tenets of Employment First are that:

- Employment services are tailored and customized to a person’s needs, interests, and skill set with the ultimate goal of achieving long-term employment in a competitive business or organization, or self-employment.
- Employment is at the prevailing wage, and never less than minimum wage.
- The employee has ample opportunities to integrate and interact with his or her coworkers, the public, and/or customers without disabilities.²¹

Competitive, supported, and integrated employment fosters independence and a greater connection with the community. District government agencies have strategic initiatives and objectives aimed towards helping residents strengthen career building skills, gain competitive employment outcomes, and secure economic independence and security. Job skills training begins in high school, and the Department on Disability Services, Rehabilitation Services Administration (DDS/RSA) partners with local schools to provide a wide range of job skills training from high school onward.

DDS’ Rehabilitation Services Administration (RSA) focuses on employment. RSA Employment Coordinators assist residents with disabilities in the RSA “resource room” and at the Department of Employment Services’ (DOES) American Job Centers, where residents with disabilities can find support with job skills, resumes and interviews, and be matched with employers.

²⁰ DDS Policy 2014-DDS-EMPL-01 | dds (dc.gov)

²¹ Employment First Policy | dds (dc.gov)

Olmstead Community Integration Plan
Guiding Principle for Employment

What are the guiding principles embraced in the Olmstead Community Integration Plan for Employment?

District residents with disabilities have access to integrated and competitive supported employment.

What existing programs and services support our District residents with disabilities in obtaining integrated and competitive supported employment?

The District utilizes multiple programs and services to assist our District residents with disabilities in obtaining integrated and competitive supported employment. These programs and services are described, as followed:

- A. Pre-Employment Transition Services
- B. Youth Summer Employment
- C. Internships
- D. Employment Services
- E. American Job Centers
- F. Training Employment Readiness and Supported Employment Providers

A. Pre-Employment Transition Services

Preparation for competitive supported employment begins in high school. The Workforce Innovation and Opportunity Act (WIOA), enacted in July 2014, expanded youth transition services to include a new category called Pre-Employment Transition Services (Pre-ETS). Pre-ETS are available to help all students with disabilities identify career interests and to learn skills in preparation for transition to competitive integrated employment or postsecondary education. In partnership with local schools, DDS/RSA ensures that all transition-age students with disabilities have access to Pre-ETS. A student with disabilities does not have to apply for vocational rehabilitation services in order to receive Pre-ETS. Pre-employment transition services include:

- Job exploration counseling.
- Work-based learning experiences, such as in-school or after school opportunities, in the most integrated environment possible.
- Counseling on opportunities at institutions of higher education.
- Workplace readiness training to develop social and independent living skills.
- Instruction in self-advocacy (including instruction in person-centered planning).

RSA has an employment specialist position who coordinates with the Workforce Development Center at the River Terrace Education Campus. The employment specialist hosted several Pre-ETS workshops during 2020 to support students with intellectual and developmental disabilities.

B. Youth Summer Employment

Every summer, RSA works with a provider to recruit for JumpStart, a summer program that supports students who are both participants in the Marion Barry Summer Youth Employment Program and individuals with significant disabilities. In summer of 2020, DOES and RSA established an MOU to provide competitive wages for participants who have disabilities.

C. Internships

Project SEARCH continues to prepare interns with skills that match labor needs in today's workforce. DC Project SEARCH is a partnership between the Seeking Equality Empowerment and Community (community rehabilitation provider), DC Public Schools, Ivymount School, DC DDS/RSA, as well as the following host businesses: National Institutes of Health, Smithsonian Institution, Capital Area Hilton/Embassy Suites DC, and Montgomery County Government.

D. Employment Services

DBH and RSA coordinate services for individuals with mental health disabilities via the evidence-based supported employment unit. The supported employment program is a service that is integrated into the vocational rehabilitation program. Evidence-based supported employment specialists provide job development, job placement and job stabilization services to aid in increasing the number of employment placements in the field. Vocational rehabilitation counselors meet with treatment teams and the individuals receiving treatment. The unit supervisor regularly meets with the DBH program manager to ensure service delivery is seamless.

RSA employment coordinators work to provide job readiness training, resume building skills, job search understanding, and job workshops four days a week in the RSA "Resource Room." The coordinators pair training with individualized plans for employment goals to help clients to meet their goals. The coordinators also distribute employer surveys to learn the skills employers are seeking, and to match the employer with the right employee.

In addition to the usage of the resource room and applicable job readiness training, RSA employment coordinators are stationed in the American Job Centers (AJCs) for greater accessibility to District residents.

E. American Job Centers

DOES' AJCs connect job seekers with resources such as workshops, skills trainings, and employer referrals. The AJCs partner with RSA to ensure people with disabilities are assisted in their path to employment.

Services provided include:

- Initial assessment
- Referrals to DDS services
- Workshops on resumes and interviewing techniques
- Workshops on training providers and performance outcomes
- Support and instruction for conducting internet job searches
- Career counseling
- Staff-assisted job search
- Employer pre-screening
- Staff-assisted provision of labor market research
- External job referral by staff

F. Training Employment Readiness and Supported Employment Providers

As part of the support for capacity building, DDS will be offering Developmental Disabilities Administration (DDA) employment readiness and DDA and RSA supported employment providers an opportunity to become Association of Community Rehabilitation Educators (ACRE) certified trainers, so that they can train staff in those programs. DDS has revised ACRE's curriculum to provide relevant DC resources. ACRE's curriculum is designed to improve employment services for individuals with disabilities by providing competency-based training to professionals working in this field. The curriculum also has an emphasis on customized employment. This training continues to support a strong provider network, building individuals' capacity to implement best practices, with a focus on providers of supported employment, employment readiness, individual placement and support services, job readiness, and individualized plans for employment services.

How does the District spread the word about its employment resources and services?

The Workforce Investment Council²² and the District's Core WIOA partners developed the *Access DC* booklet²³, which provides information regarding employment services available to District residents with disabilities. The booklet includes services offered by the Office of the State Superintendent of Education, the University of the District of Columbia, DHS, DCHA, DOES, DDS, and RSA.

DC residents with disabilities may also visit RSA Employment Coordinators at the American Job Centers to receive the services described earlier in this section.

²² [|dcworks](#)

²³ [Access DC!](#)

How does the District assess its employment programs and services?

RSA, DOES, and other agencies are responsible for developing a performance plan that details the mission, objectives and strategic initiatives that align with the goals of the Mayor's Office. These plans provide a measurable goal for agencies to assess overall effectiveness of the work as it relates to the objectives in their performance plan.

Through the consistent review of program participant case-level information, DDS staff work to ensure all case records are updated with the appropriate data.

Specific Olmstead Employment Metrics
Tracked by the District Government Quarterly²⁴

Guiding Principle: DC residents with disabilities have access to competitive supported employment.			
Strategy	Program/Services	Lead Agency	Metric
3.1	Supported Employment Unit and RSA Employment Coordinators	DDS	Average hourly wage of people employed more than 90 days
3.2	Supported Employment Unit and RSA Employment Coordinators	DDS	Percentage of people successfully employed who remain employed for 90 days or more. Target is 46% annually
3.3	Pre-Employment Transition Services	DDS	Percentage of high school students ages 16-22 with disabilities who receive at least one pre-employment transition service each school year: Target is 75% annually
3.4	American Job Centers	DOES	Total Number of services provided to individuals with Disability
3.5	American Job Centers	DOES	Employment Rate 2nd Qtr. after exit for Individuals with a Disability
3.6	American Job Centers	DOES	Employment Rate 4th Qtr. after exit for Individuals with a Disability
3.7	American Job Centers	DOES	Median or Average Wages 2nd Qtr. after exit for Individuals with a Disability
3.8	Supported Employment	DBH	Number of enrolled individuals who receive and successfully complete Supported Employment; percentage of providers meeting annual fidelity standards.

²⁴ <https://odr.dc.gov/page/2021-agency-quarterly-reports>

SECTION III: NEW PARTNERS

District services like transportation, recreation, libraries, and reentry services for incarcerated residents and returned citizens that are outside the health and human services domain help District residents with disabilities participate and sustain a sense of belonging in the communities. Transportation services play a vital role in getting people to life-sustaining medical appointments, legal proceedings, and other personal matters that must be attended in person. More importantly, the ability to experience and utilize public services, such as transportation, recreation, and libraries are key to living a complete life; connecting and forming relationships with people outside service systems and medical settings, while experiencing meaningful interactions, enriching activities, and doing so with dignity and independence. Moreover, ensuring that currently incarcerated District residents and returned citizens living with disabilities are provided with sufficient resources is critical for increasing the likelihood of successful for community reintegration. This commitment to making a full life accessible to all District residents is fundamental to the implementation of the new *2021-2024 Olmstead Community Integration Plan*.

Olmstead Community Integration Plan Guiding Principles for New Partners

What are the guiding principles embraced in the Olmstead Community Integration Plan for new partners?

1. District residents with disabilities can participate in leisure and social activities and feel connected with their neighborhoods and communities.
2. District residents with disabilities have access to the services, programs, and activities of the District by ensuring accessible and safe modes of private and public transportation.
3. Incarcerated District residents and returned citizens with disabilities have access to resources supporting their reentry to the community upon release.

How does the District support our Residents in participating in leisure and social activities and connecting with their neighborhoods and communities?

Age Friendly DC and the DC Public Library Center for Accessibility share a commitment to ensuring all residents can live a vibrant, connected life in the community.

A. Age Friendly DC

Age Friendly DC²⁵ is part of an international effort to respond to the significant demographic trends of urbanization and population aging. The Age Friendly DC Initiative shares many goals with the *Olmstead Community Integration* and has three pillars:

- *Built Environment* – Increased accessible and safe outdoor spaces, transportation, and housing.
- *Changing Attitudes about Growing Older* – Greater access to leisure, cultural, civic, and social activities as well as more multigenerational interaction and dialogue.
- *Lifelong Health and Security* – Emphasis on emergency preparedness, abuse prevention, lifelong learning, caregiving, community support and public safety. More information can be found at www.agefriendly.dc.gov.

B. DC Public Library Center for Accessibility

The Center for Accessibility²⁶ provides all customers with disabilities equal access to library resources and services at all DC Public Library branches. The Center for Accessibility staff work to provide disability-related cultural programming, book clubs, and accessible game nights throughout the year as well as classes in American Sign Language and Assistive Technology.

Individuals with disabilities are encouraged to participate in District library programs, services, and Board of Trustees meetings. Requests for ASL, CART, or other reasonable

²⁵ [agefriendly \(dc.gov\)](http://agefriendly.dc.gov)

²⁶ Center for Accessibility | dclibrary.org

accommodations can be made by email at DCPLaccess@dc.gov or by telephone at 202-727-2142.

Services offered include:

- American Sign Language Classes
- Assistive Technology Support and Services
- DC Talking Book & Braille Service
- Library by Mail (Formerly LSTAR)
- National Federation for the Blind (NFB) Newslite

How does the District promote access to services, programs, and activities by ensuring accessible and safe modes of private and public transportation?

The District's Department of Transportation and Department of For-Hire Vehicles help residents move across the city whether walking, driving, riding, biking, or taking transit. These agencies support people with disabilities through creation of accessible infrastructure and operation of ride programs.

A. District Department of Transportation (DDOT)

DDOT is committed to the *2021-2024 Olmstead Community Integration Plan*. As part of these efforts, the District will include a Transportation Priority to assist with the removal of barriers within the Public Rights-of-Way (PROW) and creating accessible connections to every part of the District.

Mobility and accessibility goals include:

- *Accessible building entrances* – DDOT will work with the Office of Planning to create guidelines that will allow property owners, developers, and designers to have accessible building entrances and connection to PROW.
- *Safe and accessible sidewalks* – As part of maintenance construction work, DDOT will repair and address physical barriers in approximately 160 to 320 blocks of sidewalk per year to ensure pedestrians have accessible routes to buildings.
- *Accessible transit stops* – DDOT will work to eliminate physical barriers within or surrounding the transit stops and ensure a pedestrian can access the boarding area and have connection to the nearest pedestrian access route.
- *Accessible short-term parking* – DDOT is transitioning the pick-up/drop off (PUDO) zone pilot program to a formal DDOT short-term parking program. The PUDO zone pilot program does not allow short-term or time-limited parking, only the loading and unloading of passengers. The objective is to increase accessibility and safety for individuals with disabilities by allowing them time to park at dedicated accessible parking spaces displaying the international symbol of accessibility. The short-term parking program will also allow the District to meet the needs of on-demand rideshare and delivery services. The next phase of testing will begin in the coming months to identify pilot locations with the goal of finalizing the program by Q3 of FY23.

- *Bicycle Lanes* – As of the end of 2020, there are 16.6 miles of protected bicycle lanes (PBL) in the District and DDOT plans to install an additional 20 miles of PBL by the end of 2022. This will provide a higher transportation network for bicyclist and promote other safe methods of transportation for individuals with disabilities.

B. Department of For-Hire Vehicles (DFHV)

DFHV has several programs that provide transportation to people with disabilities and help them live and get around in their communities and neighborhoods, including:

- *Transport DC*²⁷ – Transport DC provides same day service to eligible MetroAccess customers. Transport DC provides unrestricted rides for the first 15 days of the month and rides only for employment and medical services during the remainder of the month. The cost is \$5 per ride. TransportDC provides trips 24 hours a day, 7 days a week. On October 1, 2021, the TransportDC program will be changed; each user will have 10 one-way trips per month, but trip restrictions will be lifted and the fare will be raised from \$5 to \$7. For more information, go to dfhv.dc.gov/service/transport-dc. Book your ride by calling 1-844-322-7732.
- *VetsRide*²⁸ – An on-demand, shared ride program for low-income DC veterans, in partnership with the Mayor’s Office of Veterans Affairs (MOVA). This program can be used for transportation to doctor’s appointments, resident’s place of employment, or housing services. Four rides per month are allowed. Veterans may call the MOVA Office at: (202) 724-5454 to see if they are eligible for this program.

How does the District provide access to services for incarcerated District residents with disabilities to promote successful reentry?

The District Department of Corrections (DOC) helps residents who are nearing return to the community for successful re-entry and reduce the likelihood of recidivism. Many of these programs assist individuals with disabilities, including:

- *READY Center*²⁹ – The Resources to Empower and Develop You (READY) Center is a consolidated location that engages residents prior to their release to share information about available services by providing an interest form, conducting screenings to determine needs, and connecting them with community-based organizations including DBH and DOES.
- *ReEntry Program* – This program is open to any DOC resident with a projected or tentative release date who is charged with a misdemeanor and helps identify

²⁷ [Transport DC | dfhv \(dc.gov\)](https://dfhv.dc.gov)

²⁸ [VetsRide | dfhv \(dc.gov\)](https://dfhv.dc.gov)

²⁹ [READY Center | ddoc \(dc.gov\)](https://ddoc.dc.gov)

treatment, programs, and resources, such as housing and medical services, to help them transition to a productive community life upon release.

- *Residential Substance Abuse Treatment Program (RSAT)* – This program provides substance use treatment programs for incarcerated individuals and returned citizens. Treatment services are identified at intake or any point during the individual’s stay by a Unit Health Care provider, who links them to appointments and referrals prior to release to ensure continuity of care.

Specific Olmstead New Partners Metrics Tracked by the District Government
Quarterly³⁰

Guiding Principle: District Residents can participate in leisure and social activities and feel connected with their neighborhoods and communities.			
Strategy	Program or Service	Lead Agency	Metric
4.1	Age Friendly DC	DMHHS, Age Friendly	Percent of strategies progress or accomplished on the Age-Friendly DC dashboard.
4.2	Center for Accessibility	DCPL	Number of community outreach events held by the DC Public Library, to include virtual programming

Guiding Principle: District residents with disabilities have access to the services, programs, and activities of the District by ensuring accessible and safe modes of private and public transportation.			
Strategy	Program or Service	Lead Agency	Metric
4.3	Accessible building entrances	DDOT	Develop accessibility guidelines for alteration and improvements to building entrances and terraces that allow access to persons with disabilities.
4.4	Safe and Accessible sidewalks	DDOT	Implement sidewalk repairs to create safety and accessible paths of travel.
4.5	Accessible transit stops	DDOT	Improve transit stops to be compliant with accessibility guidelines and create connectivity to sidewalk and intersections
4.6	Accessible short-term parking spots	DDOT	Improve the accessibility and safety of the curbside use by increasing the number of short-term accessible parking spots
4.7	Bicycle Lanes	DDOT	Improve the connectivity and access to bicycle lanes and shared use paths by increasing the miles

³⁰ <https://odr.dc.gov/page/2021-agency-quarterly-reports>

Guiding Principle: District residents with disabilities have access to the services, programs, and activities of the District by ensuring accessible and safe modes of private and public transportation.			
Strategy	Program or Service	Lead Agency	Metric
			of protected bicycle lanes and trails in the District.
4.8	Transport DC and VetsRide	DFHV	Number of Rides provided by DFHV transportation pilots and program
4.9	Implementing the District's Public Rights-of-Way and Path of Travel Regulations /Program	OP, DDOT	Number of building sites assessed by OP/DDOT for accessibility of path of travel

Guiding Principle: Incarcerated District residents with disabilities have access to the services, programs, and activities of the District to promote successful community reentry upon release.			
Strategy	Program or Service	Lead Agency	Metric
4.10	ReEntry Program Effectiveness	DOC	Percent reduction in the 12-month rate of return to DOC of ReEntry program participants (annual measure).
4.11	RSAT Program Effectiveness	DOC	Percent reduction in the 12-month rate of return to DOC of RSAT program participants (annual measure).
4.12	Ready Center Services	DOC	Number of residents actively receiving Ready Center services on bi-annual basis.

SECTION IV: CONCLUSION

The 2021-2024 *Olmstead Community Integration Plan* builds on progress made since the District's 2017 *Olmstead Plan* and incorporates conversations with the community and District government partners. This *Plan* serves the dual purpose of fulfilling the District's legal mandate under *Olmstead* of having a "comprehensive, effectively working plan" to move people from institutional settings and into the community as well as serving as a resource guide to residents, families, and advocates wanting to learn more about options for living and working in the community. To establish the efficacy of its efforts, the District is collecting and reporting the metrics listed in this *Plan* on a quarterly and annual basis.

This *Plan* operates in tandem with the new Olmstead Metrics Dashboard, which provides visualization of the quarterly and annual metrics the District is tracking and allows the community to see measurable progress in housing, healthcare and wellness supports, and employment.³¹ Moreover, the metrics illustrate how the District enables residents with disabilities to remain in their preferred setting without needing the support of a segregated environment.

The Dashboard will enable the public to assess the efficacy of the District's *Plan* over both distinct quarters and full years. The Dashboard is an illustration of the District's commitment to providing clear and transparent reporting of its efforts under this *Plan* to the public. The visualization of quarterly and annual data as well as the resulting trends enables the District to identify and address deficiencies in a timely manner.

A commitment to community living goes beyond publishing the *Olmstead Plan*. This is a dynamic, living document that will continue to grow and be expanded on to increase integration for all District residents with disabilities. The metrics included in this *Plan* were identified using agencies' FY21 performance plan. In creating the *Plan*, members of the Olmstead Working Group identified additional metrics to track beginning FY22 and beyond, and opportunities to adjust metrics to help the public better understand progress, such as using percentages of people served rather than numbers.

³¹ <https://odr.dc.gov/page/2021-agency-quarterly-reports>

Appendix A Acronyms

ACRE	Association of Community Rehabilitation Educators
ADA	Americans with Disabilities Act
ADHP	Adult Day Help Program
ACRC	Aging and Disabilities Resource Center
ALF	Assisted Living Facility
AJC	American Job Centers
CAPH	Coordinated Assessment and Housing Placement System
CBO	Community-based Organization
CMS	Centers for Medicare and Medicaid Services
CRF	Community Residential Facilities
CTP	Community Transition Program
DACL	Department of Aging and Community Living
DBH	Department of Behavioral Health
DCHA	DC Housing Authority
DCPL	DC Public Libraries
DDA	Developmental Disabilities Administration
DDOT	DC Department of Transportation
DDS	Department on Disability Services
DOC	Department of Corrections
DHCD	Department of Housing and Community Development
DFHV	Department of For Hire Vehicles
DHCF	Department of Health Care Finance
DHS	Department of Human Services
DMHSS	Office of the Deputy Mayor for Health and Human Services
DOES	Department of Employment Services
DOH	DC Health
DPR	Department of Parks and Recreation
DQHO	Department of Quality and Health Outcomes
EPD	Elderly and Persons with Physical Disabilities Waiver
ESG	Emergency Solutions Grant Program
FRSP	Family Rehousing and Stabilization Program
FSA	Family Services Administration
HCBS	Home and Community-Based Services
HOPWA	Housing Opportunities for People with AIDS Program
IDD	Intellectual and Development Disabilities
IIC	Individual-In-Care
KPI	Key Performance Indicator
LTCA	Long-Term Care Administration
LTSS	Long-Term Supports and Services
MDS	Minimum Data Set

MES	Medicaid Enrollment Specialist
MHCRF	Licensed Mental Health Community Residential Facilities
MFP	Money Follows the Person
MOU	Memorandum of Understanding
MOVA	Mayor's Office of Veteran Affairs
NFB	National Federation for the Blind
NOFA	Notice of Funding Availability
NWD	No Wrong Door
ODR	Office of Disability Rights
OFIP	Opportunity for Improvement Plan
OP	Office of Planning
PCA	Personal Care Aide
PEP-V	Pandemic Emergency Program for (Medically) Vulnerable Individuals
Pre-ETS	Pre-Employment Transition Services
PROW	Public Rights-of-Way
PSH	Permanent Supportive Housing Program
RSA	Rehabilitation Services Administration
RSAT	Residential Substance Abuse Treatment
SHE	St. Elizabeths Hospital
SILP	Supported Independent Living Program
SR	Supportive Residence
SRO	Single Room Occupancy
SRR	Supportive Rehabilitative Residence
TAH	Targeted Affordable Housing Program
TAY-SPDAT	Transition Age Youth Service Prioritization Decision Assistance Tool
THP	Tradition Housing Program
VWFRC	Virginia Williams Family Resource Center
WIOA	Workforce Innovation and Opportunity Act
YSD	Youth Services Division

Appendix B Residents Served

Congregate Settings

Nursing Facilities

Nursing facilities, regulated by the Department of Health, provide both short-and long-term care for individuals who require skilled nursing, supervision, and assistance with activities of daily living. The District does not directly operate any nursing facilities. Medicaid is the single largest payer for nursing facility services, along with Medicare and private pay.

District residents served in fiscal year 2020:

- 4,164 District residents served
- 6,574 Nursing facility bed capacity

Intermediate Care Facilities (ICFs)

ICFs for people with intellectual and developmental disabilities (ICF/IDD) provide comprehensive residential, day, clinical and medical services by a certified provider.

District residents served in fiscal year 2020:

- 311

Mental Health Community Residential Facilities (MHCRF)

The Department of Behavioral Health operates assisted living facilities, called Mental Health Community Residence Facilities.

District residents served in fiscal year 2020:

- Intensive Residence (IR) – 13
- Supportive Rehabilitative Residence (SRR) – 195
- Supportive Residence (SR) – 459

St. Elizabeths Hospital

The hospital provides individualized treatment services to adults suffering from medical, cognitive, and psychiatric symptoms as well as age-related chronic illnesses that substantially compromise their quality of life.

District residents served in fiscal year 2020:

- Bed capacity prior to COVID-19: 292
- Bed capacity during COVID-19: 259
- Average daily census: 231
- Median age: 55
- Median length of stay: 606 days.
- Demographics: 70% male, 30% female

Housing Services

DBH Supportive Housing

The locally funded Home First Program provides housing rental vouchers for individuals and families who live in the apartment or home of their choice and sign their own rental leases. The Supported Independent Living Program supports an independent home setting with services and supports to assist consumers in transitioning to a less restrictive level of care.

District residents served in fiscal year 2020:

- Home First Vouchers – 899
- Supported Independent Living – 375

DBH Local Rent Supplement Program (LRSP)

The LRSP is limited to individuals with severe and persistent mental health conditions that are enrolled in behavioral health services. The LRSP is administered by the DCHA. The program follows the eligibility requirements, rules, and regulations of DCHA's federally funded voucher program. DBH makes referrals for initial occupancy and backfill of vacancies for LRSP vouchers attached to newly renovated or developed units funded with DBH capital dollars for 25 years. The LRSP vouchers are attached to single-room occupancy units and to apartments.

District residents served in fiscal year 2020:

- 198

Home and Community Based Services

I/DD Waiver

The ID/DD Waiver offers services for individuals with developmental and intellectual disabilities offered by community providers certified by DDS.

District residents served in fiscal year 2020:

- 1,898

EPD Waiver

The Elderly and Persons with Disabilities (EPD) Waiver supports individuals who are age 65 and older, or between 18 and 64 and have a physical disability.

District residents served in fiscal year 2020:

- 4,905

Employment Services

RSA Employment Services

The Supportive Employment program services provide on-going supports to assist individuals with the most significant disabilities to maintain competitive employment in an integrated work setting.

District residents served in fiscal year 2020:

- 3,904

Appendix C
Progress from Olmstead Plan 2017-2020

Key:

CY – Calendar Year

WY – Waiver Year

DC Department of Aging and Community Living

Olmstead Community Integration for All Plan

2017-2020 Selected Performance Metrics

Number of projects completed through Safe at Home.

CY:	2017	2018	2019	2020
Projects:	700	7,755	11,298	6,702

Number of clients transitioned into the community with the help of DACL's Community Transition Program.

CY:	2017	2018	2019	2020
Clients:	60	50	62	61

Number of people receiving Options Counseling services through DACL.

CY:	2017	2018	2019	2020
People:	4,336	6,386	8,727	4,334

DC Department on Disability Services
Olmstead Community Integration for All Plan
2017-2020 Selected Performance Metrics

of people with serious mental health impairments (MHI) whose case is closed successfully after obtaining competitive integrated employment.

	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	399		317		141		97	

of people with DD/IDD whose case is closed as successful after obtaining competitive integrated employment.

	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	62		37		42		33	

of people of working age supported by DDA who received employment services from RSA.

	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	1,403		1,187		1,475		1,069	

of people supported By DBH who received employment services RSA.

	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	2,065		1,770		769		734	

DC Department of Health Care Finance

Olmstead Community Integration for All Plan

2017-2020 Selected Performance Metrics

Olmstead Metric 1: Unique enrollments in and/or claims for Personal Care Aide Services, Skilled Nursing, or Adult Day Health Program under the Medicaid State Plan and/or Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver Program within 60 days of discharge for those Medicaid beneficiaries who were discharged from a nursing facility or hospital after a 90+ day stay. Beneficiaries did not receive transition assistance from DAOL.

	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	33		45		36		53	

Olmstead Metric 2: % of EPD waiver participants who have service plans that address their health and safety risks

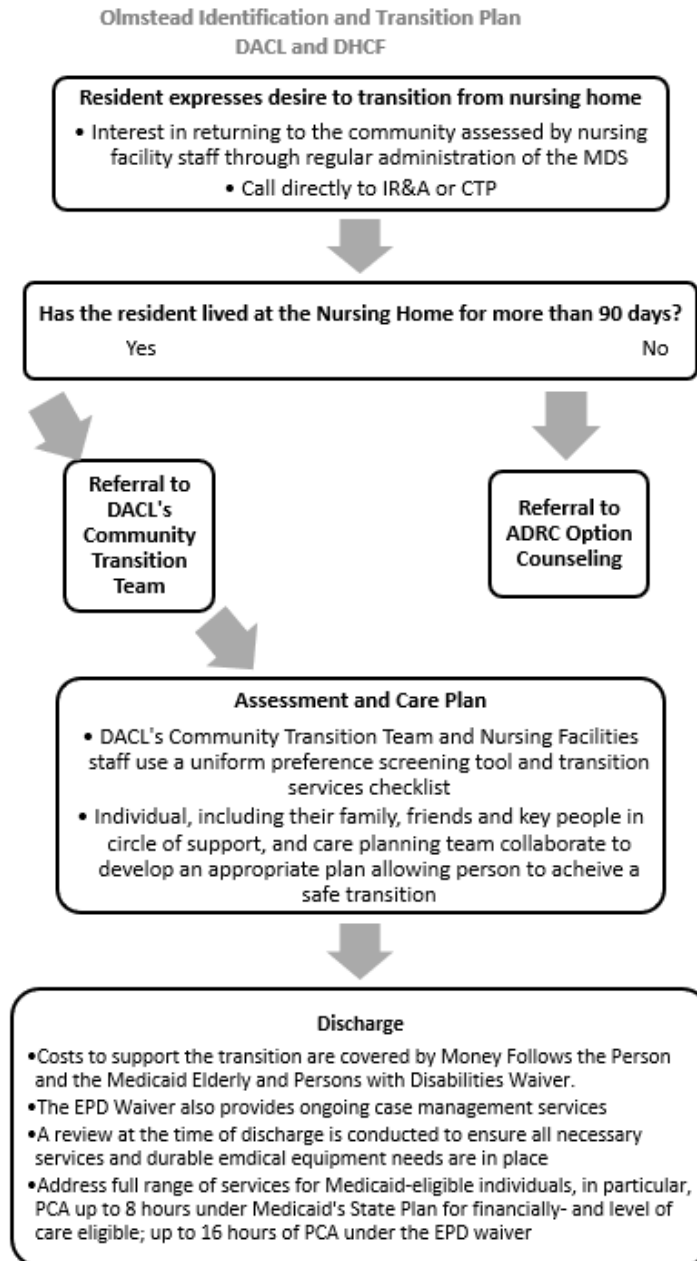
	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	38/90	42%	47/85	55%	95/138	69%	192/226	85%
WY	83/210	40%	82/151	54%	208/273	76%		

Olmstead Metric 3: % of waiver participants who received services specified in the ISP in accordance with the type, scope, amount, frequency and duration specified in the ISP

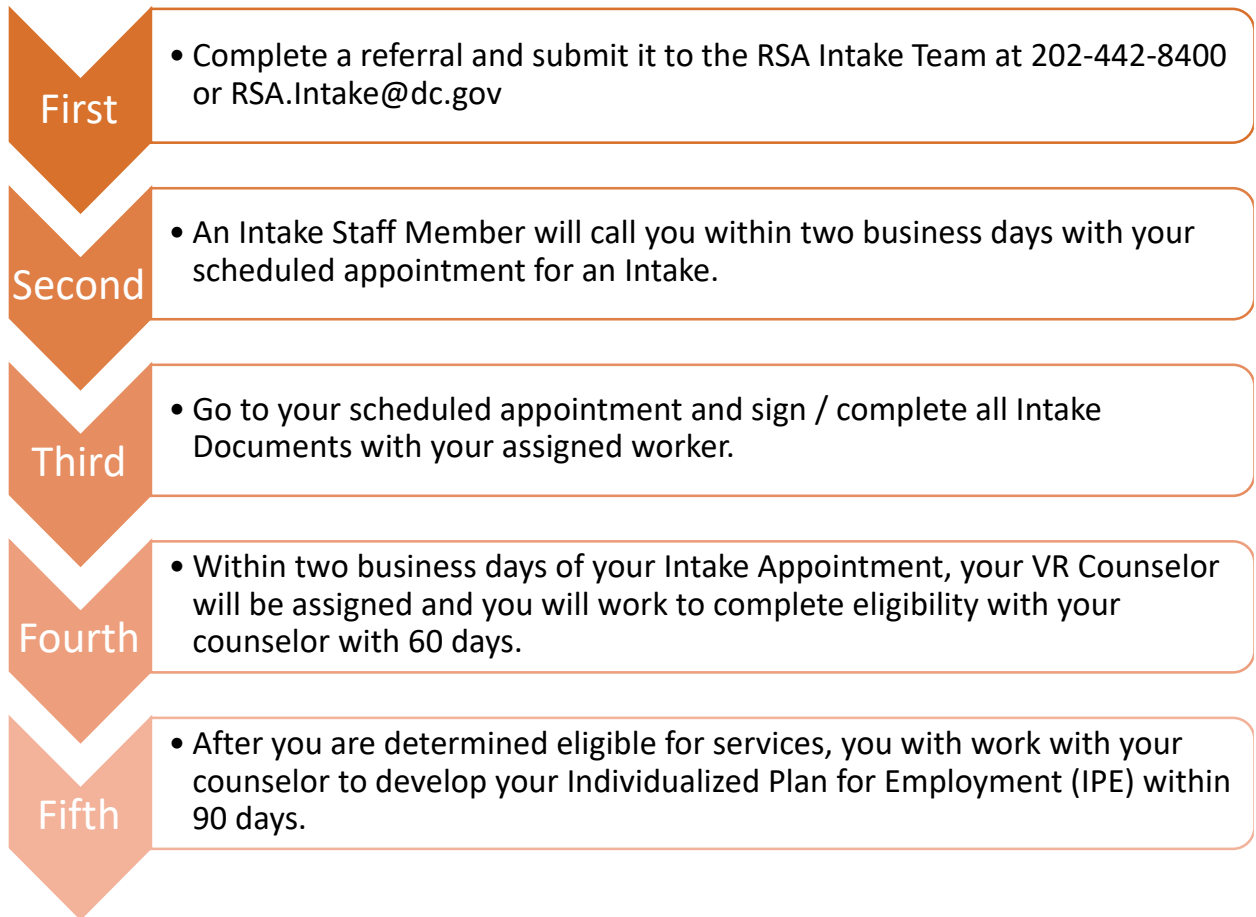
	2017		2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CY	54/90	60%	65/85	76%	123/138	93%	209/227	92%
WY	124/210	59%	105/151	70%	256/275	93%		

Appendix D

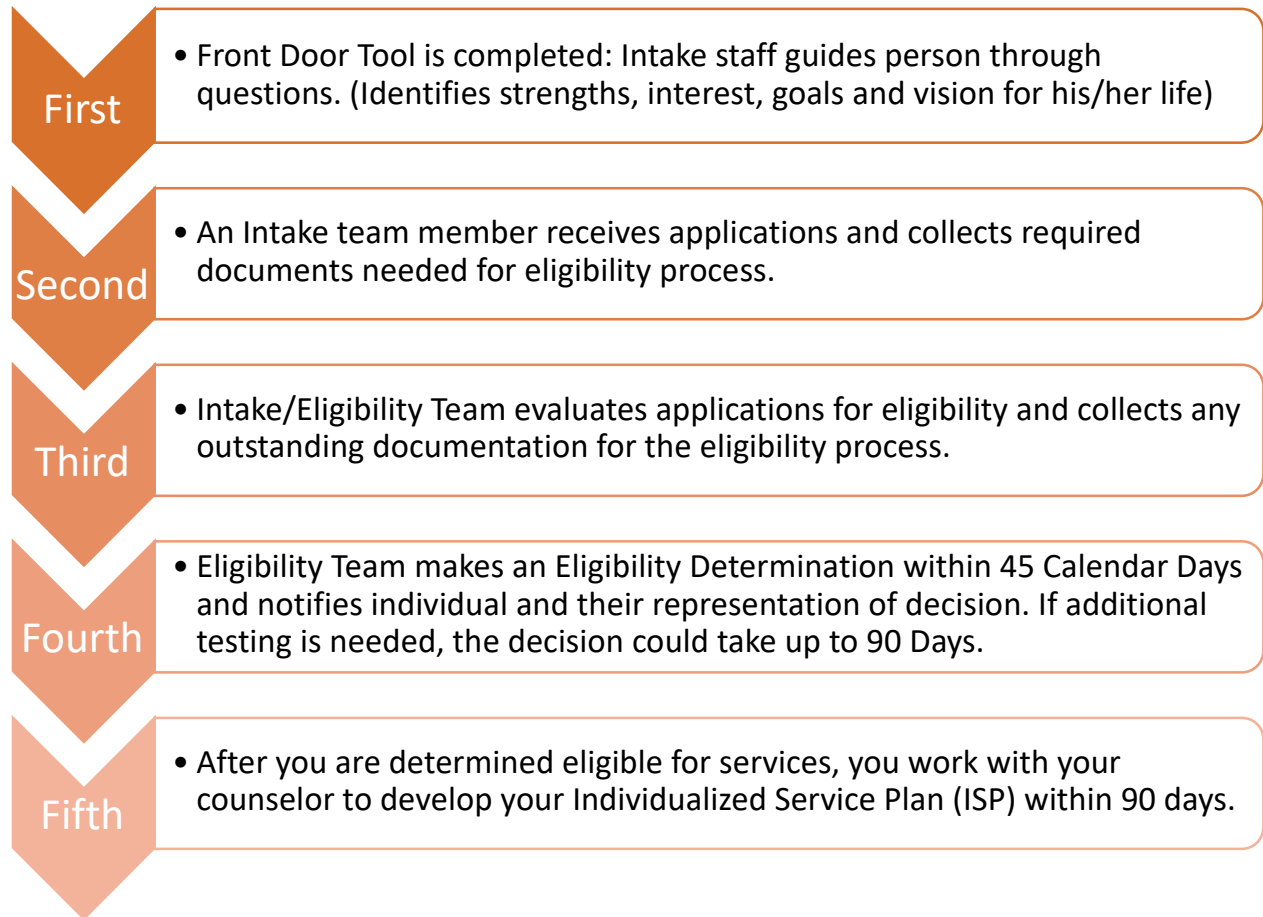
Identification and Transition Process by Agency



Vocational Rehabilitation Identification and Transition Process for DDS/RSA



DDA Identification and Transition Process for DDS/DDA



Appendix E
Government Agency Contact Information

AGENCY	PHONE	EMAIL
Age Friendly DC	(202) 727-7973	
Aging and Community Living, Department of	(202) 724-5626	dacl@dc.gov
Behavioral Health, Department of	(202) 673-2200	dbh@dc.gov
Corrections, Department of	(202) 698-4932	doc@dc.gov
Disability Services, Department on	(202) 730-1700	dds@dc.gov
Employee Services, Department of	(202) 724-7000	does@dc.gov
For-Hire Vehicles, Department of	(202) 645-7300	dfhv.dc.gov
Health Care Finance, Department of	(202) 442-5988	dhcf@dc.gov
Health, Department of	(202) 442-5955	doh@dc.gov
Health and Human Services, Office of the Deputy Mayor for	(202) 727-7973	atdeom.dmhhs@dc.gov
DC Housing Authority	(202) 535-1000	dchousing.org
Housing and Community Development, Department of	(202) 442-7200	dhcd@dc.gov
Human Services, Department of	(202) 671-4200	dhs@dc.gov
DC Public Library Center for Accessibility	(202) 727-2142	DCPLaccess@dc.gov
Transportation, District Department of	(202) 673-6813	ddot@dc.gov
Disability Rights, Office of	(202) 724-5055	odr@dc.gov