

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF DISABILITY RIGHTS

NOTICE OF SOLICITATION FOR COMMENTS

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

In 2017, Mayor Bowser introduced the District’s *Olmstead* Community Integration Plan, “DC—One Community for All 2017-2020” (the Current Plan). Over the past three years, the Current Plan has solidified the District’s commitment to provide care in the least restrictive setting appropriate for District residents with disabilities. Continued collaboration among the Current Plan’s core agencies—the DC Office of Disability Rights (ODR), the Department on Disability Services (DDS), the Department of Aging and Community Living (DACL), the Department of Health Care Finance (DHCF), and the Department of Behavioral Health (DBH)—has helped ensure the District fulfills that commitment. By incorporating person-centered thinking into all elements of the Current Plan, we can support people with disabilities as they make informed, self-determined choices about how and where they wish to receive their care.

The purpose of this Notice is to announce a 30-day public comment period commencing on May 3, 2021 for the proposed “DC—One Community for All: *Olmstead* Integration Plan covering calendar years 2021-2024” (Proposed Plan).

ODR and its partner agencies have continued working towards creating an even better future path of community integration in the District by hosting four *Olmstead* Working Group public meetings. These meetings were used to gather input and insight on how, together, we improve upon the Current Plan to continue the transition from institutionalized care for District residents.

As a result of these meetings as well as collaboration with interested stakeholders and community members, the *Olmstead* Working Group developed this Proposed Plan for calendar years 2021-2024. We now invite the public to examine the Proposed Plan and submit comments to ODR as part of the process to roll out a new multi-year Community Integration Plan to take effect in calendar year 2021.

Pending development of the next Plan which will be integrated with public comments received during the review period, the Current Plan will remain in effect and District agencies will continue their reporting structure under the Current Plan until further notice.

For questions or to request a reasonable accommodation, please contact Abby Volin at 202-727-0287 or abby.volin@dc.gov.

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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). 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 proposed *Olmstead Community Integration Plan* for Calendar Years 2021 to 2024 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 is committed to achieving for residents with disabilities to live in the community, in the most integrated setting possible. The United States Congress has defined the “most integrated setting” as one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” The District Government defines living in the community as providing residents with disabilities opportunities to: Work in competitive and integrated employment opportunities while earning market-rate wages; Build and maintain meaningful relationships with family, friends and peers, and Live and participate in their communities as they see fit.

The District’s proposed 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 Act¹ established the Office of Disability Rights (ODR) as the District’s ADA compliance office. Since its establishment, ODR has developed and submitted the city’s *Olmstead Community Integration Plan* for approval to the Executive Office of the Mayor. The creation and development of the proposed 2021-2024 *Olmstead Community Integration Plan* was a collaborative effort and the result of partnerships with District residents with disabilities, their family members, disability organizations, and community advocates for disability rights.

¹ D.C. Code § 2-1431.01.

This proposed *Olmstead Community Integration Plan* reflects:

- Discussions and feedback gathered from four community town halls held in January, February, April, and July 2020;
- Conversations conducted by District Government staff with several advocacy groups and individual stakeholders discussing ways to improve service delivery to people with disabilities, and;
- Available data provided by the District’s core Olmstead agencies over the past three years, based on the 2017-2020 Olmstead Plan.²

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

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

This Plan remains in effect until amended or superseded.

² [Olmstead Community Integration Plan - DC One Community for All | odr](#)

SECTION I: OVERVIEW

Background

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

In 2006, the Council of the District of Columbia passed the Disability Rights Protection Act, which created the Office of Disability Rights (ODR). Under the Act, ODR was given responsibility for developing and submitting an Olmstead Plan 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 proposed *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 proposed 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 (i.e., preparing meals, managing medication, housekeeping, etc.) or with major life activities (i.e., eating, bathing, dressing, etc.). District residents with disabilities also may require help training for, securing a job, and receiving reasonable accommodations to do 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, the Long-Term Services and Supports 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 Government is engaged in collaborative efforts in designing and implementing a seamless process for individuals leaving institutionalized care and accessing Long Term Services and Supports. Specifically, the District has concentrated its efforts around improved data collection and tracking a resident’s progress toward integration and independence in meaningful, understandable ways.

Since the implementation of the 2017-2020 Olmstead Plan, multiple agencies have embraced the principles of No Wrong Door (NWD), a government-wide program which improved the eligibility process and providing 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 and 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 No Wrong Door 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.

The District maintains two HCBS waiver programs:

1. Elderly and persons with Physical Disabilities (EPD) Waiver operated and implemented by the DHCF and;
2. Intellectual and Developmental Disabilities (IDD) waiver operated and implemented by the Department on Disability Services (DDS).

The District of Columbia developed and steadily implemented an approved Statewide Transition Plan to ensure that both waiver programs met the requirements of the Settings Rule. EPD and IDD HCBS Waiver Programs achieved compliance with the Settings Rule by the original CMS deadline of March 19, 2019.

Who Provides These Services?

The District of Columbia's service system for people with disabilities is 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. All of these components of the District's service system are described below.

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 and ensuring those at risk from unwanted institutionalization have the support they need to continue living in the community of their choosing. However, securing affordable, appropriate housing is often a challenge for people with disabilities whose incomes may be limited and whose physical needs may be specific.

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 Healthcare Finance (DCHF)'s Assisted Living Facility. Non-housing agencies that facilitate or provide housing often partner with the DCHA to utilize housing vouchers through 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*³ 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. Additionally, *Safe at Home*'s

³ [Safe at Home | dacl \(dc.gov\)](https://www.dacl.dc.gov)

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. DHCD administers the *Single-Family Residential Rehabilitation Program (SFRRP)*⁴. 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* is under a modified operating status with staff working remotely. The program has implemented COVID-19 protocols to operate safely and accepts 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 (DHCF)

Together, DHCD, DHS, DC Health, DBH, DHCF, DC Housing Authority, 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.

⁴ [Single Family Residential Rehabilitation Program \(SFRRP\) | dhcd \(dc.gov\)](#)

DHCD is the designated agency to receive and administer the following entitlement funds:

- *Community Development Block Grant Program*⁵;
- *HOME Investment Partnerships Program*⁶; and
- *National Housing Trust Fund Program*⁷.

In addition, DHCD receives the *Emergency Solutions Grant Program (ESG)*⁸ which DHS administers, and the *Housing Opportunities for People with AIDS Program (HOPWA)*⁹ which DC Health administers. DHCD also manages the *Housing Production Trust Fund*¹⁰, *Housing Preservation Fund*¹¹, and *Low-Income Housing Tax Credits*¹² to produce and preserve affordable housing.

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 persons 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.

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

⁵ [Community Development Block Grant Program | dhcd \(dc.gov\)](#)

⁶ [Home Investment Partnerships \(HOME\) Program | dhcd \(dc.gov\)](#)

⁷ [2020 Housing Production Trust Fund \(HPTF\) Program Limits | dhcd \(dc.gov\)](#)

⁸ [ESG CARES Funding | dhs \(dc.gov\)](#)

⁹ [HAHSTA/HOPWA Program | doh \(dc.gov\)](#)

¹⁰ [Housing Production Trust Fund | dhcd \(dc.gov\)](#)

¹¹ [Housing Preservation Fund | dhcd \(dc.gov\)](#)

¹² [Low Income Housing Tax Credit \(LIHTC\) Program | dhcd \(dc.gov\)](#)

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 Americans with Disabilities Act (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. or those who are residing in an institution and have one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, traumatic brain injury, or chronic physical illness or disability.¹³ 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 will be 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

¹³ D.C. Code § 4-751.01(6C)

households who need assistance obtaining and affording housing – most likely due to advanced age and/or disability – but are connected to community resources.

- *Transitional Housing Program (THP)*: 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

DBH administers the following community housing 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 Program (LRSP): 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.

Supported Independent Living Program (SILP): The SILP supports an independent home setting with services and supports to assist consumers in transitioning to a less restrictive level of care. Training in life skill activities, home management, community services, along with supports that are provided through a comprehensive continuum of care on an

individual, flexible recovery-driven basis are provided based upon individual needs. Weekly home visits and monitoring are conducted by community support workers to ensure that the individual receiving service is able to maintain community tenure and move to more independent living.

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 consumers 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 DC Health 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 Shelters or the Virginia Williams Family Resource Center. 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. Requests may be oral 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.

Virginia Williams Family Resource Center (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 conducts regular service reviews and analyzes data to help design and implement recovery-oriented services that are available when needed and easy to access no matter the age or neighborhood. DBH also conducts annual consumer satisfaction surveys to engage directly with the people it serves. This information is available to the public so consumers, clients, advocates, and partners are empowered to work with DBH to build a high performing behavioral health system. DBH's Applied Research and Evaluation Unit provides data analysis, technical assistance, research and reporting within the Department. It also assists with data collection, platform management, and analysis to support data driven decision-making.

Specific Olmstead Housing Metrics
Tracked by the District Government

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 people discharged from Saint Elizabeths Hospital quarterly into community housing
1.3	DBH Housing Vouchers	DBH	Number of people placed in DBH Housing
1.4	Assisted Living Services	DHCF	Number of District residents enrolled in Medicaid Assisted Living Programs
1.5	Programs for Residents Experiencing Homelessness	DHS	Number of District residents enrolled in Medicaid Assisted Living services
1.6	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 of Columbia Government 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

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.¹⁴ Through Section Q of the MDS, residents' interest in returning to the community is assessed.¹⁵ 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,

¹⁴ 42 CFR §483.20(b)(2)

¹⁵ [MDS Resident Assessment Instrument Manual | cms.gov](https://www.cms.gov/mds)

all nursing home residents are eligible to receive Options Counseling through the Aging and Disabilities Resource Center (ADRC) also operated by DACL.

Finally, DACL's team of Medicaid Enrollment Specialists (MES) are available for any nursing home resident who needs assistance with applying to Medicaid, either general Medicaid coverage or the more specialized Elderly and persons with Physical Disabilities (EPD) Home and Community-Based Services Waiver Program. These Medicaid Enrollment Specialists provide assistance with completing the application and facilitating the submission and processing with the Department of Human Services Economic Security Administration, the entity that processes all Medicaid applications in DC. The CTP also aims to assess and reduce duplication of services offered by Medicaid and DACL.

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.

Steps and processes involving the successful transition to the community, may include but are not limited to:

- 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 with goals, approaches, and strategies allowing the person to reasonably achieve a safe transition into the community.
- A referral to the DACL Community Transition Program (if not already involved) when a resident expresses a desire to learn more about options for living in the community.
- A review at the time of the resident's discharge to ensure a safe transition is implemented and 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, 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. Through these services, nursing facility residents who are moving home, or 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 Demonstration supports CTP staff positions 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

The Department of Behavioral Health (DBH) has oversight of Saint Elizabeths Hospital (SEH). SEH functions as the public mental health facility in the District of Columbia. 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 eleven 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.

A person in recovery needs to increase their responsibility as they move through the system of care. The ability of an individual to show their development is crucial. Housing provides many options and achieving a step down to a lower level of care supports the goal of recovery.

There are several housing options including community residential facilities (CRF), single room occupancy placements (SRO), and independent placements (apartments). The placement is determined by the IIC's ability to manage the requirements for the option identified. The Social Work Department tracks discharges that transition the IICs back into the community.

The Discharge Committee works with each treatment team and the IIC to identify housing options. The Committee maintains lists of available placements and connects IICs as discharge approaches. A level of care is completed for each IIC, identifying which housing option is appropriate their needs. The IIC will interview for each option as

the hospital prepares documentation that substantiates an ability to maintain the housing placement.

The housing placements are made with the goal of making transition from the hospital successful. The social workers assist the IIC's Core Service Agencies with putting supports in place to help with the discharge. Therapy participation, medication compliance, and a commitment to returning to a productive life are critical when helping a person stay on their road of recovery.

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 followed:

- 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

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: A) Personal care aide services to assist with bathing, eating, and getting dressed; and B) Skilled nursing for wound cleaning, medication management and the care of medical equipment like ventilators, and appendages like gastro-intestinal 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. 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 seniors 60+ and adults with disabilities either at one of the over 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

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 and has a presence in all eight wards of the District. 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).

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. In the District, federal funding accounts for 70% of Medicaid service funding. Under the Money Follows the Person (MFP) Demonstration, Medicaid HCBS supports District residents in the year after they transition from an institution like a nursing facility or hospital.

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. This phase involved 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.

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

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 home 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 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

Guiding Principle: Quality, Accessible, Person-Centered, home and community-based services are necessary to 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	Nursing Home Surveys	DC Health	Number of surveys conducted \leq 15.9 months.
2.11	Nursing Home Inspections	DC Health	The type and number of surveys conducted
2.12	Notice of Infractions	DC Health	Number of NOIs issued within 90 days for E level deficiencies and above or G level and widespread
2.13	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)

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

Strategy	Program or Service	Lead Agency	Metric
2.14	Senior Wellness Centers	DACL	Number of residents participating in Senior Wellness Center programs (not unduplicated)
2.15	State Health Insurance Program	DACL	Number of State Health Insurance Program-specific Events to include virtual events during the PHE
2.16	Nutrition Assistance	DACL	Number of clients receiving nutrition assistance (to include both congregate meal participants and home delivered meal participants)
2.17	Medicaid Adult Day Health Program	DHCF	Number enrolled in the Medicaid Adult Day Health Program
2.18	Options Counseling	DACL	Number of clients receiving options counseling
2.19	State Health Insurance Program	DACL	Number of clients assisted under the State Health Insurance Program
2.20	Medicaid Long Term Services and Supports	DHCF	Number of assessments for Medicaid Long Term Services and Supports

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

Strategy	Program or Service	Lead Agency	Metric
2.21	Services My Way – EPD Wavier	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
2.22	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
2.23	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

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

Strategy	Program or Service	Lead Agency	Metric
			address personal goals
2.24	Healthcare Management Plans	DDS	Percentage of Healthcare Management Plans that meet published standards
2.25	Individual Service Plans (ISP)	DDS	The percentage of ISPs that are completed before the ISP effective date per year
2.26	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
2.27	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

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

Strategy	Program or Service	Lead Agency	Metric
2.28	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
2.29	DDS Waivers	DDS	Percentage of applicable waiver providers currently receiving an annual certification

PRIORITY AREA 3: EMPLOYMENT

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 of Disability Rights (DDS) 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.

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-Employment Transition Services 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

The Department of Behavioral Health (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 Plan 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 for greater accessibility to District residents.

E. American Job Centers

DOES' American Job Centers (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 Plan for Employment services.

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

The Workforce Investment Council¹⁶ and the District's Core WIOA partners¹⁶ developed the *Access DC* booklet¹⁷, which provides information regarding employment services available to District residents with disabilities. The booklet includes services offered by the Office of the

¹⁶ [|dcworks](#)

¹⁷ [Access DC!](#)

State Superintendent of Education, the University of the District of Columbia, Department of Human Services, DC Housing Authority, 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.

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

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	Number of people successfully employed who remain employed for 90 days or more. Target is 67% 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

SECTION III: NEW PARTNERS

District services like transportation, recreation, and libraries 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. 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.

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 DC¹⁸ 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 Accessibility¹⁹ 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.

¹⁸ [agefriendly \(dc.gov\)](http://agefriendly(dc.gov))

¹⁹ [Center for Accessibility | dclibrary.org](http://CenterforAccessibility|dclibrary.org)

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

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 pick off/drop off zones* – DDOT will work on expanding the accessible parking meter program and pick off/drop off zones District-wide. The objective is to install 10 pick off/drop zones of per year and place additional accessible parking meters throughout the Business Improvement District areas to increase the on-street accessible parking availability.

- *Bike Lanes* – DDOT will be installing 20 miles of protected bike lanes and shared use paths by Fiscal Year 2022 to provide a higher transportation network for bicyclist and promote other methods of transportation in a safe matter. Currently the District has installed 16.6 miles.

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*²⁰ – 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. Book your ride by calling 1-844-322-7732.
- *VetsRide*²¹ – 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.

²⁰ [Transport DC | dfhv \(dc.gov\)](#)

²¹ [VetsRide | dfhv \(dc.gov\)](#)

Specific Olmstead New Partners Metrics
Tracked by the District Government

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

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
4.6	Accessible pick up/drop off zones	DDOT	Improve the accessibility on the curbside use by expanding the accessible parking program and pick up / drop off zones (PUDOs).
4.7	Bike Lanes	DDOT	Improve the connectivity and access to bike lanes and shared use paths by increasing the miles of protected bike 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

SECTION IV: CONCLUSION

The 2021-2024 *Olmstead Community Integration Plan* builds upon 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 both fulfilling the District's legal mandate under *Olmstead* of having a "comprehensive, effectively working plan" to move people in 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. This *Plan* operates in tandem with the new Olmstead Metrics Dashboard, which provides visualization of the metrics the District is tracking and allows the community to see measurable progress in housing, healthcare and wellness supports, and employment.

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. The metrics included in this Plan were identified using agencies' FY21 performance plan. In creating the Plan, members of the Olmstead Working Group identified 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.

Appendix A
Government Agency Contact Information

AGENCY	PHONE	EMAIL
Aging and Community Living, Department of	(202) 724-5626	dacl@dc.gov
Behavioral Health, Department of	(202) 673-2200	dbh@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	
Health Care Finance, Department of	(202) 442-5988	dhcf@dc.gov
Health, Department of	(202) 442-5955	doh@dc.gov
DC Housing Authority	(202) 535-1000	
Housing and Community Development, Department of	(202) 442-7200	dhcd@dc.gov
Human Services, Department of	(202) 671-4200	dhs@dc.gov
Transportation, District Department of	(202) 673-6813	ddot@dc.gov
Disability Rights, Office of	(202) 724-5055	odr@dc.gov

Appendix B
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
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
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 C 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:

- *Data pending*

Immediate 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 fiscal year 2020:

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

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

DC Local Rent Supplement Program (LRSP)

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:

- 1898

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:

- *Data pending*

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:

- *Data pending*