

DC *Olmstead* Community Integration Plan Update

January 2021

I. Introduction

The purpose of this document is to give an update on the District of Columbia’s current *Olmstead* Plan and its next iteration. The District’s *Olmstead* Plan, is a series of goals and priorities the District must achieve under the law for people with disabilities to live in the community, in the most integrated setting possible. In such settings, we believe persons with disabilities will be able to live the most successful, happy and fulfilling lives possible. Congress has defined the “most integrated setting” as one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” Living in the community lets people with disabilities work in competitive employment earning market-rate wages; build and maintain relationships with family and friends; and to otherwise participate fully in community life. The District’s Plan is based on the 1999 mandate in the seminal *Olmstead v. L.C.* Supreme Court case, which held that unjustified segregation of people with disabilities in institutions, when they are capable of and do not oppose community placements, violates Title II of the Americans with Disabilities Act (ADA).

In 2007, the DC Office of Disability Rights (ODR) was established as the District Government’s ADA compliance agency. The Disability Rights Protection Act,¹ which created the office, made ODR responsible for ensuring the District has an *Olmstead* Plan with annual goals and that any working groups who come together to create the Plan are comprised of not only District agency representatives, but also people with disabilities, their family members and community advocates for disability rights.

The proposed latest version of the District’s *Olmstead* Plan reflects feedback gathered from four community town halls held in January, February, April, and July 2020; conversations District government staff held with several advocacy groups and individual stakeholders discussing ways to improve existing service delivery to people with disabilities; and data that the District’s core *Olmstead* agencies have tracked over the past three years, since the current plan’s inception. The District’s proposed Plan has been streamlined and reorganized from previous versions to focus on three main priorities: housing, healthcare and wellness supports, and employment.

¹ D.C. Code § 2-1431.01.

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II. Overview of Stakeholder Groups and Advocacy Organizations

The District of Columbia would like to thank the many advocacy organizations and individuals who took time to weigh in on the *Olmstead* Plan either at the formal town hall stakeholder sessions or through individual conversations with District government staff. The advocacy groups that weighed in on this iteration of the Plan and their organizational descriptions include:

Legal Counsel for the Elderly, which is a nonprofit organization with a staff of dedicated attorneys and social workers who are committed to bridging the justice gap for older adults in DC. It works to prevent evictions and foreclosures; obtains Social Security, Medicaid and Veterans benefits for DC residents who are eligible to receive them; advocates for nursing home residents; prepares wills and powers of attorney; and much more.

DC Metro ADAPT, which is a national grassroots group that organizes disability rights activists to protect people with disabilities' right to live in freedom.

The Georgetown University Center for Excellence in Developmental Disabilities (GUCEDD), which is funded by the Administration for Community Living, Administration on Disabilities, Office of Intellectual and Developmental Disabilities. The GUCEDD collaborates extensively with two partner organizations, The DC Developmental Disabilities Council and University Legal Services Protection and Advocacy Program, to address the interests and needs of the District of Columbia's residents with intellectual and developmental disabilities and their families.

Innovative Life Solutions, which provides people with intellectual disabilities enhancement of their lives by participating in their communities. The organization supports people in enjoying a safe and healthy life. ILS currently provides services to 64 people residing in various homes throughout the National Capital Region.

Columbia Lighthouse for the Blind, which is a regional non-profit in the DC Metropolitan area that provides programs and services to help blind and low vision residents achieve and maintain independence.

The DC Advocacy Partners, which is a group of individuals with intellectual and developmental disabilities, who after completing an eight-month training program in policymaking, work with District

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of Columbia policymakers to improve policies affecting residents with intellectual and developmental disabilities.

Dreamers and Achievers, which is a nonprofit peer-run organization established in 2019, working to improve the quality of life for DC residents affected by mental and substance abuse.

DC Disability Community Outreach Collaborative, which is a coalition of self-advocates, non-profit advocacy organizations, service providers, and government agencies united to better serve the District's full disability community. Goals include improving the disability community's access to supportive services, including mental health services, while examining stereotypes and eradicating stigma.

Quality Trust for Individuals with Disabilities, which is an independent, non-profit advocacy organization focused on improving the lives of adults and children with developmental disabilities and their families in the District of Columbia and beyond.

National Federation of the Blind—DC Chapter, which works as part of the largest and oldest organization for the blind community to achieve equal access and opportunities for District residents who are blind or low vision.

Paralyzed Veterans of America, which is a congressionally-chartered veterans service organization founded in 1946, that has developed a unique expertise on a wide variety of issues involving the special needs of our members – veterans of the armed forces who have experienced spinal cord injury or dysfunction.

DC Center for Independent Living, which is a nonprofit organization that assists DC residents with disabilities to live independently in their homes and communities through a wide array of services, including peer counseling, information and referrals, and independent living skills courses.

DC Association of the Deaf, which is an organization that empowers Deaf residents in the District of Columbia by advocating for political, social, and economic equality.

Age-Friendly DC, which is a coordinated, comprehensive and collective-action effort with the goal of ensuring all DC residents are active, connected, healthy, engaged and happy in their environment. It is an overarching policy and community engagement framework, one that involves every aspect of life within

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three Pillars: Built Environment, Changing Attitudes about Growing Older, and Lifelong Health & Security.

DC Developmental Disabilities Council, which is an independent, community-based advisory council with members appointed by the Mayor to identify and help to address the most important needs for residents with developmental disabilities in DC.

DC Commission on Persons with Disabilities, which is a Mayoral-appointed advisory body that informs District Government on the impact of its programs, services and facilities for residents with all types of disabilities.

III. Overview of the Primary Agencies

Although many District agencies have a role in fulfilling the vision of *Olmstead* for District residents, the ones listed below are the agencies that have been tasked with the greatest responsibilities in the current 2017-2020 Plan. Under the proposed Plan, these same agencies will collaborate with partner agencies throughout District Government as well as community organizations such as the ones listed above, to address the proposed Plan's priorities. Included below is both a description of the agency's portfolio as well as its current operating posture during the public health emergency (PHE). This information reflects modifications to the way agencies deliver services during the PHE to help ensure that District residents can access the home and community-based services they need to continue living in their community.

Office of Disability Rights (ODR): As the Americans with Disabilities Act (ADA) compliance office, ODR is responsible for ensuring District resident access to government programs, benefits, and services pursuant to ADA Title II. ODR coordinates and facilitates the development and implementation of the District's *Olmstead* Plan through regular meetings with the other primary agencies to discuss progress on the goals and action steps outlined in the current Plan and to facilitate *Olmstead* related activities and opportunities for public input. Additionally, ODR publicizes agency progress reports on a quarterly basis on its website. ODR hosts multiple opportunities for public comment on the District's *Olmstead* Plan through quarterly Working Group meetings, community town halls, and the annual *Olmstead* Community Integration Conference, which the agency co-hosts with the Department of Behavioral Health (DBH). Apart from coordination of the *Olmstead* Plan, ODR advises District employees and

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residents of their rights and obligations under the Americans with Disabilities Act (ADA) and other federal and local disability rights laws.

Changes to Services During the Public Health Emergency

Americans with Disabilities Act (ADA) Complaints, Referrals, Guidance, and Information. - ODR staff are conducting intake from District employees and residents via email and/or phone. In-person intakes will resume during subsequent phases of the Public Health Emergency (PHE).

Sign Language and Braille Services –Arrangement of Sign Language and Braille Services are provided for events conducted by the Executive Office of the Mayor or District government agencies.

ADA Training and Outreach Events –ADA trainings will only be provided through online, distant learning opportunities. No outreach events will be conducted at this stage of the PHE.

Department on Disability Services (DDS): DDS oversees and coordinates services for District residents with intellectual disabilities through a network of community-based service providers. Within DDS, the Developmental Disabilities Administration (DDA) coordinates person-centered home and community services so each person can live and work in the neighborhood of their choosing. DDA promotes health, wellness and a high quality of life through service coordination and monitoring, clinical supports, and a robust quality management program. In Calendar Year 2019, DDA served approximately 2300 people. DDS’s Rehabilitation Services Administration (RSA) provides comprehensive, person-centered employment services and supports for people with disabilities, pre-employment and transition services for youth with disabilities, independent living services and services for people with visual impairments. In Calendar Year 2019, approximately 6400 clients were served by RSA.

Changes to Services During the Public Health Emergency

While COVID-19 has impacted the way we deliver services, it hasn’t changed the initiatives and priority areas that drive our *Olmstead* planning. We have initiated various protocols and procedures to ensure DDS services (and provider networks) comply with the directives set forth by Mayor’s Orders

Department of Healthcare Finance (DHCF): DHCF is the District’s Medicaid agency and the primary payer for all long-term services and supports (LTSS) the District of Columbia provides. In Fiscal Year 2019, the District spent a total of \$917,342,622 million in Medicaid funds on these services; \$275,202,787 million (or 30%) were local dollars. These funds pay for care in institutional settings

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including nursing facilities and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDDs), as well as a variety of home and community-based services (HCBS), described below. Approximately 63% of total Medicaid funds spent on LTSS were spent on home and community-based services while 37% were spent on institutional services.

Changes to Services During the Public Health Emergency

DC Medicaid's response to COVID-19 provides continued medical coverage and continued access to essential health services throughout the Public Health Emergency (PHE), whether for individuals sheltering at home or individuals exposed or infected with COVID-19. These efforts also include a number of provisions intended to ensure providers enrolled in DC Medicaid can continue to serve and support District Medicaid beneficiaries through needed care, comprehensive care coordination, and PHE-specific supports (e.g., connecting to emergency services, frequent wellness checks, etc.).

The District's Medicaid Section 1135 waiver was approved by CMS on April 3, 2020 and is effective retroactively to March 1, 2020 through the termination of the Public Health Emergency. The 1135 waiver gives DC Medicaid providers and contractors flexibilities to conduct assessments and other reviews remotely to mitigate any access issues during the PHE. Similarly, the District's Appendix K was approved by CMS on April 17, 2020 and affords similar flexibilities within the District's 1915(c) Medicaid community-based services waiver programs.

Details on DHCF's Long Term Care response to COVID-19 are outlined in a series of Informational Bulletins available at <https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>, and information about the April approval of the Appendix K is available at <https://dhcf.dc.gov/node/1473856>.

Department of Aging & Community Living (DACL): DACL provides direct services including Adult Protective Services; Information and Referral/Assistance (I&R/A); insurance counseling; support for residents completing an application for the Elderly and Persons with Physical Disabilities Waiver Program; nursing home transition services; and community social work. DACL's continuum of services is designed to offer LTSS to individuals in an easily accessible, easily understandable process. All of DACL's services may be accessed through I&R/A or through one of DACL's many community partners. DACL provides these services from a person-centered, strengths-based perspective, working to ensure residents are able to live as independently as possible in the community for as long as it is safe for them to do so.

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Changes to Services During the Public Health Emergency

Agencies attempt to provide the same or a higher level of services to our vulnerable populations through different, safer means during the PHE. Senior Wellness Centers (SWCs) and Community Dining Sites (CDSs) are suspended. Instead, all those receiving meals at meal sites have been provided home delivery of both hot and cold meals.

Social and Recreation Programs had to be suspended. This includes group trips, in-person fitness classes, and other wellness activities; however, the District has sponsored on-line and televised fitness classes daily, with numerous classes aimed at seniors.

Current participants of DACL-funded Adult Day Health programs receive reassurance calls on a regular basis from the organization providing the program, while in-person programming is postponed.

Department of Behavioral Health (DBH): DBH provides prevention, intervention, treatment services and supports for children, youth and adults with mental health and/or substance use disorders including emergency psychiatric care, detoxification and community-based outpatient services. DBH serves more than 30,000 adults, children and youth and their families each year through a network of community-based providers and unique government delivered services. DBH also operates Saint Elizabeths Hospital, which is the District's inpatient psychiatric facility. The mission of Saint Elizabeths Hospital is to provide person-centered care that is recovery-focused, consumer-driven and culturally and linguistically competent.

Changes to Services During the Public Health Emergency

DBH services continue during the pandemic through the use of telehealth services by telephone or virtual platforms, as well as limited face-to-face interactions. DBH remains open and will continue service to residents, including the following services and programs:

- 24-hour telephone access to a mental health clinician and a suicide prevention lifeline at 1-888-7WE-HELP (1-888-793-4357).
- 24-hour Comprehensive Psychiatric Emergency Program (CPEP) for voluntary and involuntary emergency psychiatric services. Call (202) 673-6495 for consultation.
- 35 K Street NE Adult Clinic for same day urgent care psychiatric evaluation and referral. Walk in 8:30 am – 3 pm or call (202) 442-4202 an appointment.
- 801 Howard Road SE Children/ Clinic for same day urgent care psychiatric evaluation and referral. Walk in 8:30 am – 5 pm or call (202) 698-1838 for an appointment.
- 35 K Street NE Pharmacy for uninsured residents from 8:30 am to 5 pm.

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- Substance Use Disorder Assessment and Referral Center (The ARC) for assessment and referral to detox, medication assisted treatment, counseling, residential treatment, and recovery supports. Walk in 7 am- 3:30 pm for same day service or call (202) 727-8473 for an appointment.
 - Children and Adolescent Mobile Psychiatric Service (ChAMPS) for emergency, on-site support for children/youth ages 6- 21 facing a behavioral or mental health crisis. Call (202) 481-1440.
 - 24-hour Community Response Team for emergency mobile support for adults in psychiatric crisis in the home or community. Call (202) 673-6495.
 - Urgent Care Clinic at the Moultrie Courthouse for walk-ins or court referrals 10 am - 2 pm, Monday – Thursday. Court emergency evaluations 9 am – 10 am and 2 pm - 5 pm, Monday - Friday.
- All certified Core Services Agencies (CSAs), Substance Abuse Rehabilitation Providers (ASARs), sub-providers and specialty providers have continued service delivery both in-person and virtually throughout the pandemic.

New services include: behavioral health services for individuals at quarantine sites; virtual Family Assistance Center for grief counseling and other support services for families who have lost loved ones to COVID-19; and School-based Behavioral Health—Clinicians have continued to provide prevention and intervention treatment services to children, youth and families virtually.

Other Agency Partners: Several other partner agencies play a significant role in ensuring that people with disabilities in transition or living in the community have access to the government programs, services, and benefits they need. These partner agencies include:

- DC Housing Authority (independent agency)
- Department of Human Services (DHS)
- Department of Employment Services (DOES)
- Child and Family Services Agency (CFSA)
- Office of State Superintendent for Education (OSSE)
- Department of for-Hire Vehicles (DFHV)
- Department of Transportation (DDOT)
- Department of Parks and Recreation (DPR)
- DC Public Libraries (DCPL)

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V. Progress since the last *Olmstead* Plan

The 2017-2020 *Olmstead* Plan identified several specific metrics and priorities for the District to meet in order to move toward a cross-agency system that is more relatable, comprehensive, and based more on an individual's preferences and concrete goals while in transition. Below is a summary of the goals from the 2017-2020 plan along with a short description of the progress the District has made toward each goal.

Priority Area 1: A Person-Centered Culture

Action Step: Develop and Implement Person-Centered Policies Across All No Wrong Door (NWD) Core Long-Term Services and Supports (LTSS) Agencies (DHCF, DDS, DBH, and DACL); add practice standards that are person-centered to the performance goals of service-planning employees in all NWD Core LTSS agencies, and develop procedures and protocols for supporting family members and others in a person's support network to ensure plans accurately and continuously reflect the individual's preferences and needs.

Progress: DDS and DACL coordinated an interagency frontline managers' workgroup aimed at achieving seamless and accurate referrals, effectively sharing resources amongst agencies, improving cross-training, and building a network of collaboration among employees who have contact with people in need of support and services at each agency's "front door." Additionally, DDS offered and completed a second train-the-trainer program in the final year of the No Wrong Door (NWD) grant. Through this training, the NWD initiative certified two new person-centered trainers and two mentors, who can assist with certifying additional person-centered thinking mentors and trainers going forward. This program allows for NWD partner agencies to have dedicated staff who can train LTSS staff and mentor new trainers. NWD also supported Person-Centered Thinking (PCT) trainer recertification courses through the implementation grant and No Cost Extension. NWD staff supported continuing education credit approvals for various professions that require ongoing professional development training, such as social workers, vocational rehabilitation counselors, and nurses. In all, a total of 2,836 people have been trained in PCT from CY2017 through the end of CY2019. Finally, the District provided Charting the LifeCourse Ambassador training for 20 core LTSS partner representatives, strategic intake and referral sources, and family members of people with intellectual and developmental disabilities. DDS is supporting this training again in 2020.

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Priority 2: Community Engagement, Outreach, and Training

Action Step: Develop and disseminate policies and protocols to increase linguistically and culturally diverse stakeholder involvement in the development, implementation and ongoing evaluation of NWD Core LTSS agencies' engagement and outreach activities; develop and disseminate policy and protocols to increase linguistically and culturally diverse stakeholder involvement in the development, implementation and ongoing evaluation of NWD Core LTSS agencies' engagement and outreach activities; and develop unified messaging and marketing “look” for outreach materials and replicate on all partner agencies' websites.

Progress: One of the District's most significant accomplishments has been the pathways forged across all partnering agencies around cultural and linguistic competency, by continuously increasing awareness and knowledge of Cultural Linguistic Competence (CLC). DC NWD staff and partners have worked with Georgetown University's National Center for Cultural Competence (NCCC) to complete a review of intake and public information approaches.

NCCC provided recommendations that support better outreach and engagement with people in need of LTSS and their families, focused on approaches and strategies that promote stronger cultural and linguistic competence. Based on the findings from the Cultural and Linguistic Competence front door analysis report, the NWD Leadership Council created an interagency committee that has been active for three years, to focus on implementing cross-agency approaches to CLC. The NWD CLC subcommittee developed and finalized a cross-agency shared CLC Conceptual Framework and Definition. Consensus on the CLC Conceptual Framework and Definition was reached across our partner NWD agencies and supported by the Leadership Council. This was a significant achievement and a critical first step toward revising policies, structures, resources and practices to promote CLC at the “front door” of our NWD partner agencies.

To ensure the sustainability of the District's focus on CLC, the District applied for and was chosen to participate in the National Community of Practice (CoP) for Cultural and Linguistic Competence in Developmental Disabilities through Georgetown University's NCCC, with funding from the Administration on Community Living/Administration on Intellectual and Developmental Disabilities (AIDD). Through the District's participation in the CLC CoP, NWD staff have had the opportunity to share information, receive technical assistance, and leverage resources to increase diversity and advance cultural and linguistic competence in service systems. Through NWD, District partners have hosted various interagency training sessions on Cultural and Linguistic Competence. Most recently, NWD staff

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offered a training session titled, “Cultural and Linguistic Competence for Frontline Staff, ‘I get it! Now what do I do?!’” DDS, in collaboration with partner agencies, hosted the first annual Latinx Conference for People with Disabilities and their Families. The Spanish-language only conference was designed to provide Spanish-speaking people with disabilities and their family members with access to information, support, and resources in their native language and assist District agencies to better understand the experiences and needs of Latinos within the disability community. At the end of the conference, 15 District agencies and community service providers hosted a resource fair and provided information and resources to conference participants.

Priority 3: Employment

Action Step: Review and realign (if necessary) structures across the workforce development system to better support people with disabilities. Increase the number of people with intellectual disabilities (IDD) and serious mental health diagnoses or serious emotional disturbance (SED) who obtain and maintain employment through better coordination of supported employment services with the Department on Disability Services and the Department of Behavioral Health. Increase the number of people with intellectual disabilities and mental health impairments (MHI) who complete training programs that prepare them for jobs in high demand fields, increasing the number of employment placements in these fields.

Progress: RSA and DBH continue to coordinate services for individuals with mental health disabilities via the Evidence-Based Supported Employment Unit. The referral process coordinates service delivery through assigning Vocational Rehabilitation Counselors to sites in which the counselor is able to meet with treatment teams and the individuals receiving treatment. The Unit Supervisor regularly meets with the DBH Program Manager to ensure the continuity of service delivery is seamless. In addition to the current collaboration meetings between RSA and DDA, RSA is developing a “discovery” training for both Service Coordinators and VR Counselors to use for people receiving services from DDA/RSA to increase the prospects of desired employment. RSA Employment Coordinators work in providing 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 Plan for Employment goals to prepare clients to meet their desired employment outcomes. The coordinators also distribute employer surveys to learn the in-demand skills employers are seeking, and to match the employer with the right employee. 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. In addition to the usage of the Resource Room and applicable job readiness training, RSA

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Employment Coordinators are stationed in the American Job Centers for greater accessibility to District residents.

Priority 4: Housing

Action Step: Operate and track the Safe at Home Program to target District residents with a high risk of falls.

Progress: The Department of Aging and Community Living Safe at Home Program provides safety adaptations in and around the homes of qualifying seniors and adults with disabilities. Safe at Home provides in-home preventative adaptations to reduce the risk of falls, such as handrails, grab bars, bathtub cuts, shower seats, furniture risers, and chair lifts. Additionally, Safe at Home's Private Security Camera Program allows eligible DC seniors and residents with disabilities to receive a private security camera system without cost. This program is intended to help deter crime and assist law enforcement with investigations, providing safety in and around the home. From 2017 through Calendar Year 2020 Q1, Safe at Home completed 23,830 safety adaptations for 3,379 District residents. DACL is monitoring the impact of Safe at Home on reducing falls and fall risks for people who have had structural adaptations in their homes, which includes a self-reported survey after people have adaptations completed in their homes. Finally, DACL grantee Home Care Partners uses a falls risk screen before sending Home Health Aides into seniors' homes.

Action Step: Identify housing for individuals residing in nursing facilities who have been referred to the Aging and Disability Resource Center's Community Transition Program because they want to live in the community.

Progress: DACL's Housing Coordinator position has shifted from providing general housing assistance to primarily assisting Community Transition clients in identifying housing. From 2017 through 2020 Q1, DACL has assisted 89 people in identifying, securing and sustaining permanent, affordable housing. DHCF, in its 2020 amendment to the Elderly and persons with Physical Disabilities Waiver, continues to finance home and community-based residential options for Long-Term Services and Support.

Priority Area 5: Intake, Enrollment, and Discharge Process

Action Step: Develop a "person-centered profile" for use in NWD Core LTSS agencies with common information that can be collected by referral sources or state systems and shared to avoid duplication of

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effort; implement an interagency case management system; develop guidance and training for case managers and service coordinators to ensure that the plans they create at intake and enrollment reflect a person's preferences and needs, and plans are adjusted as necessary; and increase the number of nursing facility discharges through improvements to DACL's Community Transition Program.

Progress: NWD staff created crosswalks between DC Support Link (adapted from the Network of Care) and Charting the LifeCourse, between CLC and PCT, and between Customized Employment Discovery profiles and PCT. NWD staff also became members of an interagency Clinical Case Management System (CCMS) Project Management Team. This Clinical Case Management System was developed to unify and support referrals and linkages among NWD core partner's LTSS programs, starting with DHCF, DACL, and DDS. The NWD team provided technical assistance during CCMS stakeholder requirement specification sessions and offered feedback on implementation of the interagency intake module. The focus of the NWD team was to incorporate key NWD principles across partner agency's program workflows, including intake, screening, and initial service planning.

Priority Area 6: Medicaid Waiver Management and Systems Issues

Action Step: Develop the Individual and Family Supports Medicaid Waiver program for people with intellectual and developmental disabilities who live in family homes, including services targeted to help families continue their support.

Progress: DDS and DHCF collaborated on the development of the Individual and Family Supports (IFS) Waiver application that was submitted to the Centers for Medicare and Medicaid Services (CMS) in August 2020. The new IFS Waiver will establish a program that will allow District residents with intellectual and developmental disabilities (IDD) who live in an independent environment, either in their own home or with family or friends, to receive home and community based services and supports tailored to their specific needs. The IFS Waiver offers a full range of health and clinical services necessary to help persons with complex support needs and their families to choose an alternative to institutional service that promotes community inclusion and independence by enhancing and not replacing existing informal networks. The new IFS Waiver will offer eighteen (18) services, all of which are currently available under the Medicaid IDD Waiver, and add a new service: Education Supports Services.

Action Step: Conduct training on how to access Medicaid Waiver services and troubleshoot during enrollment for agency, provider, DACL lead agency, LTC facility, and hospital staff involved in the Elderly and Persons with Disabilities (EPD) Waiver process.

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Progress: The EPD Waiver's Participant Directed Services (PDS) program known as Services My Way currently has over 990 active participants. DHCF monitors quality of services by consistently reviewing our VF/EA Financial Management Services-Support Broker contractor. DHCF continues to train case management agencies on the PDS program, which is intended to educate employees and increase quality of services. The VF/EA FMS-Support Broker contractor also completes annual satisfaction surveys. DHCF continues to engage stakeholders through bi-monthly meetings to seek feedback on beneficiaries' experiences.

Action Step: Assure quality in the newly implemented Participant Directed Services Program, allowing people receiving EPD Waiver services to have responsibility for managing and directing all aspects of service delivery, including who provides the services and how the services are provided. Implement complaint tracking and management system for the EPD Waiver Program.

Progress: 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. DHCF commenced phase two of the incident management system improvement on February 26, 2018. This phase involved Home Health Agencies, Assisted Living Facilities, Adult Day Health Programs and Case Management Agencies. Technical assistance is provided on a 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.

Priority Area 7: Quality of Institutional and Community-Based Services, Providers, and Workforce

Action Step: Expand and strengthen the community transition services available to nursing facility residents.

Progress: DACL's Nursing Home Transition Team (NHTT) helps residents of long-term care facilities successfully transition to the community. People who live in a facility for 90 days or more are eligible for nursing home transition assistance. Those who have been in nursing facilities for fewer than 90 days receive information on home and community-based services and options counseling. The NHTT also

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aims to assess and reduce duplication of services offered by Medicaid and DACL, as well as to review and strengthen regulatory options to more effectively address quality issues when they arise.

Transition assistance is conducted by staff in the facility in conjunction with the NHTT team. 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 can include medical professionals, social workers, family members, and legally authorized representatives. Once the individual has been successfully transitioned back to the community, ongoing case management services for qualifying beneficiaries are available through the District's EPD Waiver. From CY 2017 through the end of CY 2020 Q1, DACL assisted 182 people in transitioning from nursing homes into the community.

Action Step: Review all providers' Language Access plans to ensure residents with limited English proficiency have access to linguistically and culturally appropriate services. Create a customer satisfaction survey to cover the five components of quality, described above.

Progress: Since CY 2017, DHCF delivered Language Access Plan trainings to 872 staff representing 429 enrolled DC Medicaid providers.

Action Step: Strengthen assurance of EPD Waiver provider standards from provider enrollment to monitoring, and at three-year recertification.

Progress: From 2017 to present, all new providers enrolled in the EPD Waiver met standards for enrollment. As moderate risk providers, they are re-enrolled every five years. In the five-year period from enrollment to re-enrollment, DHCF assesses compliance with EPD rules and regulations through monitoring under its LTCA Oversight and Monitoring Division. Providers found non-compliant enter an Opportunity For Improvement Plan (OFIP) with LTCA to correct practices that do not adhere to the rules and regulations. The OFIPs are developed and monitored by DHCF's Oversight and Monitoring Division. To date, this strategy has proven effective in ensuring that providers meet the established standards.

Action Step: Establish EPD Waiver provider report card; and convene a monthly In-Home Supports Task Force

Progress: Working with its Quality Division, DHCF launched its EPD Waiver provider report card. The report card is being released in phases. The first phase includes information from EPD Waiver

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Beneficiary Satisfaction Surveys. DHCF posted the score card for EPD Waiver case management agencies in CY18 Q4. Subsequent phases will include LTCA monitoring data.

Priority Area 8: Supporting Children and Youth

Action Step: Develop an inter-agency plan to ensure that students with disabilities who graduate with a certificate (rather than a diploma), have at least one community-based, integrated, and paid work experience prior to school exit. Increase the timely submission and completion of applications for adult DDA services for children with IDD who are in out-of-state residential facilities; Develop NWD Person-Centered Practices curriculum and train Mentor Trainers to deliver the training to NWD Core LTSS agencies and community partners.

Progress: RSA worked with a provider to recruit for JumpStart, which is a summer program that supports students with significant disabilities on a certificate track and who are participating in the Marion Barry Summer Youth Employment Program. Additionally, RSA has an employment specialist who regularly attends the Workforce Development Center at the River Terrace Education Campus. The employment specialist has hosted several Pre-Employment Transition Services (pre-ETS) workshops during CY 2020 to support students with intellectual and developmental disabilities. DDS will continue to work with the Office of the State Superintendent for Education, the Child and Family Services Agency, and the Department of Behavioral Health to identify additional ways DDA can assist in streamlining the transition referral process for out-of-state residential young adult students (ages 18+). During CY19, only one such application was received.

The NWD initiative launched the 2.0 version of the Network of Care, “DC Support Link Resource Portal” in September 2018. With the launch of the Resource Portal, a host of Vision and Person-Centered Planning tools to frontline staff, people with disabilities and their circle of support became readily accessible. The tools enable people to organize information about themselves (needs and goals); receive guidance with daily decision making; develop a vision of a good life; and identify how to find supports. The NWD staff also developed a DC-specific NWD Person-Centered Practices curriculum braiding the concepts of person-centered thinking with methods to support families. An inter-agency cohort of certified trainers and mentors presented this interactive two-day curriculum to core LTSS agencies and community partners.

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Priority Area 9: Wellness and Quality of Life

Action Step: Increase inclusive daytime offerings for people with all abilities and provide technical assistance and training to improve staff capacity at all agencies that provide community programming.

Progress: In CY 2019, DDS and ODR collaborated with community partners to offer a disability history, awareness, and etiquette training to 40 management and 20 frontline staff at Department of Parks and Recreation. DDS and ODR also offered this training to all DC Public Library managers as part of an on-going dialogue about providing inclusive daytime programming for adults with disabilities who are accessing District programs and services through assistance from a direct support professional or personal care attendant.

VI. Goals for Upcoming Plan

The upcoming Plan, set to be implemented before Calendar Year 2021, will focus on three priority areas: housing; healthcare and wellness supports; and employment. Under each priority area, guiding principles reinforce the importance of each data point and what it means to the District and our residents. The participating DC Government agencies, community partners, and individual stakeholders have collaborated over the past 7 months to determine the relevant data to track over the next three years to show how the District actively transitions residents with disabilities from institutional settings into the community and helps residents remain in the community with the proper services and supports.

As the coordinating agency for the District's *Olmstead* Plan, ODR commits to publishing the data we collect in a new, easy-to-read reporting dashboard under the *Olmstead* Plan tab on our agency website. These data sets will also be collected by each responsible agency, as required in their quarterly and yearly performance reports. Additionally, the *Olmstead* Working Group will host two listening sessions with the community annually to gauge progress in each priority area and to gather feedback on how we could improve current policies, procedures, and planning efforts related to each priority.

Priority 1: Housing

Securing affordable, appropriate housing is often a significant challenge for people with disabilities whose incomes may be limited and their physical needs very specific. There are some housing resources targeted for this population, but the demand for affordable accessible housing in the District exceeds the supply.

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Guiding Principle: DC Residents can learn about opportunities that promote community living.

Metrics to be tracked include:

- Number of Safe at Home adaptations performed (DACL)
- Number of Safe at Home clients assisted (DACL)
- Number of referrals from Nursing Facilities (DACL)
- Number of nursing facility family/resident council meetings attended by Community Transition Team representatives to include virtual meetings during the Public Health Emergency (PHE): Target is 12, annually (DACL)

Guiding Principle: DC Residents can transition into community-based housing that meets their needs. Metrics to be tracked include:

- Number of people discharged from Saint Elizabeth’s Hospital quarterly into community housing (DBH)
 - Number of people placed in community residential housing or receiving a housing voucher through a DBH Program (DBH)
 - Number of Community Transition Team cases closed (DACL)
 - Number of Community Transition Team clients without housing who receive assistance connecting them to housing (DACL)
 - Number of Community Transition Team clients without housing who receive vouchers from DC Housing Authority (DACL)
- Number of District residents enrolled in Medicaid Assisted Living services (DHCF)

Priority 2: Healthcare and Wellness Supports

Broadly defined, healthcare is the treatment, management, and prevention of illness, and the preservation of mental and physical wellbeing through the services offered by healthcare providers and/or via certain District agencies.

Guiding Principle: Each agency helps DC residents transition from institutional settings or facilities to home and community-based settings. Metrics to be tracked include:

- Number of Community Transition Team clients transitioned from Nursing Facilities into the community: Target is 70 annually (DACL)
- Average number of days to transition from Nursing Facilities (for clients who do not have housing to return to) (DACL)

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- Average number of days to transition from Nursing Facilities (for clients who have housing to return to) (DAACL)
- Percentage of substance use disorder residential treatment clients who stepped down to a lower level of care (DBH)
- 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 (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

Guiding Principle: DC residents should participate in home and community-based programs.

Metrics to be tracked include:

- Number of community outreach events held by the External Affairs and Communications Team to include virtual programming attendees during the public health emergency (PHE) (DAACL)
- Number of senior wellness center attendees, to include virtual programming attendees while SWCs are closed during the PHE (DAACL)
- Number of State Health Insurance Program-specific Events to include virtual events during the PHE (DAACL)
- Number of clients receiving nutrition assistance to include both congregate meal participants and home delivered meal participants (DAACL)
- Number enrolled in the Medicaid Adult Day Health Program (DHCF)

Guiding Principle: DC residents should receive quality services according to their individual goals and person-centered service plans. Metrics to be tracked include:

- Number of clients who receive options counseling (DAACL)
- Number of clients assisted with selecting coverage options under the State Health Insurance Plan (DAACL)
- Number of assessments for Medicaid Long Term Services and Supports (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 (DHCF)

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- 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 (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 (DHCF)

Guiding Principle: Home and community-based services ensure that DC residents are healthy and safe. Metrics to be tracked include:

- 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 (DHCF)
- Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community-Based Waiver complaints investigated within 7 days of receipt of complaint (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 (DHCF)

Priority Area 3: Employment

The employment metrics track how District agencies are working to make sure that people with disabilities have access to competitive, meaningful, integrated employment.

Guiding Principle: DC residents with disabilities have access to competitive, supported employment. Metrics to be tracked include:

- Average hourly wage of people employed more than 90 days (DDS)
- Percentage of people successfully employed will remain employed for 90 days or more: Target is 50% annually (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 (DDS)

Other Commitments and Initiatives

In addition to measuring progress in the three priority areas outlined above, the District wants the *Olmstead* Plan to serve as an interactive roadmap to transition services for residents and their families.

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To that end, below are some of the additional planned initiatives to help create the roadmap to transition for residents and families as part of the upcoming plan.

- Update and reissuance of ODR’s Path to Community Living Resource Guide to aid residents in planning their transition and in accessing available resources.
- A Faces of *Olmstead* campaign that will feature video and written interviews with District residents who have navigated a successful transition—these residents will be nominated by agencies, service providers, and/or their peers.
- Development of a graphic recording using existing DC Government resources to explain the purpose of the *Olmstead* Plan and the three key priorities.
- Development of the *Olmstead* Community Portal, which compiles Community Integration programs, services, and supports available through multiple Government agencies.
- Video introductions for the Portal from each of the participating *Olmstead* Working Group agencies, explaining their community resources in both English and ASL.

VII. Conclusion

The District Government, and the *Olmstead* Plan participating agencies recognize that our community integration plan is a living document and we welcome your input as we prepare to re-issue the next three-year Plan for Calendar Year 2021. To comment, you may e-mail: olmstead@dc.gov and/or call 202-724-5055.

[1] For Action Steps 1 and 2, some of the trainers for both PCT and CLC training for agencies or providers have been people with disabilities living in the community.

[2] Agency quarterly reports, annual summaries and public meeting minutes are published on ODR’s website at the following location: <https://odr.dc.gov/olmsteadplan>

[3] Given the current prohibition on nonessential nursing facility visits, outreach to nursing homes to discuss transition options with residents will include virtual and telephonic outreach conducted during the public health emergency (PHE).