

Olmstead Subcabinet Meeting Agenda

Monday, February 25, 2019 • 3:00 p.m. to 5:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

2) Roll Call

3) Agenda Review

4) Approval of Minutes

- | | |
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| a) Subcabinet meeting on January 28, 2019 | 3 |
|---|----------|

5) Reports

- a) Chair
- b) Executive Director
- c) Legal Office
- d) Compliance Office

6) Action Items

- | | | |
|--|----------------------|------------|
| a) February 2019 Quarterly Report | [3:10 – 3:45] | 11 |
| b) Olmstead Plan Amendment Process | [3:45 – 4:25] | |
| i. Public Input Themes and Agency Response | | 69 |
| ii. Proposed Amendments to the Olmstead Plan | | 85 |
| c) Workplan Compliance Report for February (OIO) | [4:25 – 4:30] | 113 |

7) Informational Items and Reports

- | | | |
|--|----------------------|------------|
| a) Workplan activity reports to be presented to Subcabinet | [4:30 – 4:40] | 121 |
| 1) Transition Services 1A.8 – Individualized Home Supports (DHS) | | 123 |
| 2) Timeliness of Waiver 1H – Waiting List Legislative Report (DHS) | | 125 |

8) Public Comments **[4:40 – 4:45]**

9) Adjournment

Next Subcabinet Meeting: March 25, 2019 – 3:00 p.m. – 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

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Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Item:

- 4) *Approval of Minutes*
 - a) *Subcabinet meeting on January 28, 2019*

Presenter:

Commissioner Ho (Minnesota Housing)

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

- a) *Approval is needed of the minutes for the January 28, 2019 Subcabinet meeting.*

Attachment(s):

- a) *4a- Olmstead Subcabinet meeting minutes – January 28, 2019*

Olmstead Subcabinet Meeting Minutes

Monday, January 28, 2019 • 3:00 p.m. to 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St. Paul

1) Call to Order

Commissioner Jennifer Ho introduced herself as the newly designated Olmstead Subcabinet Chair. She called the meeting to order at 3:10 p.m. She welcomed everyone and provided meeting logistics.

2) Subcabinet Member Introduction and Orientation

Commissioner Ho invited the Subcabinet members to introduce themselves and describe the work their agencies do related to the Olmstead Plan.

Roll Call

Subcabinet members present:

Tony Lourey, Department of Human Services (DHS); Paul Schnell, Department of Corrections (DOC); Margaret Anderson Kelliher, Department of Transportation (DOT); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Rebecca Lucero, Minnesota Department of Human Rights (MDHR); and Mary Cathryn Ricker, Minnesota Department of Education (MDE); Jan Malcolm, Minnesota Department of Health (MDH), joined at approximately 3:30 p.m.

Designees present:

Jeremy Hanson Willis, Department of Employment and Economic Development (DEED), joined at approximately 3:30 p.m.

Guests Present: Mike Tessneer, Darlene Zangara, Zoua Vang, Rosalie Vollmar, and Sue Hite-Kirk, Olmstead Implementation Office (OIO); Ryan Baumtrog and Anne Smetak (Minnesota Housing); Erin Sullivan Sutton, Claire Wilson, Colin Stemper, Rick Figueroa, Curtis Buhman and Adrienne Hannert (DHS); Daron Korte, Tom Delaney, Luchelle Stevens, Holly Anderson and Emily Jahr (MDE); Darielle Dannen (DEED); Nicole Stockert, Martha Burton Santibanez and Mark Kinde (MDH); Kristie Billiar (DOT); Gerri Sutton (Met Council); Maura McNellis-Kubat (OMHDD); Daren Nyquist, Kylie Nicholas and Ashley Boat (Improve Group); Beth Fondell (Institute on Community Integration – University of Minnesota); Carley Matsumoto, Minnesota Independence College & Community (MICC); Bradford Teslow (member of the public)

Guests Present via telephone: Kim Pettman (member of the public); Karen Sullivan Hook (DHS); Tammie Campbell, Statewide Independent Living Council (SILC); and Diane Doolittle, Olmstead Implementation Office (OIO)

Sign Language and CART providers: Mary Catherine (Minnesota Housing); ASL Interpreting Services, Inc.; Paradigm Captioning and Reporting Services, Inc.

Each Subcabinet member introduced themselves and talked about how the work of their agency is related to the Olmstead Plan. A brief overview of the Olmstead Plan and the Subcabinet was provided by Commissioner Ho, Darlene Zangara, Anne Smetak, and Mike Tessneer, and included the following:

Commissioner Ho:

- On January 25, 2019, Governor Walz appointed Commissioner Ho as Olmstead Subcabinet Chair.
- Olmstead overview
- Minnesota's Olmstead Plan

Anne Smetak:

- Subcabinet is currently operating under existing Executive Order (15-03)
- Olmstead Plan remains connected to a federal lawsuit – *Jensen v. DHS*
- Court retained jurisdiction until December 2019

Darlene Zangara:

- OIO overview and its role
- Community Engagement
- Quality of Life Survey

Mike Tessneer:

- Olmstead Plan overview
- Compliance overview
- Next 90 days

3) Agenda Review

There were no changes to the agenda. Commissioner Ho reminded attendees interested in public comment to sign up in the back of the room.

4) Approval of Minutes

a) Subcabinet meeting on December 17, 2018

Commissioner Ho asked if there were any changes to the minutes for the December Subcabinet meeting. Colleen Wieck (GCOD) stated she provided one correction to OIO Compliance.

Motion: Approve December 17th Subcabinet meeting minutes

Action: Motion – Wieck

Second – Anderson Kelliher

In Favor - All

5) Reports

a) Chair

There was no report from the Chair.

b) Executive Director

Darlene Zangara provided a brief status report on the public input process related to the 2019

Olmstead Plan revision.

c) Legal Office

There was no report from the Legal Office.

d) Compliance Office

There was no report from the Compliance Office.

6) Action Items

a) Quality of Life Follow-Up Survey (OIO/Improve Group)

Darlene Zangara (OIO) and Daren Nyquist (The Improve Group) presented the Olmstead Plan Quality of Life Survey: First Follow-Up – 2018 Report. There was a short PowerPoint presentation followed by questions. Handouts of the PowerPoint presentation were included in the meeting packet.

Commissioner Ho reminded the Subcabinet that the results of this survey will provide an opportunity for agencies to examine the Plan goals, strategies, and workplans for possible adjustment.

Questions/Comments

Commissioner Lucero (MDHR) asked if there was a cross-section of demographics with good representation from all people. Mr. Nyquist stated that specific numbers with a breakdown are included in Appendix B of the Report. Commissioner Lucero requested that future research include information about cultural needs as it relates to race and ethnicity.

Commissioner Schnell (DOC) asked if there is a relationship between the quality of life score of 77.4% and if the number of monthly outings, community interaction and decision making power. Kylie Nyquist (Improve Group) stated the perceived quality of life module and the community integration modules measure two different aspects of “overall quality of life.” The content is vastly different, and they were not surprised to see differences in the scores.

Mr. Nyquist stressed there is a host of future research opportunities using this unique data set, which shows what data relationships exist now, but not why the relationships exist. Some examples for future research topics would include: regional differences, assistive technology, number of close relationships and guardianship status. With a follow-up survey, adding a question or two might be needed to determine whether services are meeting the expectations of people with disabilities.

Motion: Accept the Report

Action: Motion – Schnell

Second – Wieck

In Favor - All

b) Workplan Compliance Report for January (OIO)

Mike Tessneer (OIO) reported that there were 38 workplan activities reviewed this month. All items were completed timely with no exceptions. The list of activities reviewed are attached to the Workplan Compliance report. For the workplan activities that required a report to the Subcabinet, those reports are in the packet starting on page 147.

Motion: Approve January Compliance Report**Action: Motion – Malcolm****Second – Lucero****In Favor - All****7) Informational Items and Reports****a) Workplan activity reports to be presented to Subcabinet**

Commissioner Ho asked agency staff to present the reports to the Subcabinet.

1) Direct Care Workforce 1A.1 – Direct care wage adjustment analysis (DHS)

Colin Stemper (DHS) presented the report.

Questions/Comments

Commissioner Lourey (DHS) emphasized that the report includes good information and was covered well by DHS. He stated a societal shift is needed to view caregiving as valuable work, and a profession that is honorable. The societal shift is one the Subcabinet is directly faced with. It is bigger than DHS and bigger than the Olmstead Subcabinet.

2) Direct Care Workforce 1A.2 – Personal Care Assistance (PCA) rates analysis (DHS)

Curtis Buhman (DHS) presented the report.

Questions/Comments

Commissioner Lourey (DHS) stated the Legislature and Administration looked at this issue, but it was based on hours alone and tended to overemphasize people with physical disabilities and underemphasize people with intellectual disabilities. He suggested that the Subcabinet pay close attention to this.

Commissioner Lucero (MDHR) asked about the demographics of PCAs. Curtis responded that he did not have that information with him for this meeting. Commissioner Lucero further asked for clarifications about the 5% rate increase, and any differences between for profit and nonprofit providers. Mr. Buhman explained that the current reimbursement rate is approximately \$17.40/hour. The 5% rate increase is expected to be passed along to staff. More study would need to be done to determine the differences between for profit and nonprofit providers.

3) Housing 1C.1 – Usage of Section 811 units (MHFA/DHS)

Erin Sutton Sullivan (DHS) presented the report.

Questions/Comments

Commissioner Schnell (DOC) asked about the costs of the 811 rental assistance program. DHS will follow up with this information.

4) Employment 5A.5 – Semi-annual report on impact of WIOA (DEED)

Darielle Dannen (DEED) presented two reports. One related to Vocational Rehabilitation Services and the other related to State Services for the Blind.

b) Workplan activity reports included for review by Subcabinet

The remaining reports were not presented to the Subcabinet. Commissioner Ho asked if anybody had any questions on those reports.

- 1) **Person-Centered Planning 1J** – Person-centered organizational change (DHS)
- 2) **Person-Centered Planning 1B.5** – Housing Best Practices forums (DHS)
- 3) **Employment 4B.4b** – Expansion of estimator sessions/Disability Benefits 101 (DHS)
- 4) **Transportation 4B.3** – Regional Transportation Coordinating Councils (DOT)
- 5) **Transportation 4D** – Regional Transportation Coordinating Councils - Metro (Met Council)
- 6) **Health Care 2B.1** – Expansion of health care homes (MDH)
- 7) **Crisis Services 2L.5** – Positive supports/person-centered practices trainings (DHS)
- 8) **Community Engagement 1D/1E** – Quarterly report on community contacts (OIO)
- 9) **Preventing Abuse/Neglect 2 2A** – Semi-annual report on ICFs/IID citations (MDH)
- 10) **Preventing Abuse/Neglect 2 2B** – Semi-annual report on SLFs citations (MDH)
- 11) **Communications 3A** – OIO Communication Plan (OIO)

Question/Comments

Colleen Wieck (GCDD) asked that *Item 6) Health Care 2B.1 – Expansion of health care homes (MDH)* be reviewed if there were any legislative changes planned. Could disability status be added to the evaluation criteria of Health Care Homes?

8) Public Comments

Commissioner Ho invited those who signed up for public comment speak to the Subcabinet.

Kim Pettman (member of the public)

Written copy of testimony was not provided. Highlights included the following:

- Change the order of the agenda so that public comments are at the beginning;
- Subcabinet members should view their role as an opportunity to work together; and
- One to three commissioners should be available before the meetings to listen to public concerns.

Questions/Comments

Commissioner Ho thanked Ms. Pettman for her comments and expressed how new members at the table are very engaged.

Brad Teslow (member of the public)

Written copy of testimony was not provided. Highlights included the following:

- Subcabinet members need to collaborate more;
- People with disabilities are being incarcerated when they do not need to be;
- Additional Subcabinet members should include the Minnesota Courts and the Department of Public Safety (DPS); and
- Additional case workers are needed for people with disabilities.

9) Adjournment

Commissioner Ho adjourned the meeting at 4:35 p.m.

Next Subcabinet Meeting: February 25, 2019 – 3:00 p.m. – 5:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400

Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Items:

6 (a) February 2018 Quarterly Report

Presenter:

Agency Sponsors and Leads

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

This is a draft of the February 2019 Quarterly Report on progress of Olmstead Plan measurable goals.

Attachment(s):

6b – February 2019 Quarterly Report on Olmstead Plan Measurable Goals

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through January 31, 2019

DATE REVIEWED BY SUBCABINET

February 25, 2019

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[AGENDA ITEM 6a]**I. PURPOSE OF REPORT**

This quarterly report provides the status of work being completed by State agencies to implement the Olmstead Plan. The goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported in every quarterly report.

Reports are compiled on a quarterly basis. For the purpose of reporting, the measurable goals are grouped in four categories:

1. Movement of people with disabilities from segregated to integrated settings
2. Movement of individuals from waiting lists
3. Quality of life measurement results
4. Increasing system capacity and options for integration

This quarterly report includes data acquired through January 31, 2019. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. ⁱ

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans.

EXECUTIVE SUMMARY

This quarterly report covers twenty-four measurable goals. ⁱⁱ As shown in the chart below, nine of those goals were either met or on track to be met. Nine goals were categorized as not on track, or not met. For those nine goals, the report documents how the agencies will work to improve performance on each goal. Six goals are in process.

Status of Goals – February 2019 Quarterly Report	Number of Goals
Met annual goal	8
On track to meet annual goal	1
Not on track to meet annual goal	3
Did not meet annual goal	6
In Process	6
Goals Reported	24

Listed below are areas critical to the Plan where measurable progress is being made.

Progress on movement of people with disabilities from segregated to integrated setting

- During the last four quarters, 150 individuals left ICF/DD programs to more integrated settings. This exceeds the annual goal of 72. (Transition Services Goal One A)
- During the last four quarters, 830 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This exceeds the annual goal of 740. (Transition Services Goal One B)
- During the last four quarters, 1,188 individuals moved from other segregated settings to more integrated settings. This exceeds the annual goal of 500. (Transition Services Goal One C)
- The utilization of the Person Centered Protocols has improved over the last four quarters. Of the eight person centered elements measured in the protocols, performance on seven of the eight

[AGENDA ITEM 6a]

elements improved over the 2017 baseline. Five of the eight elements show progress over the previous quarter, and six of the eight are at 90% or greater in this quarter. (Person-Centered Planning Goal One)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 74% of individuals were approved for funding within 45 days. Another 23% had funding approved after 45 days.

Increasing system capacity and options for integration

- There was an increase in the number of individuals obtaining competitive integrated employment. Over 2,682 individuals found employment. This was short of the annual goal of 3,028. (Employment Goal One)
- There was an increase in the number of peer support specialists who are employed. There are 76 peer support specialists employed. This was an increase of 60 which exceeded the annual goal to increase by 30. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- Accessibility improvements were made to 1,658 curb ramps, 85 accessible pedestrian signals, and 28.34 miles of sidewalks in the last year. (Transportation Goal One)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Transition Services Goal Four to increase the percent of individual's transition plans that meet the required protocols.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals and the number of individuals approved.
- Positive Supports Four and Five to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

This section reports on the progress of five separate Olmstead Plan goals that assess movement of individuals from segregated to integrated settings.

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

The table below indicates the cumulative net number of individuals who moved from various segregated settings to integrated settings for each of the five goals included in this report. The reporting period for each goal is based on when the data collected can be considered reliable and valid.

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Apr – June 2018	10
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Apr – June 2018	232
• Other segregated settings	Apr – June 2018	321
• Anoka Metro Regional Treatment Center (AMRTC)	Oct - Dec 2018	19
• Minnesota Security Hospital (MSH)	Oct - Dec 2018	28
Net number who moved from segregated to integrated settings		610

More detailed information for each specific goal is included below. The information includes the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. The number provides context as it relates to the measure.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settingsⁱⁱⁱ will be 7,138.

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750
C) Segregated housing other than listed above	1,121	50	250	400	500
Total		874	1,074	1,224	1,322

A) INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICFs/DD)

2018 goal

- For the year ending June 30, 2018 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:

The 2018 goal of 72 was **met**.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
Quarter 1 (July – September 2017)	48	1	5	42
Quarter 2 (October – December 2017)	81	2	17	62
Quarter 3 (January – March 2018)	62	6	20	36
Quarter 4 (April – June 2018)	25	6	9	10
2018 Annual Totals (July 2017 – June 2018)	216	15	51	150

ANALYSIS OF DATA:

From July 2017 – June 2018, the number of people who moved from an ICF/DD to a more integrated setting was 150. The annual goal of 72 was met. During Quarter 4 the number of people who moved from an ICF/DD to a more integrated setting was 10.

COMMENT ON PERFORMANCE:

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services, as based on their last assessment. As part of the current reassessment process,

[AGENDA ITEM 6a]

individuals are being asked whether they would like to explore alternative community services in the next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal is to ensure access to waiver services funding within 45 days of requesting community services. DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. A total of 12 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 72 state-operated ICF/DD beds. Three MSOCS ICFs/DD continue to serve 13 adults. Hennepin County is working closely with the people being served and their families to identify new providers to provide services to those individuals. No timeline for conversion of these homes has been confirmed.

For the period July through December 2018, 96 ICF/DD beds from 14 sites were closed. Of these, 57 were converted to small foster care settings (group homes) serving 4 or fewer people in approximately 18 sites. The remainder of the beds appear to have been decertified due to long term vacancy. The total number of ICF/DD beds decertified during 2018 was 138.

UNIVERSE NUMBER:

In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

B) NURSING FACILITIES

2018 goal

- For the year ending June 30, 2018, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.

Baseline: January - December 2014 = 707

RESULTS:

The 2018 goal of 740 was **met**.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
Quarter 1 (July – September 2017)	264	14	48	202
Quarter 2 (October – December 2017)	276	21	54	201
Quarter 3 (January – March 2018)	259	20	44	195
Quarter 4 (April – June 2018)	315	32	51	232
2018 Annual Totals (July 2017 – June 2018)	1,114	87	197	830

ANALYSIS OF DATA:

From July 2017 – June 2018, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 830. The annual goal of 740 was met. During Quarter 4, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 232, which is an increase from the previous three quarters.

COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to more integrated options. Lead agencies are expected to work with these individuals to begin to plan their moves. DHS continues to work with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

UNIVERSE NUMBER:

In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

[AGENDA ITEM 6a]**C) SEGREGATED HOUSING****2018 goal**

- For the year ending June 30, 2018, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting.

RESULTS:

The 2018 goal of 500 was **met**.

Time period	Total moves	Receiving Medical Assistance (MA)			No longer on MA
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
Quarter 1 (July – Sept 2017)	1,461	298 (20.4%)	110 (7.5%)	922 (63.1%)	131 (9.0%)
Quarter 2 (Oct – Dec 2017)	1,381	297 (21.5%)	116 (8.4%)	854 (61.8%)	114 (8.3%)
Quarter 3 (Jan – March 2018)	1,522	272 (17.9%)	143 (9.4%)	972 (63.8%)	135 (8.9%)
Quarter 4 (April – June 2018)	1,603	321 (20.0%)	147 (9.2%)	989 (61.7%)	146 (9.1%)
2018 Annual Totals (July 2017 – June 2018)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)

ANALYSIS OF DATA:

From July 2017 – June 2018, of the 5,967 individuals moving from segregated housing, 1,188 individuals (19.9%) moved to a more integrated setting. The annual goal of 500 was met. During Quarter 4, the number of people who moved to a more integrated setting was 321, which is an increase from the previous three quarters.

COMMENT ON PERFORMANCE:

During the last year, there were significantly more individuals who moved to more integrated settings (19.9%) than who moved to congregate settings (8.7%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (62.6%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

The language below provides context and data definitions for the headings in the table above.

[AGENDA ITEM 6a]

Total Moves: Total number of people in one of the following settings for 90 days or more and had a change in status during the reporting period:

- Adult corporate foster care
- Supervised living facilities
- Supported living services (DD waiver foster care or in own home)
- Board and Care or Board and Lodge facilities

Moves are counted when someone moves to one of the following:

- More Integrated Setting (DHS paid)
- Congregate Setting (DHS paid)
- No longer on Medical Assistance (MA)
- Not receiving residential services (DHS paid)
- Deaths are not counted in the total moved column

Moved to More Integrated Setting: Total number of people that moved from a congregate setting to one of the following DHS paid settings for at least 90 days:

- Adult family foster care
- Adult corporate foster care (when moving from Board and Care or Board and Lodge facilities)
- Child foster care waiver
- Housing with services
- Supportive housing
- Waiver non-residential
- Supervised living facilities (when moving from Board and Care or Board and Lodge facilities)

Moved to Congregate Setting: Total number of people that moved from one DHS paid congregate setting to another for at least 90 days. DHS paid congregate settings include:

- Board and Care or Board and Lodge facilities
- Intermediate Care Facilities (ICFs/DD)
- Nursing facilities (NF)

No Longer on MA: People who currently do not have an open file on public programs in MAXIS or MMIS data systems.

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, etc. This group does not use other DHS paid services such as waivers, home care or institutional services. The data used to identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person's new setting was obtained less than 90 days after leaving a congregate setting. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family's home and are not in a congregate setting.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

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TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^v will be reduced to 30% (based on daily average).

2019 goal

- By June 30, 2019, the percent of people at AMRTC awaiting discharge will be reduced to $\leq 30\%$

Baseline: From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.¹

RESULTS:

This goal is **not on track** to meet the 2018 goal of $\leq 30\%$.

Time period	Percent awaiting discharge (daily average)	
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5% ²	
	Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	44.9%	29.3%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%
2019 Quarter 1 (July – September 2018)	50.9%	27.7%
2019 Quarter 2 (October – December 2018)	35.3%	41.6%

ANALYSIS OF DATA:

From October – December 2018, 35.3% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This is a decrease from 50.9% in the previous quarter. The average of the first two quarters is 43.1%. Although the goal is moving in the right direction, it is not on track to meet the annual goal of 30%.

From October-December 2018, 11 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

¹ The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

² The data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported separately for the two categories.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Quarter 1 (July – Sept 2018)	71	51	0	20	*8	*12
2019 Quarter 2 (Oct – Dec 2018)	76	56	1	19	11	8

*See the addendum for information about discrepancies in the previously reported Quarter 1 data.

COMMENT ON PERFORMANCE:

AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. In the last quarter, over 60% of admissions to AMRTC were patients who were committed after a finding of incompetency.

During this last quarter there was a higher percentage of individuals awaiting discharge who were civilly committed after being found incompetent (41.6%) than for those under mental health commitment (35.3%). This is a change in trend from all previous reporting periods where the reverse was true. AMRTC continues to work with courts around the state on approving DHS discharges and transfers; however, this continues to be a barrier to discharge for individuals civilly committed after being found incompetent.

For individuals under mental health commitment, complex mental health and behavioral support needs often create challenges to timely discharge. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.

Community providers often lack capacity to serve individuals who exhibit these behaviors:

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:

- Improvements in the treatment and discharge planning processes to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.

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- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

UNIVERSE NUMBER:

In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

2018 goal

- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 9

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:

The 2018 goal of ≥ 9 was **not met**.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (Jan – Dec 2015)	188	107	8	73 Average = 6.1
2016 Annual (Jan – Dec 2016)	184	97	3	84 Average = 7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76 Average = 6.3
Quarter 1 (Jan – March 2018)	64	47	2	15 Average = 5.0
Quarter 2 (April – June 2018)	53	32	0	21 Average = 7.0
Quarter 3 (July – Sept 2018)	44	28	1	15 Average = 5.0
Quarter 4 (October – Dec 2018)	51	23	0	28 Average = 9.3
2018 Annual Totals January – December 2018	212	130	3	79 Average = 6.6

ANALYSIS OF DATA:

During 2018, the average monthly number of individuals leaving Forensic Services³ to a more integrated setting was 6.6. The annual goal of an average of at least 9 per month was not met. Although the annual goal was not met, the average number of individuals who moved to an integrated setting increased to 9.3 in Quarter 4 from 5.0 in Quarter 3.

Forensic Services categorizes discharge data into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving Forensic Services by category. The categories include: committed after being found incompetent on a felony or gross misdemeanor charge, committed as Mentally Ill and Dangerous (MI&D) and Other committed).

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	188	107	8	(Avg. 6.1) 73
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	187	100	3	(Avg. 7.0) 84
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	199	114	9	(Avg. 6.3) 76
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	212	130	3	(Avg. 6.6) 79

COMMENT ON PERFORMANCE:

MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program (CRP) at St. Peter serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings.

Legislation in 2017 increased the base funding to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. These positions are primarily in direct care positions such as registered nurses,

³ MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program at St Peter. These four programs are collectively referred to as Forensic Services.

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forensic support specialists and human services support specialists. The positions that remain to be filled are in professional areas such as psychologists, social workers, recreational and occupational therapists. In the first quarter of fiscal year 2019, (July, August and September, 2018), 97% of funded professional positions are filled and 96.2% of funded direct care positions were filled.

MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

One identified barrier to discharge is the limited number of providers with the capacity to serve:

- Individuals with Level 3 predatory offender designation;
- Individuals over the age of 65 who require either adult foster care, skilled nursing, or nursing home level care;
- Individuals with DD/ID with high behavioral acuity;
- Individuals who are undocumented; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan;
- A placement that would meet the patient's needs is being developed; and
- Funding has not been secured.

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts, through November 2018, Forensic Services recommended reductions-in-custody to the Special Review Board for 73 individuals, 55 of which were granted. The results are pending for 11 individuals; and
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily CRP serves this population, and the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of CRP services is to restore a person's capacity to meaningfully participate in criminal proceedings, and his/her discharge is governed by the criminal court.

Competency restoration treatment may also be paired with a civil commitment of MI&D. These individuals would be served at MSH, and in rare circumstances Transition Services or the Forensic Nursing Home. For this report, the "Restore to Competency" category represents any individual who had been under court ordered competency restoration treatment, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

- All individuals at CRP competency entered the program under "treat to competency" orders.
- Forensic Services has expanded programming to individuals under "treat to competency", by opening a Community Competency Restoration Program in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

UNIVERSE NUMBER:

In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

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TRANSITION SERVICES GOAL FOUR: By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.] **[Revised March 2018]**

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

RESULTS:

This goal is **in process**.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 (52.2%)
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 (88.2%)
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	23 of 26 (88.5%)
FY19 Quarter 1 July –Sept 2018	19	6	0	13	5 of 13 (38.5%)	8 of 13 (61.5%)

ANALYSIS OF DATA:

For the period from July – September 2018, of the 19 transition case files reviewed, 6 people opted out of using the My Move Plan document. Of the remaining 13 case files, 8 files (61.5%) adhered to the transition protocol.

The plan is considered to meet the transition protocols if all ten items below (from “My Move Plan” document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How will the person get his or her belongings?
7. Medications and medication schedule.
8. Upcoming appointments.

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9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes?
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

COMMENT ON PERFORMANCE:

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

Baseline: From January – December 2016, of the 1,500 individuals assessed, 707 individuals or 47% moved off the DD waiver waiting list at a reasonable pace. The percent by urgency of need category was: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

Assessments between January – December 2016

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 (42%)	30 (37%)
Immediate Need	393	243 (62%)	113 (29%)
Defined Need	1,018	427 (42%)	290 (30%)
Totals	1,500	707 (47%)	433 (30%)

RESULTS:

This goal is in process.

Time period: July – September 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	29	21 (72%)	6 (21%)	2 (7%)
Immediate Need	122	83 (68%)	32 (26%)	7 (6%)
Defined Need	297	189 (64%)	80 (27%)	28 (9%)
Totals	448	293 (66%)	118 (26%)	37 (8%)

Time Period: October – December 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	28	14 (50%)	12 (43%)	2 (7%)
Immediate Need	110	74 (67%)	34 (31%)	2 (2%)
Defined Need	229	141 (62%)	71 (31%)	17 (7%)
Totals	367	229 (62%)	117 (32%)	21 (6%)

Time Period: January - March 2018

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	19	16 (84%)	2 (11%)	1 (5%)
Immediate Need	114	79 (69%)	26 (23%)	9 (8%)
Defined Need	256	177 (69%)	63 (25%)	16 (6%)
Totals	389	272 (70%)	91 (24%)	26 (7%)

Time Period: April - June 2018

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	20	12 (60%)	6 (30%)	2 (10%)
Immediate Need	121	89 (74%)	26 (21%)	6 (5%)
Defined Need	311	227 (73%)	61 (20%)	23 (7%)
Totals	452	328 (73%)	93 (20%)	31 (7%)

Time Period: July 2018 - September 2018

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	22	17 (77%)	4 (18%)	1 (5%)
Immediate Need	102	81 (79%)	18 (18%)	3 (3%)
Defined Need	227	163 (72%)	57 (25%)	7 (3%)
Totals	351	261 (74%)	79 (23%)	11 (3%)

ANALYSIS OF DATA:

From July – September 2018, of the 351 individuals assessed for the Developmental Disabilities (DD) waiver, 261 individuals (74%) had funding approved within 45 days of the assessment date. An additional 79 individuals (23%) had funding approved after 45 days. Only (3%) of individuals assessed are pending funding approval.

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval and whether reasonable pace goals are met. If reasonable pace goals are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories.

Lead agencies may encounter individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as

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pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people still waiting for funding approval at specific points of time. Also included is the average and median days waiting of those individuals who are still waiting for funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal. The total number of people still waiting for funding approval as January 8, 2019 is 93 people. This has decreased since October 1, 2017 (152).

People Pending Funding Approval as of April 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	91	82
Immediate Need	16	130	93
Defined Need	172	193	173
Total	201		

People Pending Funding Approval as of July 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	109	103
Immediate Need	26	122	95
Defined Need	198	182	135
Total	237		

People Pending Funding Approval as of October 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	12	136	102
Immediate Need	36	120	82
Defined Need	104	183	137
Total	152		

People Pending Funding Approval as of January 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	1	144	144
Immediate Need	22	108	74
Defined Need	66	184	140
Total	89		

People Pending Funding Approval as of April 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	5	65	61
Immediate Need	20	109	73
Defined Need	35	154	103
Total	60		

People Pending Funding Approval as of July 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	6	360	118
Immediate Need	26	115	85
Defined Need	62	120	70
Total	94		

People Pending Funding Approval as of October 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	12	112	74
Immediate Need	26	110	78
Defined Need	76	132	106
Total	114		

People Pending Funding Approval as of January 8, 2019

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	10	138	101
Immediate Need	18	115	79
Defined Need	65	144	88
Total	93		

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported four months after the end of the reporting period.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY

The results for the 2017 NCI survey for individuals with intellectual and developmental disabilities were reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) report was accepted by the Olmstead Subcabinet On January 28, 2019. This report is a follow-up to the “[Olmstead Plan Quality of Life Survey Baseline Report](#)” conducted in 2017, which is the first study in the country that includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

Key Facts about the First Follow-up Survey (2018)

- A total of 511 people completed the survey. Follow-up survey respondents were selected from a random sample of 2,005 baseline survey respondents.
- The Olmstead Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

Highlights from the First Follow-up Survey

The goal of the survey is to track progress of quality of life over an extended period of time. Researchers caution noticeable change is difficult to detect in a short period. When comparing data from the baseline to the follow-up survey, which took place in the span of one year, the results have not yet significantly shifted. Using a scale from “very bad” to “very good,” people with disabilities reported their overall quality of life to be “good.” Minnesota’s average baseline score (76.6) and follow-up score (77.4) were similar.

Researchers detected no definitive changes but some interesting information surfaced.

- The data showed the more people get out and are allowed to interact with the broader community, their quality of life increases. Outing interaction scores are low. Minnesota’s baseline average score (37.7) and follow-up (36.5) were similar. This indicates people are generally segregated from the broader community during daily activities. Finding ways to further integrate daily activities will help to improve quality of life for the focus population.
- The data also showed there are differences in quality of life for different regions of the state. Depending on where people live, they will have different experiences. For example, while there are

fewer outing interactions in the Metro Area, this area has a higher score for decision control. Variables impacting these scores may range from how agencies provide services to how providers network with each other.

- Respondents' perceived they have a moderate ability to make their own choices. Minnesota's average baseline score (66.2) and follow-up score (67.6) remained close. Further analysis showed that respondents without guardians reported more decision control and a higher quality of life than respondents with a guardian. In addition. Those with private guardians had a higher quality of life than those with public guardianship.

Initial analysis of the follow-up survey results have shown the nature of a long-term study is valuable and has already helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents. It is recommended that the second follow-up survey should occur in summer of 2020.

Background

The Olmstead Subcabinet selected the Center for Outcome Analysis (COA) Quality of Life survey tool for the study. This tool was selected because it is reliable, valid, low-cost and could be used with all people with disabilities. The OIO then conducted a pilot survey to test the effectiveness of the tool.

The [Olmstead Plan Quality of Life Survey: First Follow-up 2018](#) Report is available at www.mn.gov/olmstead and will be attached as an Exhibit to this Quarterly report.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

PERSON-CENTERED PLANNING GOAL ONE: By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice. [Revised March 2018]

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

1. The support plan describes goals or skills that are related to the person's **preferences**. (74%)
2. The support plan includes a global statement about the person's **dreams and aspirations**. (17%)
3. Opportunities for **choice** in the person's current environment are described. (79%)
4. The person's current **rituals and routines** are described. (62%)
5. **Social**, leisure, or religious **activities** the person wants to participate in are described. (83%)
6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described. (70%)
7. The person's preferred **living** setting is identified. (80%)
8. The person's preferred **work** activities are identified. (71%)

RESULTS:

This goal is **in process**.

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Quarter 2 Oct – Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Quarter 4 April – June 2018	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Quarter 1 July – Sept 2018	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%

[AGENDA ITEM 6a]**ANALYSIS OF DATA:**

For the period from July – September 2018, in the 130 case files reviewed, the eight required criteria were present in the percentage of files shown above. Performance on seven of the eight elements have improved over the 2017 baseline. Five of the eight elements show consistent progress, and six of the eight are at 90% or greater this quarter. One element, social activities, has remained level over the past three quarters.

Total number of cases and sample of cases reviewed

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY18 Quarter 1 (July – September 2017)	934	192
FY18 Quarter 2 (October –December 2017)	1,419	186
FY18 Quarter 3 (January – March 2018)	8,613	628
FY18 Quarter 4 (April – June 2018)	1,226	237
FY19 Quarter 1 (July – September 2018)	832	130

Counties Participating in Audits⁴

July – September 2015	October – December 2015	January – March 2016	April – June 2016
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville
2. Itasca	8. Faribault	14. Carver	20. Traverse
3. Wadena	9. Martin	15. Wright	21. Douglas
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope
5. Mahnomen	11. Isanti	17. Wabasha	23. Stevens
6. Norman	12. Olmsted	18. Crow Wing	24. Grant
			25. Freeborn
			26. Mower
			27. Lac Qui Parle
			28. Chippewa
			29. Ottertail

July – September 2016	October – December 2016	January – March 2017	April – June 2017
30. Hubbard	38. Cook	44. Chisago	47. MN Prairie Alliance ⁵
31. Cass	39. Fillmore	45. Anoka	48. Morrison
32. Nobles	40. Houston	46. Sherburne	49. Yellow Medicine
33. Becker	41. Lake		50. Todd
34. Clearwater	42. SW Alliance ⁶		51. Beltrami
35. Polk	43. Washington		
36. Clay			
37. Aitkin			

⁴ Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS).

⁵ The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

⁶ The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

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July – September 2017	October – December 2017	January – March 2018	April – June 2018
52. Pennington	58. Stearns	61. Dakota	64. Big Stone
53. Winona	59. McLeod	62. Scott	65. Des Moines Valley Alliance ⁷
54. Roseau	60. Kandiyohi	63. Ramsey	66. Kanabec
55. Marshall			67. Nicollet
56. Kittson			68. Rice
57. Lake of the Woods			69. Sibley
			70. Wilkin

July – September 2018
71. Brown
72. Carlton
73. Pine
74. Watonwan

COMMENT ON PERFORMANCE:

The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADi) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. For the purposes of corrective action person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

For the lead agencies reviewed during this time period, two of the four counties reviewed were required to develop corrective action plans in at least one category for at least one disability waiver program.

UNIVERSE NUMBER:

In Fiscal year 2017 (July 2016 – June 2017), 47,272 individuals received disability home and community-based services.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported three months after the end of the reporting period.

⁷ The Des Moines Valley Health and Human Services Alliance includes Cottonwood and Jackson counties.

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.

2018 Goal

- By June 30, 2018, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 46 individuals**

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The 2018 overall goal was met and reported in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in Process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 - June 2017)	692 (unduplicated)	69
2018 Annual (July 2017 - June 2018)	644 (unduplicated)	48
Quarter 1 (July - September 2018)	265 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

The overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less, by June 30, 2018 was met. The total number of people experiencing a restrictive procedure from July 1, 2017 – June 30, 2018 was 644. That is a reduction of 432 from the baseline. This outperformed the overall goal of 200 by 216%. DHS will continue to report progress past the goal end date of June 30, 2018.

From July - September 2018, the number of individuals who experienced a restrictive procedure was 265. This is a decrease of 19 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress.

COMMENT ON PERFORMANCE:

There were 265 individuals who experienced a restrictive procedure this quarter:

- 233 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 32 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR.

[AGENDA ITEM 6a]

It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends. During this quarter, the EPRC conducted EUMR-related outreach involving seven people.

UNIVERSE NUMBER:

In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

POSITIVE SUPPORTS GOAL TWO: By June 30, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.

Annual Goals

- By June 30, 2018, the number of reports of restrictive procedures will be reduced by **369**.

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number of BIRF reports	Reduction from previous year
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
2017 Annual (July 2016 - June 2017)	3,583	425
2018 Annual (July 2017 - June 2018)	3,739	+156
Quarter 1 (July – September 2018)	781	N/A – quarterly number

ANALYSIS OF DATA:

The overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006, or less, by June 30, 2018 was met. The total number of BIRF reports of restrictive procedures from July 1, 2017 – June 30, 2018 was 3,739, a reduction of 4,863. This was 3,267 reports over the goal, or 116% greater than anticipated. DHS will continue to report progress past the goal end date of June 30, 2018. From July - September 2018, the number of restrictive procedure reports was 781. This was a decrease of 62 from 843 during the previous quarter.

COMMENT ON PERFORMANCE:

There were 781 reports of restrictive procedures this quarter. Of the 781 reports:

- 619 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
 - Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
 - This is a decrease of 46 reports of EUMR from the previous quarter.
- 162 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee’s purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
 - The number of non-EUMR restrictive procedure reports decreased by 41 from the previous quarter.
- 25 uses of seclusion involving 14 people were reported this quarter:
 - 18 uses involving 11 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 1 use of seclusion involved an individual at a Children’s Residential Facility.
 - 6 reports involving 2 different people were reported as unapproved uses of seclusion. DHS staff provided technical assistance to the providers in these cases and referred the reports to Licensing Intake.

[AGENDA ITEM 6a]**UNIVERSE NUMBER:**

In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

POSITIVE SUPPORTS GOAL THREE: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544^{vi}, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

- By December 31, 2019, the emergency use of mechanical restraints will be reduced to (A) ≤ 93 reports and (B) ≤ 7 individuals.

2019 Goal

- By June 30, 2019, reduce mechanical restraints to no more than
(A) 93 reports of mechanical restraint
(B) 7 individuals approved for emergency use of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:

- (A) The 2019 goal for number of reports is **not on track**.
(B) The 2019 goal for number of individuals is **not on track**.

Time period	(A) Number of reports during the time period	(B) Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
Quarter 1 (July – September 2018)	137	12

ANALYSIS OF DATA:

This goal has two measures. Neither measure is on track to meet the 2019 goal.

- From July 1 through September 30, 2018, the number of reports of mechanical restraints was 137. This was a decrease of 16 from 153 in Quarter 4.
- At the end of the reporting period (September 30, 2018), the number of individuals for whom the use of mechanical restraint use was approved was 12. Although this is a decrease from 13 during the previous quarter, the goal is not on track to reduce to 7.

COMMENT ON PERFORMANCE:

Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the EPRC were conducted by the Interim Review Panel.

Of the 137 BIRFs reporting use of mechanical restraint in Quarter 1:

- 117 reports involved 10 of the 12 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
 - This is a decrease of 8 reports from Quarter 4.
 - For 2 people with an approved plan including the use of mechanical restraint, there were no uses of mechanical restraint during this quarter.
- 13 reports involving 7 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 3 reports involving 1 person were submitted by a provider whose use was within the 11-month phase out period.
- 4 reports involving 3 people were submitted for the use of mechanical restraint that was not approved by the Commissioner. DHS staff provided technical assistance to the providers in these cases and 2 cases were referred to Licensing Intake.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

[AGENDA ITEM 6a]

CRISIS SERVICES GOAL THREE: By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver).

RESULTS:

The 2017 overall goal was reported as not met in the February 2018 Quarterly Report. The status of the goal will continue to be reported as **in process**.

Time period	Number of people who discontinued disability waiver services after a crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)
2017 Annual (July 2016 – June 2017)	62 (unduplicated)
2018 Annual (July 2017 – June 2018)	77 (unduplicated)

ANALYSIS OF DATA:

From July 2017 – June 2018, the number of people who discontinued disability waiver services after a crisis was 77. From April – June 2018, the number of people who discontinued waiver services after a crisis was 25.

COMMENT ON PERFORMANCE:

Given the small number of people identified in any given quarter as part of this measure, as of March 2017, DHS staff is conducting person-specific research to determine the circumstances and outcome of each identified waiver exit. This will enable DHS to better understand the reasons why people are exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal.

Of the 25 people who discontinued waiver services because of a behavior crisis in Quarter 4:

- 14 people have since reopened to waiver services
- 11 people did not reopen on waiver services. Of those 11:
 - 2 people received relocation assistance and plan to reopen soon;
 - 2 people and/or their guardians chose to remain in a nursing facility;
 - 4 people remain in hospitals or nursing facilities and have not received relocation assistance, so plans for reopening are unknown;
 - 1 individual had a provisional discharge revoked and returned to Minnesota Security Hospital;
 - 1 individual has not been located
 - 1 individual passed away

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported semi-annually or annually. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals⁸ receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2018 Goal

- By September 30, 2018, the number of new individuals with disabilities working in competitive integrated employment will be **3,028**.

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment.

RESULTS:

The 2018 goal was **not met**.

Time period Federal Fiscal Year (FFY)	Number of Individuals Achieving Employment Outcomes		
	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682

ANALYSIS OF DATA:

From October 2017 – September 2018, the number of people with disabilities working in competitive integrated employment was 2,682. The 2018 annual goal of 3,028 was not met. This number represents a decrease from the previous year, and a decrease of 56 under baseline.

VRS: In FFY 18, the number of applications and completed plans decreased from FFY 17 (applications decreased 6.0%; plans completed decreased 7.5%). The number of employment outcomes for FFY 18 dropped to 2,577, a 5.0% decrease from FFY 17.

SSB: In FFY 18 the total number of customers served was 1,285. This is an increase from FFY17 (1,054), and in line with FFY16 (1,289). SSB continues to receive a steady number of applications: 273 in FFY 18

⁸ "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

[AGENDA ITEM 6a]

and served a higher proportion of first time customers (68.5%) compared to 38.3% in FFY 17 and 36% in FFY 16. SSB also served a higher proportion of youth 14-21 years (31.9%) in FFY 18, compared to 26.5% in FFY 17, and 19.5% in FFY 16. This is a shift that will likely continue under WIOA's emphasis on transition students.

COMMENT ON PERFORMANCE:

VRS: The reduction in the number of individuals who achieved competitive integrated employment is a reflection of the changing demographics of persons being served and the increased complexity of their circumstances. The VRS program has had an increase of 59.1% of clients with intellectual disabilities and an increase of 39.9% of people with autism. This population requires intensive and long term services in order to achieve an employment outcome.

The Workforce Innovation and Opportunity Act (WIOA) mandates have led to dramatic changes in the demographics of persons being served and have also reduced the dollars available to assist participants in securing and maintaining competitive integrated employment. WIOA has also implemented new federal performance measures which move away from counting the number of employment outcomes and instead, focus on credential attainment and measurable skill gains.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must adhere to. The total number of SSB customers who obtained employment in FFY 18 increased slightly from the prior year and the, the data shows that, under recent policy changes, SSB is serving customers with more complex and longer-term needs.

SSB operates in a dynamic environment in which its customers and guiding policies are constantly changing. WIOA's impacts will continue to unfold as time goes on. Federal reporting requirements and performance indicators continue to be adjusted, which requires resources and staff time to adapt internal procedures.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported two months after the end of the reporting period.

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

2018 Goal

- By December 31, 2018, the number of employed peer support specialists will increase by 30.

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

RESULTS:

The 2018 goal to increase by 30 over baseline was **met**.

Time Period	Number of employed peer support specialists	Increase over baseline
Baseline (as of April 30, 2016)	16	N/A
2017 Annual (as of December 31, 2017)	46	30
2018 Annual (as of December 31, 2018)	76	60

ANALYSIS OF DATA:

As of December 31, 2018 there were 76 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. The 2018 goal to increase the number of peer support specialists by 30 over baseline (to 46) was met.

Of the 76 employed peer support specialists, 26 are employed by ACT teams and 50 are working in IRTS and crisis residential facilities. Most of these positions are part time and the peers are level one peers. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:

Since Fall of 2009, 875 individuals have successfully completed the peer training. Based on several surveys over the last couple of years, it is estimated that approximately 30% of certified peers worked at one time. Many leave after a short time, citing poor pay, lack of understanding of their role, discrimination by fellow employees, and unwillingness to work as a contract worker.

It is apparent that agencies that hire several peers have a more committed workforce and it is a more cost neutral service. Providers state that they need more training to implement the service but that has proved difficult because of constant turnover in staff.

The Behavioral Health Division is part of the Community Supports Administration at DHS. It includes adult mental health services, children's mental health services and alcohol and drug abuse services. The division works to integrate mental health with physical health care, to promote successful treatments, and to serve people close to their communities, families and other supports. The division was integrated the mental health and substance abuse divisions to form an integrated division in 2017; previously each area was a separate division. In light of this shift it is recommended that this goal

[AGENDA ITEM 6a]

include the number of Recovery Peers in the future. There are 33 ACT teams, 32 IRTS and 25 residential crisis beds that provide employment opportunities for peer support specialists.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

EDUCATION GOAL ONE: By December 1, 2019, the number of students with disabilities^{vii}, receiving instruction in the most integrated setting^{viii}, will increase by 1,500 (from 67,917 to 69,417)

2017 Goal

- By December 1, 2017, the number of students receiving instruction in the most integrated settings will increase by 900 over baseline to 68,817

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.11%) received instruction in the most integrated setting.

RESULTS:

The 2017 goal to increase by 900 over baseline to 68,817 was **met**.

Time Period	Students with disabilities in most integrated setting	Total number of students with disabilities (ages 6 – 21)
January – December 2014	68,434 (62.1%) (517 over baseline)	110,141
2015 Goal January – December 2015	69,749 (62.1%) (1,832 over baseline)	112,375
2016 Goal January – December 2016	71,810 (62.3%) (3,893 over baseline)	115,279
2017 Goal January – December 2017	74,274 (62.5%) (6,387 over baseline)	118,800

ANALYSIS OF DATA:

During 2017, the number of students with disabilities receiving instruction in the most integrated setting increased by 6,387 over baseline to 74,274. The 2017 goal of an increase of 900 over baseline to 68,817 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 increased 0.2% from the previous year.

COMMENT ON PERFORMANCE:

MDE will continue the expansion of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

TRANSPORTATION GOAL ONE: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By October 31, 2021, improvements will made to 30 miles of sidewalks.

A) Curb Ramps

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

Baseline: In 2012: 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

RESULTS:

Based on Calendar Year 2017 data, the 2020 overall goal to make 4,200 improvements has been met.

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%
Calendar Year 2017	1,658	42.0%
Total	5,406	42.0%

ANALYSIS OF DATA:

In 2017, the total number of curb ramps improved was 1,658, bringing the system to 42.0% compliance under PROW. The 2020 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:

In 2017, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

B) Accessible Pedestrian Signals

By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

2018 Goal

- By December 31, 2018, an additional 50 APS installations will be provided.

Baseline: In 2009: 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of intersections where APS signals were installed was 118.

[AGENDA ITEM 6a]**RESULTS:**

The 2018 annual goal to install 50 APS was **met**. In addition, the 2019 overall goal to install 250 APS has been achieved.

Time Period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	523 of 1,179 APS (44% of system)	--	405
Calendar Year 2015	592 of 1,179 APS (50% of system)	69	474
Calendar Year 2016	692 of 1,179 APS (59% of system)	100	574
Calendar Year 2017	770 of 1,179 APS (65% of system)	85	659

ANALYSIS OF DATA:

In Calendar Year 2017, an additional 85 APS installations were provided. Based on the 2017 data, the 2018 goal to increase by 50 was met. The 2019 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:

MnDOT continues to exceed the target set for APS which is largely based on MnDOT's signal replacement schedule. The increase is a result of signals being added to projects later in the project development.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

C) Sidewalks

By October 31, 2021, improvements will be made to an additional 30 miles of sidewalks.

2017 Goal:

- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks.

Baseline: In 2012: MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standards and Public Right of Way (PROW) guidance.

RESULTS:

The 2018 goal was **met** (using Calendar Year 2017 data). The 2021 overall goal to improve 30 miles of sidewalk was **met**.

Time Period	Sidewalk Improvements	PROW Compliance Rate
Calendar Year 2014	N/A	46%
Calendar Year 2015	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	49%
Calendar Year 2017	28.34 miles	56%
Total	59.55 miles	56%

ANALYSIS OF DATA:

In Calendar Year 2017, improvements were made to an additional 28.34 miles of sidewalks. This brings the Public Right of Way compliance rate to 56%. The 2018 goal was met. In addition the 2021 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:

Based on the trend of the previous construction seasons MnDOT has proposed a new goal to complete 9 mile of sidewalk per construction season. The proposed goal takes into account past performance and programmed projects. The trend line will be monitored and adjustments will be made as needed.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

2018 Goal

- By June 30, 2018, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

RESULTS:

The 2018 goal was **not met**.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	*133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	*137,601	3,476 (2.5%)	+ 442 (+0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+0.0%)

*See Addendum for information about discrepancies in these reporting periods from previously reported data.

[AGENDA ITEM 6a]**ANALYSIS OF DATA:**

School districts reported that of the 142,270 students receiving special education services, restrictive procedures were used with 3,546 of those students (2.5%). This was an increase of 70 students from the previous year but the percentage remained unchanged. The 2018 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 4,669 from the 2016-2017 school year.

As reported in the Addendum, a new methodology is being used to report some of the data in this measure. All previously reported numbers dating back to 2015-16 were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is included above. A change to the baseline is being proposed during the 2019 Olmstead Plan amendment process.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 and 2016-17 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2017-18 school year data. The legislative report will be available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/>

2017-18 school year:

- Physical holds were used with 3,465 students, up from 3,127 students in 2016-17.
- Seclusion was used with 824 students, down from 976 students in 2016-17.
- Compared to the 2016-17 school year, the average number of physical holds per physically held student is 5.4, down from 5.5; the average number of uses of seclusion per secluded student was 7.6, up from 7.3; and the average number of restrictive procedures per restricted student was 7.1, up from 7.0.

The table below shows this information over the last three school years.

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6

COMMENT ON PERFORMANCE:

The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly

[AGENDA ITEM 6a]

reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup

MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

[AGENDA ITEM 6a]

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

2018 Goal

- By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

RESULTS:

The 2018 goal to reduce by 563 or 0.2 uses per student was **not met**.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	24,285	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,175	3,546	7.1	+ 70 incidents +0.1 rate

ANALYSIS OF DATA:

During the 2017-18 school year there were 25,175 incidents of emergency use of restrictive procedures. There were 7.1 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was an increase of 890 incidents from the previous year. There was also an increase of 70 students with an increase in the rate (0.1 incident per student). The 2018 goal to reduce by 0.2 incidents per student was not met.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2017-18 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2017-18 school year data. The legislative report will be available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/>

[AGENDA ITEM 6a]

2017-18 school year:

- Based upon MDE enrollment data, 142,270 students received special education services, up 4,669 or 3.4% from the 2016-2017 school year.
- During the 2017-2018 school year, Minnesota school districts reported a total of 18,884 physical holds and 6,291 uses of seclusion for a total of 25,175 restrictive procedure uses.
- The total number of uses of restrictive procedures increased by 890 or 3.7% from the 2016-2017 school year, while the total number of students who experienced a restrictive procedure increased by 70 or 2.0%. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure increased, from 7.0 during the previous school year to 7.1.
- The average number of physical holds per physically held student decreased from 5.5 in 2016-2017 to 5.4. While the number of students who were secluded and the number of seclusion uses decreased, the average number of seclusion uses per secluded student increased, from 7.3 to 7.6.

COMMENT ON PERFORMANCE:

The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup

MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

[AGENDA ITEM 6a]

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

CRISIS SERVICES GOAL ONE: By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%

Baseline: In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

RESULTS:

The 2018 goal to increase to 85% was **not met**.

Time period	Total Episodes	Community	Treatment	Other
2016 Goal (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Goal (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
July – December 2017	1,176	841 (71.5%)	210 (17.9%)	125 (10.6%)
January – June 2018	1,560	1,165 (74.7%)	281 (18.0%)	114 (7.3%)
2018 Goal Totals (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).
- Other = children's shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:

For the reporting period of July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. This is below the baseline and is a 6.6% decrease from the 2017 annual goal performance of 79.9%. Although performance improved from January – June 2018, the 2018 goal of 85% was not met.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of episodes of children receiving mental health crisis services, with likely more children being seen by crisis teams. In particular the number of children receiving treatment services after their mental health crisis has increased by more than 30% since baseline and by almost 50% since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time. DHS will continue to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.

When children are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. It is important for the child to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible.

DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively. DHS will continue to work with providers to explore trends that might be contributing to children presenting in crisis with the need for a higher level of care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

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CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18 years, the person remained in their community 3,008 times or 57.8% of the time.

RESULTS:

The 2018 goal to increase to 62% was **not met**.

Time period	Total Episodes	Community	Treatment	Other
2016 Goal (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Goal (July 2016 - June 2017)	10,825	5,848 (54.0%)	3,444 (31.8%)	1,533(14.2%)
July – December 2017	5,498	2,874 (52.3%)	1,673 (30.4%)	951 (17.3%)
January – June 2018	5,525	2,745 (49.7%)	1,837 (33.2%)	943 (17.1%)
2018 Goal Totals (July 2017 – June 2018)	11,023	5,619 (51.0%)	3,510 (31.8)	1,894 (17.2%)

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:

For the reporting period of July 2017 – June 2018, of the 11,023 crisis episodes, the adult remained in their community after the crisis 5,619 times or 51.0% of the time. This is below the baseline and is a 3.0% decrease from the 2017 annual goal performance of 54.0%. The 2018 goal of 85% was not met.

COMMENT ON PERFORMANCE:

When individuals are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. It is important for individuals to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible. DHS has worked with mobile

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crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

DHS will continue to work with providers to ensure timely and accurate reporting and explore trends that might be contributing to individuals presenting in crisis with the need for a higher level of care. DHS will also continue to work with mobile crisis teams in order to identify training opportunities and provide support most needed for serving people in crisis.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

PREVENTING ABUSE AND NEGLECT GOAL THREE: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

2018 Goal

- By December 31, 2018, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 5% compared to the baseline.

BASELINE:

From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

RESULTS: The goal is in **on track** to meet the 2018 goal.

Time Period	Total number of people	Number of repeat episode	Change from baseline
Baseline (July 2015 - June 2016)	2,835	126 (4.4%)	N/A
July 2016 – June 2017	2,777	114 (4.1%)	<12> <9.5%>

ANALYSIS OF DATA:

From July 2016 – June 2017, 2,777 people had a substantiated or inconclusive abuse or neglect episode⁹. Of those people, 114 (4.1%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 12 from baseline which is a reduction of 9.5%. This is on track to meet the 2018 goal.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a county was responsible for response. Maltreatment reports when DHS licensing or Minnesota Department of Health (MDH)

⁹ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

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were responsible for the investigation of an individual associated with a licensed provider involved are not included in this report.

Demographic Data for July 2015 – June 2016**Episode Types**

	Total Episodes	Emotional/ Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
FY 2016	134	18	4	0	8	16	24	64
FY 2017	124	14	12	2	3	13	28	52

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37

Victim Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	126	9	8	35	21	32	21
2017	114	5	5	32	20	27	25

Victim Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	126	112	3	5	4	1	0	1
2017	114	91	9	7	2	5	0	0

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	70	3	14	38	7	6	2
2017	74	5	16	39	4	7	0

Offender Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	70	56	3	2	3	2	1	3
2017	74	52	4	4	3	5	0	6

COMMENT ON PERFORMANCE:

Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced

maltreatment. The number of substantiated and inconclusive allegations is impacted by the number of maltreatment reports opened for investigation.

Protection from maltreatment is balanced with the person's right to choice. People who are vulnerable may refuse interventions offered by adult protective services or supports that could protect them from abuse or neglect. Some incidents of repeat maltreatment may demonstrate vulnerable adults right to make decisions about activities, relationships and services is being respected and that use of restrictive services or legal interventions, like guardianship, are minimized.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported twelve months after the end of the reporting period.

DRAFT

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments on an ongoing basis.^{ix}

The first review of workplan activities occurred in December 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception.

The summary of those reviews are below.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January 2018	46	45	0	1	0
February 2018	20	16	2	2	0
March 2018	18	16	2	0	0
April 2018	21	19	1	1	0
May 2018	9	9	0	0	0
June 2018	15	15	0	0	0
July 2018	49	49	0	0	0
August 2018	8	8	0	0	0
September 2018	9	9	0	0	0
October 2018	7	7	0	0	0
November 2018	6	6	0	0	0
December 2018	11	8	0	3	0
January 2019	38	38	0	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

[AGENDA ITEM 6a]

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

DRAFT

VII. ADDENDUM

Data Discrepancies: Transition Services Goal Two

It was determined that there was a discrepancy involving data previously reported for the following goal.

For Quarter 1, in the “moves to integrated settings” column, the wrong numbers (17 and 54) were submitted. The correct numbers (8 and 12) have been submitted and updated in the table. The incorrect numbers had no impact on the number in the “net moved to integrated setting” column (20) or on the status of the goal.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^x will be reduced to 30% (based on daily average).

Previously Reported (November 2018 Quarterly Report, page 12)

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated settings	
					Mental health commitment	Committed after finding of incompetency
2019 Quarter 1 (July – Sept 2018)	71	51	0	20	17	54

Updated Reporting

- The status of the goal is unchanged. The only change is in the last 2 columns.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated settings	
					Mental health commitment	Committed after finding of incompetency
2019 Quarter 1 (July – Sept 2018)	71	51	0	20	8	12

ADDENDUM

Data Discrepancy: Positive Supports Goal Four

In prior reports, the total number of students receiving special education services was computed by totaling the counts on each district's annual restrictive procedure form. Given some districts lack of reporting that information and concerns over possible duplication of students, MDE is changing the way they report that number. For data verification purposes, MDE is now using the official special education student enrollment information (child count) that is finalized by December first of each year. The reporting going forward will use that number.

As a result of this change, all previously reported numbers dating back to 2015-16 school year were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is updated in the February 2019 Report. The updates only affected the total number of students receiving special education services. It did not affect the performance on the annual goals.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

Previously reported (February 2018 Quarterly Report, page 47)

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	147,360	3,034 (2.1%)	N/A
2016-17 school year	151,407	3,476 (2.3%)	+ 442 (0.2%)

Updated reporting

- The status of the goal is unchanged.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+0.2%)

The 2018 Annual data is included on page 40 of this report.

ENDNOTES

ⁱ Reports are also filed with the Court in accordance with Court Orders. Timelines to file reports with the Court are set out in the Court's Orders dated February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). The annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. See Doc. 578.

ⁱⁱ Some Olmstead Plan goals have multiple subparts or components that are measured and evaluated separately. Each subpart or component is treated as a measurable goal in this report.

ⁱⁱⁱ This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options also reported under Housing Goal One.

^{iv} Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.

^v As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

^{vi} Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

^{vii} "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

^{viii} "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

^{ix} All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.

^x As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Items:

- 6 (b) Olmstead Plan Amendment Process
 - 1) Public input themes and Agency Response

Presenter:

Agency Sponsors and Leads

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

This is a summary of the themes that were heard during the public input period. Included with the summary, is the response from the responsible agencies and any changes to the Olmstead Plan measurable goals, strategies or workplans.

Attachment(s):

6b1 – Public input themes and Agency Response

[AGENDA ITEM 6bi]**Report on Public Input Themes and Agency Response****Background**

The Olmstead Implementation Office (OIO) has gathered comments for the first round of public comments on the annual update and modification of the Olmstead Plan. The feedback was compiled from five public comment sessions (four public meetings and a videoconference session), emails and an online form. These yielded close to 200 comments from people with disabilities, families, supporters, and service providers. 151 people participated in the sessions or provided written comments. The OIO documented comments on flipchart paper and utilized CART (Captioning Real Time) services for verification. All public comments were forwarded to the agencies regularly for their consideration.

The goal was to capture comments as accurately as possible during the listening sessions. The comments have been reviewed and organized into themes in a way that is helpful to the Subcabinet as amendments to the Plan are considered.

Public Input Themes and Agency Responses

The public comments have been grouped into themes. Themes include issues that were raised multiple times.

- Themes identified during the public input process that relate to topic areas addressed in the Olmstead Plan.
- Themes identified during the public input process that are not currently addressed in the Olmstead Plan.

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[AGENDA ITEM 6bi]**THEMES ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS**

This section includes themes identified during the public input process that are related to topic areas in the Olmstead Plan. Themes were identified if they were raised by multiple people. Agency responses are included for each theme. The themes and responses are grouped by topic area.

PERSON-CENTERED PRACTICES

THEME:

People with disabilities do not feel they have control over their daily life.

AGENCY RESPONSE:

- DHS will continue the strategy to “Broaden the Effective Use of Person-Centered Planning Principles and Techniques for People with Disabilities” through trainings and communications.
- Lead Agency Review of cases help to ensure person planning principles are being met. Remediation is required when cases are found not compliant. (Person-Centered Goal One)
- DHS reports annually on the trainings and other efforts to widen the use of Person-Centered planning and thinking.
- DHS and the State of Minnesota continue to fund and support self-advocacy training and service organizations to empower people to understand their rights and advocate for themselves

THEME:

People with disabilities, students with disabilities, families do not know their rights and choices.

AGENCY RESPONSE:

- DHS is coordinating the development, training, and use of support planning to incorporate natural and technology support with paid supports to create person-centered plans that increase the focus on independence and integration.
- In 2019, DHS will begin to develop approaches and provide materials to make the 245D Bill of Rights more understandable, accessible, and relevant to those who use services and their families. This will build off work done by MDH and the Governor’s Council on Developmental Disabilities.
- DHS is developing a new Consultation Service to support people understanding their options and making informed choices about their state plan personal care services. Consultation Services is an information and referral service for people that will use Community First Services and Supports (CFSS). The launch of this new service will begin as DHS transitions from the current Personal Care Assistance Services to CFSS. The provider of Consultation Services will work with the CFSS participant to access and coordinate services and supports based on the person’s service delivery plan. They will provide support and empower the participant to coordinate their own CFSS services. Consultation Services will provide information about CFSS and reduce barriers in order to increase self-direction.

[AGENDA ITEM 6bi]

- MDE uses several statewide strategies to ensure that students with disabilities and their families are informed of their rights and choices. MDE ensures that all school districts provide students and families with a Notice of Procedural Safeguards for special education processes at least once a year, if not more often. This document explains special education processes, the rights of students and families in those processes, and their rights. This annual information is also available in multiple languages to meet the needs of diverse families and communities in Minnesota.
- In addition, MDE provides training, tools and technical assistance to support individualized education program (IEP) teams in using person-centered practices. Person-centered practices are a continuum of strategies and activities that support the informed choice of students and families to make or have input into both major transitions and everyday life decisions, especially as part of IEP development for a student. MDE also provides support to PACER for the provision of information on rights and choices to students with disabilities and their families, as well as tools and training for educators to engage families of diverse cultural backgrounds and communities. MDE plans to continue these strategies and scale-up family engagement in diverse and historically underserved communities to ensure that all students with disabilities and their families know their rights and choices.

TRANSITION SERVICES

THEME:

There are not enough supports for people with disabilities who transition to a new living situation.

AGENCY RESPONSE:

- DHS continues to evaluate Lead Agencies for their usage of the “Person-Centered, Informed Choice and Transition Protocol” used with individuals moving to more integrated settings from segregated settings to ensure that planning includes what is important to the individual as well as for the individual. (Transition Services Goal Four)
- DHS will continue to provide targeted technical assistance and mentoring to build statewide capacity with lead agencies and providers to successfully transition people to more integrated settings, and use innovative approaches to individualized housing and supports.
- DHS is funding a number of organizations through Disability Services Innovation Grants to support people in transition to accessible, inclusive housing. Examples include:
 - **Touchstone Mental Health** will provide support and services for up to 44 people so they can maintain their housing while experiencing a mental health crisis or psychiatric hospitalization.
 - Strategies will include landlord incentives, pre-housing access services and flexible funding to assist with applications, deposit, rent, moving expenses and supplies.
 - **Bridges MN** is developing a web service to provide people with disabilities options for housing, potential roommates and supports so they can move out of group homes if they wish.

[AGENDA ITEM 6bi]

- **Rochester Public Schools**, to support youth ages 16 to 21 whose needs have not been met through traditional educational and rehabilitative programming.
 - The Launching Emerging Adults Program supports young people in the Rochester area who have mental health disorders, histories of adverse childhood experiences, chemical use and/or physical aggression, with the goals of improving overall functioning, participation in competitive employment and access to housing options.
- **ARC Twin Cities** provides Housing Access Services which assists eligible people who choose to move to homes of their own with services such as housing search, home furnishings and household budget development, participation in competitive employment and access to housing options.

THEME:

People with disabilities are struggling with isolation in their living situation especially in apartments.

AGENCY RESPONSE:

- The Home and Community-Based (HCBS) Waiver team continues to implement HCBS Rule requirements detailed in MN's Statewide Transition Plan with CMS. The Statewide Transition Plan includes assurances and measures that reduce the effects of isolation and ensure community engagement opportunities.
- DHS is funding a number of organizations through Disability Services Innovation Grants to support people in increasing community integration. Examples include:
 - **Residential Services of Northeastern Minnesota**, to increase community integration of people with disabilities through matches with community members.

HOUSING AND SERVICES

THEME:

There are not enough affordable housing options.

AGENCY RESPONSE:

- Legislation passed in 2017 allows for the following upcoming changes to allow for
 - Expanded eligibility for Minnesota Supplemental Aid (MSA) housing assistance to include people moving out of housing support settings and increases benefits so that more people can live in the community. The change will be effective on July 1, 2020.
 - Develop two new Medical Assistance benefits: 1) housing transition services to help people find and obtain housing; and 2) tenancy support services to help people maintain stable housing. This change is subject to federal approval.
 - Provides grant funding to develop local infrastructure, including:
 - Outreach to people who are homeless or in institutions or segregated setting regarding housing options;
 - Technical assistance on available housing resources in the area;
 - Administration and monitoring of Housing Support.

[AGENDA ITEM 6bi]

- Individualized Home Supports, a new service to support people living in their own homes, was launched July 1, 2018. This service includes training and direct support to enhance the person's participation in the community, maintain the person's health/safety needs, and support household management skills. This service incorporates the use of remote support (real-time communication, such as phone calls, text messaging, etc.) as well as in-person support. This service is among the innovative services being developed to respond to current direct care staffing shortages and the needs of people living in greater Minnesota.
- Minnesota Housing, DHS and other state agencies recognize the significant need for affordable and accessible housing and are working to increase the number of opportunities throughout the state. They know how important affordable, safe and secure housing is and how difficult it is right now to access housing that is available and affordable, especially on a fixed or limited income.
- Minnesota Housing, DEED, and DHS are addressing this through the actions identified in the Analysis of Impediments to Fair Housing Choice Report to address barriers to housing choice. In that plan challenges to accessing housing for people with disabilities are identified. Additionally actions to address these are identified.
 - **Challenge – Shortage of affordable, accessible housing**
 - Action 1) - Conduct gaps analysis of accessible housing opportunities for persons with disabilities in Minnesota, through surveys and data evaluation, leveraging HousingLink's work. Utilize data collected by DHS Aging and Disabilities Divisions and identify how Minnesota Housing and other state housing resources are serving persons with disabilities.
 - Action 2) Evaluate and enhance existing funding resources to provide preference in housing developments for persons with disabilities
 - **Challenge – Shortage of resources to make accessibility improvements**
 - Action 1) Provide education and outreach of existing homeownership programs to make accessibility improvements
 - Action 2) Evaluate resources to make accessibility improvements on a single rental unit
 - **Challenge – Shortage of resources to transition**
 - Action 1) Collaborate with housing and supports activities in the state's Olmstead Plan and initiative that increase the number of people with disabilities who live in the most integrated housing of their choice.
 - Action 2) Minnesota Housing will continue to provide rental assistance to persons with serious mental illness, and evaluate program effectiveness.
 - Action 3) Minnesota Housing and DHS will continue implementation of the Section 811 rental assistance pilot, partner with HUD in program evaluation, and if found effective, consider other funding sources available for similar program should no further federal assistance become available.
 - Action 4) Leverage Minnesota Housing and DHS relationship to explore more streamlined connections between housing and support services.
 - Action 5) Develop housing planning tools on HB101.org to help persons with disabilities make informed choices about their housing options.

[AGENDA ITEM 6bi]

- In August 2018, the Governor’s Task Force on Housing issued a report that identified 6 goals and 30 recommendations. One goal is to ‘link homes and services’ and identified recommendations ranging from ‘advancing the housing supports program’ to ‘providing access to a full range of services for families and individuals transitioning into stable homes before, during and after the transition.’ A one-page summary of that report can be found here - https://mnhousingtaskforce.com/sites/mnhousingtaskforce.com/files/document/pdf/GTFH%20Goals%20and%20Recs_with%20title.pdf

A key overall goal of that report is to increase the production of housing by 50%, or 10,000 homes each year. The state is experiencing a significant shortage of homes that are affordable.

- Another effort is to utilize additional resources to preserve and create additional homes. In 2017, the Legislature provided \$90 million in additional resources that will help address the significant housing needs across the state.

THEME:

There are barriers for individuals and partners to live together. People with disabilities want to get married and live together, systems prohibit this.)

AGENCY RESPONSE:

- Depending on the funding sources an individual or couple may be using to move into the community, this can be a barrier.

EMPLOYMENT

THEME:

Individuals with disabilities need workplace training and support to achieve competitive integrated employment.

AGENCY RESPONSE:

- DHS is funding a number of organizations through Disability Services Innovation Grants to support competitive, integrated employment. Examples include:
 - **RISE**, to assist young adults obtain and maintain paying jobs with people who don’t have disabilities.
 - The new “Let’s Get to Work” program focuses on 18- to 24-year-olds eligible for public assistance, including individuals with significant barriers to competitive employment. RISE will be paid for success in helping people develop customized employment plans, securing jobs and maintaining them over 90 days.
- DEED provides Vocational Rehabilitation Services (VRS) and the Extended Employment Program which support competitive, integrated employment supports for people with disabilities. DEED is aware of the limitations to our VRS services in that there is a wait list for all but the most serious and will likely be requesting additional resources from the legislature to address this funding shortage.

[AGENDA ITEM 6bi]**THEME:**

Employers are afraid to hire people with disabilities; coworkers need help understanding how to work with people with disabilities.

AGENCY RESPONSE:

- DHS is funding a number of organizations through Disability Services Innovation Grants to support competitive, integrated employment. Examples include:
 - Opportunity Partners, to provide mentors to people with disabilities interning at Twin Cities businesses. This agency provides disability awareness training for businesses, supports mentors at each internship site and helps interns to make arrangements for transportation to work.
- DEED provides the Extended Employment Program which includes no-cost job supports for people seeking competitive integrated employment and technical assistance for potential employers. These services help people with disabilities address these kinds of issues. Individuals and employers seeking assistance can reach out to the Extended Employment Program in DEED.

EDUCATION

THEME:

Not enough inclusive practices and supports in schools.

AGENCY RESPONSE:

- MDE continues work towards identification, implementation and scale-up of evidence-based strategies in schools for the education of students with disabilities in less segregated and more integrated settings, including strategies for Regional Low Incidence Disability Projects (RLIP) and increasing school capacity to identify and provide for the Assistive Technology (AT) needs of students with disabilities. Education Goal One measure progress on increasing the number of students with disabilities receiving instruction in the most integrated setting.

TRANSPORTATION

THEME:

There is not enough reliable and flexible transportation.

There is limited transportation via Metro Mobility, Paratransit and other.

AGENCY RESPONSE:

- DHS, in consultation with DOT, completed a study of the transportation system available to people who receive home and community-based waiver service related to aging and/or disabilities. A report was submitted to the legislature with recommendations to increase transportation access and recommendations for transportation service rates.
- DHS is funding a number of organizations to support community integration with transportation options. Examples include:

[AGENDA ITEM 6bi]

- **Dakota County** to partner with Lyft on a transportation model for people with disabilities that may be to be replicated in other areas throughout Minnesota.
- **Hammer Residences**, to increase transportation services to support community integration.
- Transportation Goals Three and Four (pages 69 of the March 2018 Plan) are directed at expanding public transit in greater MN and increasing public transit on time performance across the state.

HEALTH CARE

THEME:

Dental and health care is not available for people with disabilities – lack of providers who accepts their insurance.

(People with disabilities have to travel to other cities or not get appropriate care.)

AGENCY RESPONSE:

- DHS has incentives in place for health plans to increase the number of people receiving dental care. The managed care organizations that contract with DHS to provide care to people with disabilities are also required to participate in a collaborative effort to increase access to dental care for people with disabilities.
- MDH Health Care Homes program does not have authority to design health insurance benefits or determine access to certain providers. We do reach out and advocate for reimbursement for the Health Care Homes program with payers. The MDH Health Policy Division does not directly work with insurance and access issues. Sections in the Health Policy Division assess coverage, and provide data about who has coverage and who doesn't, what it costs, etc. The Managed Care area reviews provider networks to make sure they meet state and federal requirements.
- There are many factors driving access to dental services in Minnesota, such as smaller numbers of dental providers in greater Minnesota, transportation options to get to dental appointments and dental providers that accept different types of insurance. A list of providers that accept Minnesota Health Care Programs (MHCP) can be found on the DHS MHCP Provider Directory [website](#). A list of dental providers that offer low-cost services can be found on the Minnesota Dental Association [website](#).
- The MDH Oral Health Program does not have statutory authority to develop, implement or regulate health insurance benefits or Medicaid provider reimbursement rates. The Minnesota State Legislature sets provider reimbursement rates and dental benefits for the Minnesota Health Care Programs (MHCP).
- The MDH Oral Health Program promotes dental disease prevention efforts such as community water fluoridation and school-based dental sealant programs. The MDH Office of Rural Health and Primary Care administers the [Minnesota State Loan Repayment Program](#) to encourage dental professionals to work in rural and other underserved communities.

DIRECT CARE AND SUPPORT SERVICES WORKFORCE

THEME:

How are you executing the Olmstead Plan through direct care service providers without adequate funding?

(Lacking reasonable salaries /funding for quality service providers.)

AGENCY RESPONSE:

- In October 2018 the Direct Care/ Support Services Workforce Workplan was approved. This outlines how the shortage and wage issue are being addressed at DHS and in the community. The Olmstead Subcabinet reviewed initial reports required by the plan at its January 28, 2019 meeting.
- DHS is working with the University of Minnesota on a direct support professional wage survey. The report is scheduled for review by the subcabinet by May 31, 2019.

COMMUNICATION AND COMMUNITY ENGAGEMENT

THEME:

There is general confusion about what is Olmstead and the Olmstead Plan. Some folks think Olmstead is about ADA, while others think it is an advocacy agency that exists to solve their disability-related issues. The Olmstead Plan, Olmstead Subcabinet and Olmstead Implementation Office (OIO) are things that need to be better defined and communicated to Minnesotans, especially Minnesotans with disabilities.

AGENCY RESPONSE:

- This is a general sentiment encountered frequently especially from people who have not had previous interactions with Olmstead work or the OIO. The OIO Communications workplan includes the strategy “To increase statewide awareness of and investment in the Minnesota Olmstead Plan.” To effectively address this strategy, the OIO will target various audiences with unique communication tools and strategies. This includes creating and instituting a brand and style guide, Olmstead communication collaterals, revamping the website, re-working the e-newsletter and Facebook page to make these tools much more robust for communication. The OIO is adding a new strategy to strengthen two communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public.

[AGENDA ITEM 6bi]**THEMES NOT ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS**

This section includes themes identified during the public input process that are not related to topic areas in the Olmstead Plan. Themes were identified if they were raised by multiple people. Agency responses are included for each theme, when possible. The themes and responses are grouped by topic area.

GUARDIANSHIP

THEME:

Guardians do not know or respect what people with disabilities want.

Guardians do not seem to know about Olmstead.

People with disabilities are told “no” by staff/guardians. They do not know where they can go to for help.

AGENCY RESPONSE:

- DHS will continue the strategy to “Broaden the Effective Use of Person-Centered Planning Principles and Techniques for People with Disabilities” through trainings and communications.
- Lead Agency Reviews of cases help to ensure person-centered planning principles are being met. Remediation is required when cases are found non-compliant. (Person-Centered Planning Goal One)
- DHS reports annually on the trainings and other efforts to widen the use of Person-Centered planning and thinking.

THEME:

Public guardianship is a business – how is it monitored?

AGENCY RESPONSE:

- There are two types of guardianship, public and private. Public guardianship is when the court appoints the DHS commissioner as the legal guardian of an adult with a developmental disability. The commissioner delegates most of the day to day responsibilities to the county where the person’s guardianship was established. Private guardianship is where a person is appointed by the court to assume the responsibility for making decisions on behalf of another person. DHS has no jurisdiction over private guardianship. Counties can contract with professional guardians to monitor and advocate for people to ensure that there is no conflict of interest.

Today, the number of people who previously lived in institutions and needed a guardian is declining. However, people still receive public guardianship, and a small number of people continue to be nominated for public guardianship, as no other alternatives exist for them. Public guardianship law encourages the person’s independence, community inclusion and family involvement, in ways that are important to and for the person

PUBLIC SAFETY

THEME:

People with disabilities do not feel safe with the community's law enforcement.

THEME:

Public safety and court systems are not represented in the Olmstead work including Olmstead Subcabinet.

THEME:

People with disabilities are asking for training for law enforcement.

[AGENDA ITEM 6bi]**COMMENTS ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS**

This section includes individual comments identified during the public input process that are related to topic areas in the Olmstead Plan. Agency responses are included.

COMMENT:

The state should close the group homes.

AGENCY RESPONSE:

- The Minnesota Olmstead Plan strives to increase opportunity and freedom for meaningful choice, self-determination, and increased quality of life through opportunities for economic self-sufficiency and employment options, choices of living location and situation and having supports needed to allow for these choices. The Plan does not call for the closure of any particular services or programs.

COMMENT:

Students with mental health needs leave school and receive home bound education with less hours of instruction

AGENCY RESPONSE:

- MDE continues to implement and scale-up systems to support students with mental health needs attending school and classes with their peers, including Positive Behavioral Interventions and Supports, School-linked Mental Health Grants, school participation in the state's Children's Therapeutic Services and Supports system, in addition to supporting licensed school staff providing mental health services in schools. MDE plans to continue the statewide expansion of these strategies for supporting students with mental health needs in school settings.

COMMENT:

Students with disabilities who act out need to be controlled with restrictive procedures to protect them and others.

AGENCY RESPONSE:

- MDE continues to work with school districts and stakeholders to develop and implement a state plan for reducing the use of restrictive procedures by training school staff and building school systems for preventing student behavioral crisis. MDE plans to continue developing a statewide approach to reduce the use of restrictive procedures and engaging school districts in this work.

COMMENT:

Teachers and aids need to know how to use assistive technology to help students fully use the technology.

AGENCY RESPONSE:

- MDE continues to train annual cohorts of school district teams in the Student-Environment-Task-Tools (SETT) framework. The SETT framework includes a specific team process for the identification of Assistive Technology training needs of students, family and school staff. MDE plans to continue the annual SETT framework training cohorts adding additional school teams in training.

Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Items:

- 6 (b) Olmstead Plan Amendment Process
 - 2) Proposed Amendments to the Plan

Presenter:

Agency Sponsors and Leads

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

This document includes the draft amendments to Olmstead Plan measurable goals and strategies that were proposed by the Olmstead Subcabinet agencies. On December 17, 2018 the Olmstead Subcabinet provisionally approved the draft amendments and they were included with the Annual Report as potential amendments.

Redline changes indicate the edits to the original language in the Olmstead Plan.

The Olmstead Subcabinet conducted the first round of public comments on these draft amendments from December 20, 2018 – January 31, 2019. Changes made since the December 17, 2018 version of the amendments are highlighted.

Revisions have been made to this document since its provisional approval. The revisions are highlighted in the document. They include:

- *Changes in Positive Supports Goal Three, Four and Five*
- *Changes in Community Engagement Goals Two and Three*

Attachment(s):

6b2 – Draft Proposed Amendments to Olmstead Plan Measurable Goals

Draft Proposed Amendments to Olmstead Plan Measurable Goals

February 19, 2019

This document includes the draft amendments to Olmstead Plan measurable goals and strategies that were proposed by the Olmstead Subcabinet agencies. On December 17, 2018 the Olmstead Subcabinet provisionally approved the draft amendments and they were included with the Annual Report as potential amendments.

The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted. Redline changes indicate the edits to the original language in the Olmstead Plan.

The Olmstead Subcabinet conducted the first round of public comments on these draft amendments from December 20, 2018 – January 31, 2019. Changes made since the December 17, 2018 version of the amendments are highlighted.

These amendments are being reviewed by the Subcabinet on February 25, 2019 for provisional approval. The provisionally approved amendments will be released for a final public comment period and will be reviewed for final approval at the March 25, 2019 Subcabinet meeting.

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HOUSING AND SERVICES GOAL ONE (page 48 of Plan)

REASON FOR CHANGE

The measure used to report progress on Housing and Services Goal One includes data on housing achieved through the Bridges rental assistance program. While preparing the numbers for the November 2018 Quarterly Report, an issue was detected in how the outcomes were being reported. All previously reported numbers dating back to 2014 were recalculated using the new method. The baseline was recalculated using the same methodology and needs to be incorporated into the Plan.

Goal One: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 5,547 (from 5,995 6,017 to 11,564 or about a 92% increase).

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.¹ Over the last 10 years, 5,995 6,017 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.²

Annual Goals to increase the number of individuals living in the most integrated housing with a signed lease:

- ~~By June 30, 2015, there will be an increase of 617 over baseline to 6,634 (about 10% increase)~~
- ~~By June 30, 2016, there will be an increase of 1,580 over baseline to 7,597 (about 26% increase)~~
- ~~By June 30, 2017, there will be an increase of 2,638 over baseline to 8,655 (about 44% increase)~~
- ~~By June 30, 2018, there will be an increase of 4,009 over baseline to 10,026 (about 67% increase)~~
- By June 30, 2019, there will be an increase of 5,569 5,547 over baseline to 11,564 (about a 92% increase)

NO PROPOSED CHANGES TO STRATEGIES

¹ Based on “[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)” and information from ICFs/DD and Nursing Facilities.

² The programs that help pay for housing included in this measure are: Group Residential Housing (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.

DRAFT

LIFELONG LEARNING AND EDUCATION GOAL ONE (page 58 of Plan)

REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities receiving instruction in the most integrated setting will continue to be reported to the Subcabinet.

Goal One: By December 1, ~~2021 2019~~ the ~~percentage number~~ of students with disabilities³, receiving instruction in the most integrated setting⁴, will increase ~~to 63% by 1,500 (from 67,917 to 69,417).~~

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.1%) received instruction in the most integrated setting.

Annual Goals to increase the ~~percentage number~~ of students with disabilities receiving instruction in the most integrated settings:

- ~~• By December 1, 2015 there will be an increase of 300 over baseline to 68,217~~
- ~~• By December 1, 2016 there will be an increase of 600 over baseline to 68,517~~
- ~~• By December 1, 2017 there will be an increase of 900 over baseline to 68,817~~
- ~~• By December 1, 2018 there will be an increase of 1,200 over baseline to 69,117~~
- ~~• By December 1, 2019 there will be an increase of 1,500 over baseline to 69,417~~
- By December 1, 2019 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.5%.
- By December 1, 2020 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.75%.
- By December 1, 2021 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 63%.

NO PROPOSED CHANGES TO STRATEGIES

³ "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

⁴ "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

DRAFT

LIFELONG LEARNING AND EDUCATION GOAL TWO (page 58 of Plan)

REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities enrolling in an integrated postsecondary education setting will continue to be reported to the Subcabinet. A strategy is being added to support progress on the goal.

Goal Two: By June 30, 2020 the ~~percentage number~~ of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36% by 492 (from the 2016 baseline of 31% 2,107 to 2,599).

Baseline: Based on 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 (31%) enrolled in the fall of 2014 into an integrated postsecondary institution.

Annual Goals to increase the ~~percentage number~~ of students with disabilities enrolling in an integrated postsecondary education setting in the fall after graduating are:

- ~~By June 30, 2018, the number will increase to 2,337~~
- By June 30, 2019, the ~~percentage number~~ will increase to 35% 2,467
- By June 30, 2020, the ~~percentage number~~ will increase to 36% 2,599

PROPOSED CHANGES TO STRATEGIES

Goal Two

Increase the Number of Students with Disabilities Pursuing Post-Secondary Education

- Utilize the "[Postsecondary Resource Guide-Successfully Preparing Students with Disabilities](#)." [This resource guide and training modules](#) provide regional technical assistance to IEP teams including youth and families, to increase the number of students with disabilities who enter into integrated, postsecondary settings.
- MDE will continue working with the [National Secondary Transition Technical Assistance Center](#) (NSTTAC) to provide regional capacity building training for the purpose of increasing the number of students with disabilities who are in a postsecondary education setting by 2020.
- For school year 2017-18, MDE staff collaborated with three TRIO Student Support Services currently serving students at institutions of higher education. Using a scale-up approach, for school year 2018-19, MDE will disseminate additional Minnesota Postsecondary Resource Guides at Minneapolis Technical and Community College, Hennepin Technical College and Fond Du Lac Technical College. In addition, MDE staff will share on-line training resources that are currently located on the Normandale Community College website at <http://www.normandale.edu/osdresources>.

DRAFT

LIFELONG LEARNING AND EDUCATION GOAL THREE (page 59 of Plan)

REASON FOR CHANGE

Based on lessons learned during the initial year of plan implementation, amendments are being proposed to expand the measures for the goal. The measures will report the number of school districts being trained on active consideration of assistive technology and the number of students potentially impacted by that training. In addition to reporting on these measures, strategies have been added to analyze the data collected to determine the impact of the school district trainings.

Goal Three: By June 30, 2020, ~~96% of students with disabilities in 31 target school districts~~ will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. ~~The framework to measure a~~Active consideration ~~will be is~~ based upon the "special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.

There are two measures for this goal:

(A) School districts trained in active consideration

Baseline: From December 2016 to December 2018, fifteen school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

Annual Goals to increase the number of school districts that completed MDE training in active consideration of assistive technology (AT):

- By June 30, 2019, the number of school districts that completed AT training will increase to 21.
- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

(B) Students with disabilities in districts trained in active consideration

Baseline: From December 2016 to December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts that have completed MDE training in active consideration of AT during the student's annual individualized education program (IEP) team meeting to ensure education in the most integrated setting.⁵

Annual Goals to increase the percentage of students with disabilities statewide in school districts that have completed training in active consideration of assistive technology during their annual IEP team meeting.

- By June 30, 2019, the percentage of students with disabilities in school districts that have completed MDE training will increase to 15%.
- By June 30, 2020, the percentage of students with disabilities in school districts that have completed MDE training will increase to 20%.

⁵ Source: MDE 2017 Child Count data for trained school districts and the state total, not including intermediate school districts and educational cooperatives.

~~Baseline: From October—December 2016, of the 28 students with IEPs, 26 (92.8%) had active consideration of assistive technology in their IEP.~~

~~Annual Goals to increase the percent of students who have active consideration of assistive technology during their annual IEP team meeting:~~

- ~~• By June 30, 2018, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 94%~~
- ~~• By June 30, 2019, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 95%.~~
- ~~• By June 30, 2020, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 96%~~

PROPOSED CHANGES TO STRATEGIES

Goal Three

Expand Effectiveness of Assistive Technology Teams Project

- Continue to host AT Teams Projects, designed to support school district AT Teams in providing services that are in alignment with legal standard and best practices in AT. Target districts for this goal will be AT Teams Project participants. There are currently 31 school districts actively participating in the AT Teams Project.
- Develop protocols for consideration of AT that includes documentation to record the four potential outcomes and to demonstrate that AT consideration was effective.
- Each target district will gather baseline data on the outcome of consideration of AT for the students on whose IEP team they serve. A matrix of potential determinations will be provided to each team member, which will then be provided to MDE as part of the team's agreement for participation in the AT Teams Project.
- It is a best practice to document the decision making process used to consider the student's need for assistive technology. For example a statement regarding the discussion of assistive technology needs may be documented in the minutes of the IEP meeting and may be included in other components of the IEP.
- MDE will develop an implementation fidelity and scale-up measures to evaluate the extent to which school districts apply MDE training for active consideration of AT in individualized education program (IEP) meetings. This data will be used to evaluate implementation and impact in school districts for students with disabilities.

Analyze Data to Determine Impact of Training on Active Consideration

- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to their own previous annual percentages, to measure impact of training within the school district.
- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to all other school districts, to measure impact of training within the school district and in annual state data.
- Annually review the effectiveness of current MDE training strategies for school districts to use active consideration of assistive technology as a strategy for ensuring the education of students with disabilities in the most integrated setting (ED 1).
- Develop alternative measures to evaluate the impact of AT training for students with disabilities who may remain in the same instructional setting, but may experience quality of life improvements as a result of the school district completing AT training.

TRANSPORTATION GOAL ONE (page 68 of Plan)

REASON FOR CHANGE

Based on the data reported for Calendar Year 2016, the 2020 overall goal has been achieved. Because the goal has been exceeded, new targets are being set.

Goal One: By December 31, 2020, accessibility improvements will be made to: (A) ~~6,600~~ 4,200 curb ramps (increase from base of 19% to ~~49%~~ 38%); (B) ~~380~~ 250 accessible pedestrian signals (increase from base of 10% to ~~70%~~ 50%); and (C) by October 31, 2021, improvements will be made to ~~55~~ 30 miles of sidewalks (increase from base of 46% to 60%).

(A) Curb Ramps

Baseline: In 2012, 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

- By December 31, 2020 accessibility improvements will be made to an additional 6,600 ~~4,200~~ curb ramps⁶ bringing the percentage of compliant ramps to approximately ~~49%~~ 38%.

(B) Accessible Pedestrian Signals

Baseline: In 2009, 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of intersections where APS signals were installed was 118.

- By December 31, ~~2020~~ 2019, an additional ~~380~~ 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to ~~70%~~ 50%.

Annual Goals to increase the number of APS installations:

- ~~By December 31, 2015 an additional 50 APS installations will be provided~~
- ~~By December 31, 2016 an additional 50 APS installations will be provided~~
- ~~By December 31, 2017 an additional 50 APS installations will be provided~~
- ~~By December 31, 2018 an additional 50 APS installations will be provided~~
- ~~By December 31, 2019 an additional 50 APS installations will be provided~~

(C) Sidewalks

Baseline: In 2012, MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

- By October 31, 2021 improvements will be made to an additional ~~55~~ 30 miles of sidewalks bringing total system compliance to 60%.

Annual Goals to improve sidewalks:

- ~~By October 31, 2017 improvements will be made to an additional 6 miles of sidewalks~~
- ~~By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks~~

⁶ ADA Title II Requirements for curb ramps at www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm

- ~~By October 31, 2019, improvements will be made to an additional 6 miles of sidewalks~~
- ~~By October 31, 2020, improvements will be made to an additional 6 miles of sidewalks~~
- ~~By October 31, 2021, improvements will be made to an additional 6 miles of sidewalks~~

NO PROPOSED CHANGES TO STRATEGIES

DRAFT

TRANSPORTATION GOAL FIVE (page 70 of Plan)

REASON FOR CHANGE

Transportation Goal Five was adopted in the March 2018 Revised Olmstead Plan provides that by April 30, 2018, annual goals will be established. The annual goal below was reviewed and approved by the Subcabinet at the August 27, 2018 meeting. The annual goal needs to be incorporated into the Plan.

Goal Five: By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area.

Baseline: The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%. ⁷

- ~~By April 30, 2018, annual goals will be established.~~
- By 2025, the percentage of target population served by regular route level of service for each market area will be:
 - Market Area 1 will be 100%
 - Market Area 2 will be 95%
 - Market Area 3 will be 70%

The percentage for each market area will be reported on an annual basis to determine if progress is being made toward the goals.

NO PROPOSED CHANGES TO STRATEGIES

⁷ **Transit Market Area I** has the highest density of population, employment and lowest automobile availability in the region. These are typically Urban Center communities and has the highest potential for transit ridership in the region.

Transit Market Area II has high to moderately high population and employment densities. Much of this area is categorized as Urban but has approximately half the ridership potential of TMA I.

Transit Market Area III has moderate density. These areas are typically Urban with large portions of Suburban and Suburban Edge communities and has approximately half the ridership potential of TMA II.

DRAFT

POSITIVE SUPPORTS GOAL THREE (page 80 of Plan)

REASON FOR CHANGE

The goal to reduce the number of individuals approved for emergency use of mechanical restraint essentially acts as a quota. While the number of individuals is not expected to increase, it may never reach zero because new people continue to enter the system. It is expected that the number will remain low. However, an actual number cannot be assigned as a goal as it substitutes for the judgment of the clinicians that serve on the External Program Review Committee (the body that considers requests for emergency use of procedures) and the commissioner's delegated decision maker on those requests. Instead of evaluating individual needs on a case-by-case basis, the Department is put in the position of either disregarding the best interests of the individual or failing to meet the goal.

This goal also includes a measure of the number of reports of mechanical restraint. Both the number of reports and the number of individuals approved have been drastically reduced since the implementation of the Olmstead Plan. At this point, the agency suggests that the measure based on the number of individuals approved for emergency use of mechanical restraint be deleted and continue only the measure to decrease the number of reports of mechanical restraint.

Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544⁸, with limited exceptions to protect the person from imminent risk of serious injury. Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport. By ~~December 31~~ **June 30, 2019 the emergency use of mechanical restraints will be reduced to: ~~(A) ≤ 93 reports; and (B) ≤ 7 individuals.~~**

Baseline: In SFY 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

Annual Goals to reduce the use of mechanical restraints:

- ~~• By June 30, 2015, reduce mechanical restraints to no more than~~
~~(A) 461 reports of mechanical restraint~~
~~(B) 31 individuals approved for emergency use of mechanical restraint~~
- ~~• By June 30, 2016, reduce mechanical restraints to no more than~~
~~(A) 369 reports of mechanical restraint~~
~~(B) 25 individuals approved for emergency use of a mechanical restraint~~
- ~~• By June 30, 2017, reduce mechanical restraints to no more than~~
~~(A) 277 reports of mechanical restraint~~
~~(B) 19 individuals approved for emergency use of a mechanical restraint~~
- ~~• By June 30, 2018, reduce mechanical restraints to no more than~~
~~(A) 185 reports of mechanical restraint~~
~~(B) 13 individuals approved for emergency use of a mechanical restraint~~
- By June 30, 2019, reduce mechanical restraints to no more than
(A) 93 reports of mechanical restraint
~~(B) 7 individuals approved for emergency use of a mechanical restraint~~

⁸ Minnesota Security Hospital (MSH) is governed by the Positive Supports Rule when serving people with a developmental disability.

NO PROPOSED CHANGES TO STRATEGIES

DRAFT

POSITIVE SUPPORTS GOAL FOUR/FIVE (pages 80-81 of Plan)

REASON FOR CHANGE

MDE is proposing to add new strategies to improve progress in achieving Positive Supports Goals Four and Five. Amendments are based upon lessons learned during the initial plan implementation, including information gathered through the restrictive procedures workgroup.

For the February 2019 Quarterly Report, MDE began using a new methodology to report the number of students receiving special education services. All previously reported numbers dating back to 2015-16 were recalculated using the new method. The baseline was also recalculated using the same methodology. The amended baseline needs to be incorporated into the Plan.

Goal Four: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 133,742 ~~147,360~~ students. Accordingly, during school year 2015-2016, 2.3% ~~2.06%~~ students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

Goal Five: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

PROPOSED CHANGES TO STRATEGIES

Reduce the Use of Restrictive Procedures in Working with People with Disabilities

- Monitor data systems that: (1) assess progress in the reduction of the emergency use of restrictive procedures; (2) assess the number of individuals experiencing restrictive procedures and the number of incidents or applications of restrictive procedures; and (3) to identify situations to be targeted for technical assistance.
- MDE will improve data reporting tools for improved data quality.
- Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints that are used to prevent imminent risk of serious injury due to self-injurious behaviors. The external review committee provides oversight and technical assistance.
- Publish annual reports on the progress in reducing the use of restrictive procedures and recommendations.
- Work with the Department of Health to evaluate opportunities to coordinate tracking with DHS and reduce use of restrictive procedures for people with disabilities in MDH-licensed facilities.

- Continue to implement MDE's Statewide Plan to Reduce the Use of Restrictive Procedures and Eliminate the Use of Prone Restraint. (Statewide Plan) If the legislature acts to eliminate the use of seclusion in schools, MDE will adjust goals four and five as needed to reflect the changes.
- MDE will document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual legislative report submitted February 1 of each year. MDE will track individual uses of seclusion on students receiving special education services by requiring districts to submit individual incident reports of each use of seclusion. These reports will assist MDE and the Restrictive Procedures Work Group in identifying areas of concern and developing strategies for eliminating the use of seclusion.
- In alignment with the statewide plan, MDE will identify and recruit districts with the highest per capita use of physical holds and seclusion to partner with MDE to develop a district level team and conduct a district readiness assessment to initiate implementation of evidence-based practices that match the district's needs in an active implementation framework.
- Restrictive procedures may only be used in the school setting in an emergency, by licensed professionals, who have received training which includes positive behavioral interventions, de-escalation, alternatives to restrictive procedures, and impacts of physical holding and seclusion.
- MDE will provide evidence-based strategies to use with students with disabilities who have significant needs that result in self-injurious or physically aggressive behaviors.
- MDE will collaborate with DHS to expand the list of effective evidence-based strategies for districts to use to increase staff capacity and reduce the use of restrictive procedures.

Reduce the Use of Seclusion in Educational Settings

- Engage the Restrictive Procedures Work Group⁹ at least annually to review restrictive procedure data, review progress in implementation of the Statewide Plan, and discuss further implementation efforts and revise the Statewide Plan as necessary.
- Engage the Restrictive Procedures Work Group to make recommendations to MDE and the 2016 legislature on how to eliminate the use of seclusion in schools on students receiving special education services and modify the Statewide Plan to reflect those recommendations. The recommendations shall include the funding, resources, and time needed to safely and effectively transition to a complete elimination of the use of seclusion on students receiving special education services.
- MDE has hired a consultant to facilitate the Restrictive Procedures Stakeholder Work Group meetings beginning in December of 2018 for increased stakeholder engagement in recommending to the Commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures.

⁹ Statute 125A.0942 states the Commissioner of MDE must consult with interested stakeholders, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services staff, mental health professionals, and autism experts.

CRISIS SERVICES GOAL THREE (page 86 of Plan)

REASON FOR CHANGE

DHS is proposing to remove the goal. The reporting period has ended. Throughout the reporting of this goal, comments on performance have indicated that the majority of people have reopened on waived services and the remaining individuals are moving into a setting appropriate to their situation. DHS will continue to monitor this measure and annually report the information to the Subcabinet.

Goal Three: By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 people or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver):

Annual Goals to decrease the number of people who discontinue waiver services after a crisis:

- By June 30, 2015, the number will decrease to no more than 60 people.
- By June 30, 2016, the number will decrease to no more than 55 people.
- By June 30, 2017, the number will decrease to no more than 45 people.

DRAFT

COMMUNITY ENGAGEMENT GOAL TWO/THREE (page 92 of Plan)

REASON FOR CHANGE

As reported in the August 2018 Quarterly Report, OIO concluded that it is not possible to establish a baseline or maintain consistency with a tracking system to measure the existing goal. Two new goals are being proposed to replace Goal Two.

For the February 2019 amendments, the deadline to establish a baseline is being adjusted to allow for a year of data to be collected. The overall goal date is also being adjusted. The Strategies are being updated to support the two new goals.

Goal One: By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members.

Goal Two: By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline.

Annual Goals to increase the number of individuals involved in planning publicly funded projects:

- By April 30, 2018, establish a baseline and annual goals

Goal Two: By April 30, 2020 March 31, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 5% over baseline.

- By April 30, 2019, a baseline will be established using 2018-2019 Public Input opportunities data.

Goal Three: By March 31, 2022, December 31, 2021, the number of engagement activities for Olmstead Plan's measurable goals that are evaluated utilizing the Civic Engagement Evaluation Framework will increase by 5% over baseline.

- By March 31, 2020 December 31, 2019, a baseline will be established.

Strategies

- Increase the **Awareness Number of Leadership Opportunities for of People with Disabilities of Opportunities to Participate on Governor Appointed Boards and Commissions**
 - Gather additional data and reassess goal periodically, through surveys, focus groups and other methods.
 - Conduct a survey of all Governor appointed disability councils, boards, groups, etc. regarding existing leadership opportunities and capacity.
 - Work with the Governor appointed councils, groups, boards, etc. to create plans that coordinate their goals with Olmstead goals.

- **Create a Process that Encourages ~~Increase~~ Participation of People with Disabilities in Providing Input on ~~the Olmstead Plan~~ Public Projects**
 - ~~Design and deliver training programs for those who want to participate in providing input on publicly funded projects.~~
 - ~~Recommend inclusion of people with disabilities on decision making panels.~~
- **Strengthen two-way communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective.**
- **The Community Engagement Workgroup will provide the OIO and Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified by the charter.**
- **Adapt the Civic Engagement Evaluation Framework to measure civic engagement work with people with disabilities to increase statewide awareness and investment in the Minnesota Olmstead Plan.**

DRAFT

PREVENTING ABUSE AND NEGLECT GOAL TWO (page 94 of Plan)

REASON FOR CHANGE

During the first year of implementation, it was determined that the data source being used contained some unexplained inconsistencies. Analysis of the data showed intermittent reporting from hospitals across the state. As a result, MDH staff began training hospital staff to improve identification and reporting of abuse and neglect of vulnerable individuals. The new goal is being expanded to include gathering data from other medical settings other than emergency rooms and hospitals in order to provide a more complete picture of reporting of abuse and neglect in health care settings.

New strategies are being added to analyze and validate claims data and to continue training hospital and medical clinic staff to improve consistent and timely reporting.

Goal Two: By January 31, 2020, the number of ~~emergency room (ER) visits and hospitalizations cases~~ of vulnerable individuals being treated due to abuse and neglect will decrease by 30% ~~50%~~ compared to baseline.

There are two measures for this goal:

(A) Emergency room visits and hospitalizations

Annual Goals to decrease number of emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline

(B) Medical treatment(s) other than emergency room or hospital

Annual Goals to decrease number of medical treatments other than emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of medical treatments due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of medical treatments due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of medical treatments due to abuse and neglect will be reduced by 30% compared to baseline

Baseline:

From 2010-2014, there were a total of 199 hospital treatments that reflect abuse and/or neglect to a vulnerable individual. The calculated annual baseline is 40 (199/5 years = 40).

Annual Goals to reduce the number of ER visits and hospitalizations due to abuse and neglect:

- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2019, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 50% compared to baseline

PROPOSED CHANGES TO STRATEGIES

Goal Two

Use Data to Identify Victims and Target Prevention

- Analyze MHA data on vulnerable individuals who have been the victim of abuse and neglect.
- Analyze provider claims data and validate data from the electronic health records.
- Continue to train hospital and clinic-based health information management staff charged with coding clinicians' notes in order to improve accuracy of codes assigned.
- Identify patterns and geographic areas for targeted prevention efforts.

Monitor and Improve Accountability of Providers

- Report semi-annually~~quarterly~~ to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities that document failure to report abuse, neglect and other maltreatment. Also included will be the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required by Minnesota Statute 626.557 subd.14 (b).

PREVENTING ABUSE AND NEGLECT GOAL FOUR (page 95 of Plan)

REASON FOR CHANGE

Amendment of this goal is proposed based upon lessons learned during the initial year of plan implementation, specifically the importance of:

- Incorporating determinations rather than allegations into the metric in order to use the true incidence of maltreatment as a continuous improvement measure.
- Having the primary and annual measure be the number of students with disabilities identified as victims in determinations of maltreatment in order use the true incidence of maltreatment as a continuous improvement measure, and for that measure to be as directly related to impact on children with disabilities as possible. Patterns of determinations in school districts and buildings continues to be valuable in analysis and root cause determinations, and will continue to be a component of data analysis for this goal and reporting to the Olmstead Subcabinet.
- Using an annual measure that reviews statewide data on the number of students with disabilities each year as a measure of progress, while still analyzing cumulative data to identify schools and specific issues with a multi-year pattern of needing MDE training and technical assistance.
- Using an annual measure of the number of students with disabilities in determinations of maltreatment rather than the state percentage of students with disabilities because the latter percentage would be too small for meaningful communication of the impact on identified students, as well as strategies and progress for this goal.

Goal Four: By July 31, 2020, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 10% compared to baseline.

Baseline: From July 2015 to June 2016, there were 20 students with a disability statewide identified as victims in determinations of maltreatment.

Annual Goals: to reduce the number of students with disabilities statewide identified as victims in determinations of maltreatment:

• By July 31, 2019, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 19 students.

• By July 31, 2020, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 18 students.

Annual reporting to the Subcabinet of number of students with disabilities identified as victims in determinations of maltreatment will also include explanation of this number as a percentage of the state population of students with disabilities, and in relation to the number of reports received by MDE annually.

Goal Four: ~~By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020.~~

Baseline: From July 2013 to June 2016, there were 13 identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years. There were 66 students with a disability who were identified as alleged victims of maltreatment within those schools:

Annual Goals ~~to reduce the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years and the number of students with a disability who are identified as alleged victims of maltreatment within those schools:~~

- ~~• By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline~~
- ~~• By July 31, 2019, the number of identified schools and students will decrease by 25% from baseline~~
- ~~• By July 31, 2020, the number of identified schools and students will decrease by 50% from baseline~~

PROPOSED CHANGES TO STRATEGIES

Goal Four

Utilize School Tracking Database

- Utilize database to track and identify schools that have multiple investigations of alleged maltreatment of students with a disability in order to provide those schools with focused MDE training and technical assistance. The number of schools in this category will continue to be annually reported to the Olmstead Subcabinet in a data table.

Continue and Expand Training for School Personnel

- ~~• Continue the expansion of the MDE approved School Wide PBIS system to include schools that demonstrate a higher number of reports of alleged maltreatment of students.~~
- Provide targeted MDE technical assistance, training, and support to schools through:
 - Annual training for schools on child maltreatment and mandated reporting requirements, PBIS, restrictive procedures, and discipline.
 - Development of web based trainings and informational materials on relevant topic areas (mandated reporting, child maltreatment, PBIS, etc.) to distribute to schools and incorporate into school/staff development trainings.

Improve School Accountability for Training

- Collect annual verification from school districts indicating all school employees have been trained on mandated reporter duties and protections from retaliation when a report is made in good faith. Targeted MDE technical assistance and training will be provided to schools that cannot provide annual verification.

Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Item:

6 (b) Workplan Compliance Report for February

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There are no exceptions to report.

The Workplan Compliance Report includes the list of activities with deadlines in January that were reviewed by OIO Compliance in February and verified as completed.

Attachment(s):

6b - Workplan Compliance Report for February 2019

[AGENDA ITEM 6c]**Workplan Compliance Report for February 2019**

Total number of workplan activities reviewed (see attached)	17	
• Number of activities completed	14	82%
• Number of activities on track	3	18%
• Number of activities reporting exception	0	0%

Exception Reporting

No activities are being reported as an exception.

Workplan Reporting for February (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
CE 3D.1a	Develop a Community Engagement plan with measurable and actionable strategies for advancing engagement between state agencies and people with disabilities. Present Plan to Subcabinet.	Strengthen the community engagement between members of the disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.	Present plan to Subcabinet by March 31, 2019 Exception 12/2018	OIO	Verified as on track for completion in March
CE 3D.1d	Obtain input on how to measure the effectiveness utilizing outcomes of engagement across all Subcabinet agencies.	See D.1a above	Complete measurement tool by March 31, 2019 Exception 12/2018	OIO	Verified as on track for completion in March
CE 3D.1e	Align and partner with the department of Human Rights to develop evaluation measurements and metrics to assist OIO and subcabinet agencies in engagement work.	See D.1a above	Complete by March 31, 2019 Exception 12/2018	OIO MDHR	Verified as on track for completion in March
CM 1E.2	Produce and disseminate a monthly “Olmstead News and Updates” electronic newsletter to interested stakeholders.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	Continue monthly newsletter by November 30, 2018	OIO	Verified as complete for January occurrence.
CM 2D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	Maintain by November 30, 2018 and monthly thereafter	OIO	Verified as complete for January occurrence.
CM 2E.4	OIO will submit weekly summaries of public input to Subcabinet agencies.	Comments will be sent to the Subcabinet agencies and OIO Compliance.	Weekly beginning January 7, 2019	OIO	Verified as complete
CM 2E.5	OIO will post an online form to gather feedback for Round 1.	People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan.	Online form posted by December 20, 2018 thru January 31, 2019	OIO	Verified as complete

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
CM 2E.7	OIO will facilitate as many as five listening sessions in various regions of the state to gather public input for the 1st Round. The listening sessions will be either in person or video.	Communities throughout the state will have the opportunity to provide input into the Olmstead Plan amendments.	Complete listening sessions by January 31, 2019	OIO	Verified as complete
DC 3B	Compile list of existing training and development options such as: PCA Choice, Service Employees International Union (SEIU), DHS Individual PCA training, agency Qualified Professionals, and non-profit Career Pathways, etc. Publicize the list of training resources to employers (agencies and individuals) and direct care and support professionals.	Direct care workers will have access to quality training statewide resulting in better services for people with disabilities.	Publicize list of trainings by January 31, 2019	DHS	Verified as complete. List of trainings is included on the Direct Course website
EM 5C.3	MDHR will review the Affirmative Action Plans of state contractors to identify contractors who may benefit from information and technical assistance on hiring persons with disabilities. Annually report on number of contractors referred and number of contractors who sought technical assistance.	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities. The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit and retain qualified individuals with disabilities.	Report contractors referred and seeking technical assistance by January 31, 2019 and annually thereafter	MDHR	Verified as complete for January 2019 occurrence.
HS 1B.1	Report to MHFA commissioner initial housing stability outcomes for people entering the Bridges program.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	Report to MHFA Commissioner by January 31, 2019 and annually thereafter	MHFA	Verified as complete for January 2019 occurrence.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
HS 4A.7	Review HousingLink's annual analytics report for website, communication and/or outreach enhancements. Determine if changes are needed to website and communications.	HousingLink's products and services will be refined, as needed, to better serve people with disabilities.	Determine if changes are needed by January 31, 2019	MHFA DHS	Verified as complete
PC 1L.1	Develop resources and tools for people with disabilities and those who support them. These resources will be available on the Disability Hub and include: <ul style="list-style-type: none"> • DB101 Vault • information about their benefits • Information about options (including employment, housing and services) • Tools to plan for the future. Report the status and analytics on the usage of the resources to OIO.	People with disabilities will have access to resources to support planning and informed choice and be able to share them with others as they choose.	Report status and analytics by January 31, 2019 and annually thereafter	DHS	Verified as complete for January 2019 occurrence.
PR3 1B.4	Analyze repeat maltreatment data to identify patterns/trends of abuse and neglect. Disseminate communication alerts to providers and other key local stakeholders.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin alerts by December 31, 2018	DHS, OMHDD	Verified as complete (alerts began)
PS 2C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors. The review will be completed by External Program Review Committee (EPRC).	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	Evaluate progress by January 31, 2019 and annually thereafter	DHS MDH	Verified as complete for January 2019 occurrence.
TS 1A.8	Implement new Individualized Home Supports (IHS) services. Report to Subcabinet on status of implementation.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing option.	Report to Subcabinet by February 28, 2019	DHS	Verified as complete. Report included in February Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
TW 1H	<p>Report to the Subcabinet a summary of the annual legislative report. Provide an update on the following:</p> <ul style="list-style-type: none"> • an estimate on funding needed to eliminate the waiting list; and • the number of people on other waivers who are eligible for Developmental Disabilities (DD) waivers. <p>Provide summary information on:</p> <ul style="list-style-type: none"> • the needs of persons waiting; • options to meet their needs; • evaluation of existing programs to determine if there are effective program changes; • analysis of alternate options; and • recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings. 	Individuals will move from the waiting lists at a reasonable pace.	Provide annual update to Subcabinet by February 28, 2019 and annually thereafter	DHS	Verified as complete for February 2019 occurrence. Report included in February Subcabinet packet.

Olmstead Subcabinet Meeting Agenda Item

February 25, 2019

Agenda Item:

7(a) Workplan activity reports to be presented to Subcabinet

- 1) Transition Services 1A.8 – Individualized Home Supports (DHS)*
- 2) Timeliness of Waiver 1H – Waiting List Legislative Report*

Presenter:

Responsible agencies will present the reports

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. They will be presented to the Subcabinet and answer any questions regarding the report.

Attachment(s):

7a1 – 7a2 Olmstead Plan Workplan - Report to Olmstead Subcabinet

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Transition Services
Strategy	Improve ability to gather information about housing choices
Workplan Activity	TS 1A.8
Workplan Description	Implement new Individualized Home Supports (IHS) services. Report to Subcabinet on status of implementation.
Deadline	February 28, 2019
Agency Responsible	DHS
Date Reported to Subcabinet	February 25, 2019

OVERVIEW

Individualized Home Supports (IHS) is designed to holistically support a person in their own home and within their community by providing support (e.g. supervision, cuing) and training in four broad community living service areas. With multiple service delivery methods, IHS increases a person's choices and options of how and where services are delivered to meet their community living service needs. To support community access, an IHS service provider cannot have any financial interest in the property or housing in which services are delivered.

REPORT

Individualized home supports became available on July 1, 2018. In preparation for the implementation date and continued education thereafter, DHS has conducted 15 in-person trainings across the state for lead agencies, service providers, and advocates. Two additional trainings were conducted for a statewide audience. There are three more in-person trainings scheduled for the first quarter of 2019.

In addition to formal in-person trainings, DHS continues to offer targeted technical assistance, individual case consultation to deliver individualized home support, and training opportunities to lead agencies, service providers, people receiving services and their families where appropriate.

As of December 31, 2018, there are 33 people who have an active authorization to receive Individualized Home Supports. As of January 2019, there are 57 providers enrolled to deliver Individualized Home Supports. The eligible providers list is available on the MinnesotaHelp.info website, and is updated every two weeks.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Timeliness of Waiver Funding
Strategy	Reform waiver funding approval to incorporate urgency of need
Workplan Activity	TW 1H
Workplan Description	<p>Report to the Subcabinet a summary of the annual legislative report. Provide an update on the following:</p> <ul style="list-style-type: none"> • an estimate on funding needed to eliminate the waiting list; and • the number of people on other waivers who are eligible for Developmental Disabilities (DD) waivers. <p>Provide summary information on:</p> <ul style="list-style-type: none"> • the needs of persons waiting; • options to meet their needs; • evaluation of existing programs to determine if there are effective program changes; • analysis of alternate options; and • recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings.
Deadline	February 28, 2019 (annually)
Agency Responsible	DHS
Date Reported to Subcabinet	February 25, 2019

REPORT

The report required by the workplan activity is attached.



Legislative Report

Disability Waiver Financial Management and Waiting List

Disability Services Division

December 2018

For more information contact:

Minnesota Department of Human Services

Disability Services Division

P.O. Box 65967

St. Paul, MN 55164-0967

651-431-4300

651-431-4300 or 866-267-7655

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I. Executive summary

This report details financial management of the state’s disability waiver programs and length of time to access waiver services. Recent statutory changes and reforms outlined in Minnesota’s Olmstead Plan have resulted in:

- Changes to the administration of disability waiver finances
- Progress toward eliminating waiting lists.

The Department of Human Services (DHS) and the state’s lead agencies (counties and tribal nations) oversee financial management of the following disability waivers:

- [Brain Injury \(BI\) Waiver](#)
- [Community Alternative Care \(CAC\) Waiver](#)
- [Community Access for Disability Inclusion \(CADI\) Waiver](#)
- [Developmental Disabilities \(DD\) Waiver](#).

Each lead agency has two distinct budgets. The CAC, CADI and BI waivers are managed within a “CCB” budget. The DD budget funds the Developmental Disabilities (DD) Waiver.

A. Risk levels for lead agencies

When compared to historical practice, there is now shared responsibility between DHS and lead agencies, with one outcome being that lead agencies now operate with less risk when they manage disability waiver funding. Risk was diminished for lead agencies with the adoption of statutes that:

- Set allocation-use expectations for lead agencies ([Minn. Stat. §256B.0916, subd. 12](#) and [Minn. Stat. §256B.49, subd. 27](#))
- Reduce risk of excess budget use ([Minn. Stat. §256B.0916, subd. 11](#) and [Minn. Stat. §256B.49, subd. 26](#))

DHS uses its statutory authority to maximize statewide waiver funding when lead agency budgets lack the funding to meet the needs of waiver recipients. DHS transferred CCB waiver funding between lead agencies 29 times in fiscal year 2018 and 30 times for DD Waiver funding during calendar year 2017. These transfers supported more enrollment for people on waiting lists and service-cost increases for recipients with increased service needs.

These changes have enabled many lead agencies to use a greater proportion of their waiver budgets. Compared to their respective previous budget years, 22 percent of lead agencies used more of their CCB budget in fiscal year 2018 while 34 percent of lead agencies used more of their DD budget in calendar year 2017.

B. Waiting lists

DHS developed new policies regarding management of disability waiver waiting lists since the Olmstead Plan established waiting list goals in May 2014. This has resulted in significantly fewer people waiting for waiver services. Statutory changes have led to an increase in new waiver-recipient enrollment. The increase was further encouraged through increased funding authorization from the 2015 legislature. Waiting lists also have decreased as lead agencies have verified and prioritized urgency of need for DD Waiver services. As a result of these changes, there no longer are people waiting for CADI services because of lead agency financial limitations for the CADI waiver. The DD waiting list continues to have a record low number of people waiting for funding, while time on the waiting list has decreased to just about two months. The BI and CAC waivers also do not have waiting lists to access services.

DHS expects lead agencies to approve waiver funding for people in a timely manner. DHS tracks these actions with quarterly reports to the Olmstead Subcabinet. Additional reports are included on the [DHS waiver program waitlist page](#).

II. Legislation

Minnesota Statute, section 256B.0916, subdivision 8 requires the Department of Human Services to submit a report on the following information:

Subd. 8. Financial and wait-list data reporting. (a) The commissioner shall make available financial and waiting list information on the department's website.

(b) The financial information must include:

- (1) the most recent end of session forecast available for the disability home and community-based waiver programs authorized under sections 256B.092 and 256B.49; and
- (2) the most current financial information, updated at least monthly for the disability home and community-based waiver program authorized under section 256B.092 and three disability home and community-based waiver programs authorized under section 256B.49 for each county and tribal agency, including:
 - (i) the amount of resources allocated;
 - (ii) the amount of resources authorized for participants; and
 - (iii) the amount of allocated resources not authorized and the amount not used as provided in subdivision 12, and section 256B.49, subdivision 27.

(c) The waiting list information must be provided quarterly beginning August 1, 2016, and must include at least:

- (1) the number of persons screened and waiting for services listed by urgency category, the number of months on the wait list, age group, and the type of services requested by those waiting;
- (2) the number of persons beginning waiver services who were on the waiting list, and the number of persons beginning waiver services who were not on the waiting list;
- (3) the number of persons who left the waiting list but did not begin waiver services; and
- (4) the number of persons on the waiting list with approved funding but without a waiver service agreement and the number of days from funding approval until a service agreement is effective for each person.

(d) By December 1 of each year, the commissioner shall compile a report posted on the department's Web site that includes:

- (1) the financial information listed in paragraph (b) for the most recently completed allocation period;
- (2) for the previous four quarters, the waiting list information listed in paragraph (c);

(3) for a 12-month period ending October 31, a list of county and tribal agencies required to submit a corrective action plan under subdivisions 11 and 12, and section 256B.49, subdivisions 26 and 27;

(4) for a 12-month period ending October 31, a list of the county and tribal agencies from which resources were moved as authorized in section 256B.092, subdivision 12, and section 256B.49, subdivision 11a, the amount of resources taken from each agency, the counties that were given increased resources as a result, and the amounts provided.

The report also fulfills the reporting requirement in [Minnesota's Olmstead Plan: Workplan \(PDF\)](#), approved by the subcabinet on Oct. 23, 2018, activity 1H:

Table 1: Reporting requirements

1	Key activity	Expected outcome	Deadline	Other agency(s) or partners
H	<p>As part of the Subcabinet quarterly report each February, provide an update on the following:</p> <ul style="list-style-type: none"> • An estimate on funding needed to eliminate the waiting list; and • The number of people on other waivers who are eligible for Developmental Disability (DD) waivers. <p>Summary information on:</p> <ul style="list-style-type: none"> • The needs of people waiting; • Options to meet their needs; • Evaluation of existing programs to determine if there are effective program changes; • Analysis of alternate options; and • Recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings. 	Individuals will move from the waiting lists at a reasonable pace.	Provide annual update to Subcabinet by February 28, 2018 and annually thereafter.	DHS

III. Introduction

This report details financial management of the state's disability waiver programs and their corresponding waiting lists. Recent statutory changes and reforms outlined in Minnesota's Olmstead Plan have resulted in:

- Changes to the administration of disability waiver finances
- Progress toward authorizing waiver services for people in a timely manner.

The Department of Human Services (DHS) and the state's lead agencies (counties and tribal nations) oversee financial management of the following disability waivers:

- [Brain Injury \(BI\) Waiver](#) for people with a traumatic, acquired or degenerative brain injury who require the level of care provided in a nursing facility or the level of care provided in a neurobehavioral hospital
- [Community Alternative Care \(CAC\) Waiver](#) for people with chronic illness that requires the level of care provided in a hospital
- [Community Access for Disability Inclusion \(CADI\) Waiver](#) for people with disabilities who require the level of care provided in a nursing facility
- [Developmental Disabilities \(DD\) Waiver](#) for people with developmental disabilities or a related condition who require the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

Because of financial management changes made to the disability waiver programs:

- The state and lead agencies have nearly eliminated disability waiver waiting lists
- More people have access to home and community-based waiver services.

A. Waiver financial management

Minnesota administers its disability waiver programs through lead agencies. Lead agencies enroll new recipients and authorize existing recipient costs within budgets determined by methodologies described in Minnesota's federally approved waiver plans.

Each lead agency manages two distinct budgets, the CCB budget and the DD budget. The CCB budget includes lead agency service authorizations for the following programs in one budget:

- Brain Injury (BI) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Community Alternative Care (CAC) Waiver

Expenditures for the Developmental Disabilities (DD) Waiver programs are managed in a separate budget.

Historically lead agencies would repay the state, using local funding sources, for authorizations and spending in excess of their waiver budget. This high-risk scenario encouraged conservative budget management among lead agencies and lead to unnecessarily large budget reserves.

Recent legislation provided DHS with a greater ability to work with lead agencies to maximize waiver funding. New tools allow agencies to function as real-time budget managers and mitigate the risk of excess spending. The results of these changes are seen in sections below.

B. Waiver waiting list overview

When a lead agency's budget does not have enough funding to enroll new recipients, it sometimes creates a waiting list for new enrollees. This capacity for enrollees may be limited by the:

- Number of people the federal government approved to be served by state waiver plans
- Amount of funding the legislature approves for the state's share of program costs.

Lead agencies create waiting lists when people who are eligible and have a need for waiver services do not have immediate access. It is, however, extremely rare for that person to receive no services at all. Other non-waiver services, such as personal care assistance, are available even if a person has to wait for access to waiver services.

In recent history, only CADI and DD waivers have had a waitlist. No waitlist has been needed for CAC or BI waivers.

C. CADI Waiver waiting list

The Minnesota Legislature approved sufficient funding to eliminate the CADI Waiver waiting list during the 2015-2016 biennium. Because of DHS and lead agency-enrollment efforts, this goal successfully was achieved as of Oct. 1, 2016. DHS continues to work with lead agencies to provide access to the CADI Waiver for people who are eligible and need CADI Waiver services.

D. DD Waiver waiting list reform

DHS began implementation of reforms to the management of the DD Waiver waiting list Dec. 1, 2015. Minnesota's Olmstead Plan and existing Minnesota statutory waiver priorities informed these efforts. The changes made to the DD waiting list include two related components:

- Waiting list categories
- Reasonable-pace standards.

Waiting list categories

The Olmstead Plan establishes four categories to organize the DD Waiver waiting list. These categories reflect priorities in [Minn. Stat. §256B.092, subd. 12](#). A category is assigned based on a person's urgency of need. A person's urgency of need is based on information gathered during that person's assessment for long-term services and supports which is documented on the [DD Waiver Waiting List Category Determination Tool, DHS-7209 \(PDF\)](#). The lead agency makes a final determination by consulting with the assessed person to determine his/her level of need and provides notification of the assigned urgency category.

The four urgency categories are:

- **Institutional exit:** People in this category currently reside in an institutional setting, have indicated they would like to leave that setting and prefer to receive home and community-based services.
- **Immediate need:** People in this category meet prioritization criteria established in Minn. Stat. §256B.092, subd. 12. The applicable criteria include people who:
 - Have an unstable living situation due to the age, incapacity or sudden loss of the primary caregivers
 - Experience a sudden closure of their current residence
 - Require protection from confirmed abuse, neglect or exploitation
 - Experience a sudden change in need that no longer can be met through state plan services or other funding resources alone
- **Defined need:** People in this category have an assessed need for waiver services within one year of the date of assessment
- **Future need:** People in this category do not have a current need for waiver services or currently do not wish to use waiver services within the next year

The DD Waiver waiting list includes people in the institutional exit, immediate need and defined need categories. DHS does not consider people in the future-need category to be on a waiting list, as they do not have a current need for, or desire to use, waiver services.

If a person's need for waiver services changes following an assessment, he or she has the right to request a new assessment anytime. This may allow the lead agency to update his/her urgency category to reflect the change in need.

Reasonable-pace standards

DHS defines "reasonable-pace standards" as the number of days a person can reasonably expect to wait between the date of his/her assessment and the date when the lead agency approves waiver funding. Then, planning for services can begin.

A person's waiting list category determines the reasonable-pace standard. The reasonable-pace standards for the four categories are:

- **Institutional exit:** 45 days from the date of assessment to the date the lead agency approves waiver funding
- **Immediate need:** 45 days from the date of assessment to the date the lead agency approves waiver funding
- **Defined need:** 45 days from the date of assessment to the date the lead agency approves waiver funding, as funding is available
- **Future need:** No standard, as this category is not included on the waiting list.

DHS and lead agencies track reasonable-pace standards and waiting-list status using a shared web-based tool. If a lead agency exceeds the reasonable-pace standard, DHS will contact the lead agency to address the situation.

Data regarding DD Waiver waiting list categories and reasonable-pace goals is found in [Section VII](#) of this report.

IV. Lead agency waiver financial management

Each lead agency manages all disability waiver costs from two distinct budgets: CCB service authorizations budget and DD service expenditures.

A. CCB budgets

During the most recently completed fiscal year (FY 2018, which is July 1, 2017-June 30, 2018), lead agencies, on average, authorized services that totaled 96 percent of their CCB budget. Overall, 22 percent of lead agencies used a greater proportion of their CCB budgets in fiscal year 2018 than fiscal year 2017. Table 2 provides a summary of lead agency CCB waiver budgets for fiscal year 2018 as of October 9, 2018.

Table 2: FY 2018 CCB budget use

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
Aitkin	\$3,536,188	\$3,372,872	\$163,316	5%
Anoka	\$102,147,289	\$99,233,804	\$2,913,485	3%
Becker	\$10,358,385	\$10,056,197	\$302,188	3%
Beltrami	\$12,727,466	\$12,432,028	\$295,438	2%
Benton	\$8,759,444	\$8,515,572	\$243,872	3%
Blue Earth	\$1,597,629	\$1,557,962	\$39,667	2%
Brown	\$22,322,693	\$21,461,888	\$860,805	4%
Carlton	\$13,870,708	\$13,630,969	\$239,739	2%
Carver	\$19,598,486	\$19,375,997	\$222,489	1%
Cass	\$8,845,154	\$8,691,620	\$153,534	2%
Chisago	\$19,085,688	\$18,556,107	\$529,581	3%
Clay	\$31,246,234	\$30,796,647	\$449,587	1%
Clearwater	\$1,942,036	\$1,681,320	\$260,716	13%
Cook	\$733,768	\$571,777	\$161,991	22%
Crow Wing	\$16,748,214	\$15,727,848	\$1,020,366	6%
Dakota	\$137,093,873	\$129,348,103	\$7,745,770	6%
Douglas	\$9,902,322	\$8,574,961	\$1,327,361	13%
Fillmore	\$5,149,079	\$4,769,990	\$379,089	7%
Freeborn	\$6,500,879	\$6,266,122	\$234,757	4%
Goodhue	\$11,972,211	\$11,688,497	\$283,714	2%
Hennepin	\$343,396,347	\$335,689,569	\$7,706,778	2%
Houston	\$3,448,315	\$2,740,350	\$707,965	21%

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
Hubbard	\$4,506,032	\$4,317,239	\$188,793	4%
Isanti	\$10,589,959	\$9,760,821	\$829,138	8%
Itasca	\$18,912,038	\$18,528,674	\$383,364	2%
Kanabec	\$4,935,681	\$4,826,227	\$109,454	2%
Kandiyohi	\$18,810,009	\$16,969,423	\$1,840,586	10%
Koochiching	\$3,477,197	\$2,924,148	\$553,049	16%
Lake	\$3,894,080	\$3,533,813	\$360,267	9%
Lake of the Woods	\$1,109,870	\$1,136,855	(\$26,985)	-2%
Le Sueur	\$6,476,301	\$6,391,846	\$84,455	1%
Mille Lacs	\$12,394,352	\$11,130,648	\$1,263,704	10%
Morrison	\$7,316,531	\$7,284,295	\$32,236	0%
Mower	\$13,040,362	\$12,228,041	\$812,321	6%
Nicollet	\$9,834,178	\$8,856,463	\$977,715	10%
Nobles	\$5,189,427	\$4,239,865	\$949,562	18%
Olmsted	\$39,839,201	\$38,598,775	\$1,240,426	3%
Otter Tail	\$20,411,610	\$19,932,635	\$478,975	2%
Pine	\$6,914,906	\$6,000,596	\$914,310	13%
Ramsey	\$201,741,189	\$196,137,015	\$5,604,174	3%
Rice	\$18,212,910	\$17,126,772	\$1,086,138	6%
St. Louis	\$68,325,501	\$65,779,950	\$2,545,551	4%
Scott	\$26,979,050	\$25,888,791	\$1,090,259	4%
Sherburne	\$24,706,773	\$24,482,481	\$224,292	1%
Sibley	\$4,552,474	\$4,019,040	\$533,434	12%
Stearns	\$42,034,659	\$40,767,799	\$1,266,860	3%
Todd	\$9,275,600	\$7,891,029	\$1,384,571	15%
Wabasha	\$4,225,226	\$3,986,467	\$238,759	6%
Wadena	\$7,823,405	\$7,827,781	(\$4,376)	0%
Washington	\$40,664,509	\$37,677,186	\$2,987,323	7%
Watonwan	\$2,871,523	\$2,652,587	\$218,936	8%
Wilkin	\$2,524,724	\$2,404,504	\$120,220	5%
Winona	\$22,393,233	\$20,244,094	\$2,149,139	10%
Wright	\$37,871,073	\$35,063,285	\$2,807,788	7%
Leech Lake Band of Ojibwe	\$822,025	\$691,954	\$130,071	16%
White Earth Nation	\$4,826,317	\$4,671,012	\$155,305	3%

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
DVHHS Alliance	\$5,850,704	\$5,309,022	\$541,682	9%
FMCHS Alliance	\$11,431,544	\$11,133,151	\$298,393	3%
McLeod, Meeker, Renville Alliance	\$22,859,336	\$21,141,099	\$1,718,237	8%
MnPrairie Alliance	\$18,472,582	\$18,183,851	\$288,731	2%
Northwest 8 Alliance	\$26,085,424	\$21,902,388	\$4,183,036	16%
Region 6 West Alliance	\$15,035,677	\$13,267,651	\$1,768,026	12%
SWMHHS Alliance	\$27,651,847	\$25,828,448	\$1,823,399	7%
Statewide	\$1,625,871,447	\$1,555,477,921	\$70,393,526	4%

NOTE FOR ALL REFERENCES

- The Des Moines Valley Health and Human Services (DVHHS) Alliance includes Cottonwood and Jackson counties.
- The Faribault/Martin County Human Services (FMCHS) Alliance includes Faribault and Martin counties.
- The New Horizon Alliance includes Douglas, Grant, Pope, Stevens and Traverse counties.
- The MnPrairie Alliance includes Dodge, Steele and Waseca counties.
- The Northwest 8 Alliance includes Kittson, Mahnomen, Marshall, Norman Pennington, Red Lake and Roseau counties.
- The Region 6 West Alliance includes Big Stone, Chippewa, Lac Qui Parle, Swift and Yellow Medicine counties.
- The Southwest Minnesota Health and Human Services (SWMHHS) Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood and Rock counties
- The Region 4 South Alliance (in the Table 3 below) includes Grant, Pope, Stevens and Traverse counties.

B. DD budgets

Compared with 2016, lead agencies, on average, spent the same percentage (94 percent) of their DD budgets in 2017 (the most recently completed budget year). Overall, 34 percent of lead agencies used a greater proportion of their DD budgets in 2017 than in 2016. Table 3 provides a summary of lead agency DD Waiver budgets for calendar year 2017 as of Oct. 9, 2018.

Table 3: CY 2017 DD budget use

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
Aitkin	\$4,886,562	\$3,885,991	\$1,000,571	20%
Anoka	\$89,832,528	\$82,624,076	\$7,208,452	8%
Becker	\$6,359,393	\$5,984,593	\$374,800	6%
Beltrami	\$11,534,611	\$10,934,488	\$600,123	5%
Benton	\$10,998,908	\$9,827,752	\$1,171,156	11%
Blue Earth	\$15,100,163	\$14,492,382	\$607,781	4%
Brown	\$9,927,037	\$8,705,868	\$1,221,169	12%
Carlton	\$13,833,193	\$12,515,112	\$1,318,081	10%
Carver	\$18,378,087	\$17,909,636	\$468,451	3%
Cass	\$9,894,069	\$9,067,456	\$826,613	8%
Chisago	\$14,022,121	\$13,445,889	\$576,232	4%
Clay	\$18,951,667	\$18,179,773	\$771,894	4%
Clearwater	\$780,118	\$741,671	\$38,447	5%
Cook	\$1,324,978	\$1,110,365	\$214,613	16%
Crow Wing	\$12,422,720	\$11,918,251	\$504,469	4%
Dakota	\$96,262,562	\$95,304,024	\$958,538	1%
Douglas	\$7,677,739	\$7,424,730	\$253,009	3%
Fillmore	\$7,696,345	\$7,286,605	\$409,740	5%
Freeborn	\$10,407,938	\$8,942,382	\$1,465,556	14%
Goodhue	\$16,284,177	\$14,918,380	\$1,365,797	8%
Hennepin	\$308,323,293	\$292,756,405	\$15,566,888	5%
Houston	\$7,795,131	\$7,162,134	\$632,997	8%

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
Hubbard	\$4,538,504	\$3,929,815	\$608,689	13%
Isanti	\$8,411,637	\$7,637,039	\$774,598	9%
Itasca	\$17,336,417	\$16,913,845	\$422,572	2%
Kanabec	\$4,788,878	\$4,759,345	\$29,533	1%
Kandiyohi	\$10,237,566	\$8,738,841	\$1,498,725	15%
Koochiching	\$5,141,765	\$4,232,776	\$908,989	18%
Lake	\$5,712,182	\$4,714,790	\$997,392	17%
Lake of the Woods	\$1,472,933	\$1,358,961	\$113,972	8%
Le Sueur	\$9,902,363	\$9,001,809	\$900,554	9%
Mille Lacs	\$6,742,331	\$6,500,723	\$241,608	4%
Morrison	\$11,529,679	\$10,954,902	\$574,777	5%
Mower	\$18,520,273	\$17,247,418	\$1,272,855	7%
Nicollet	\$5,911,843	\$5,230,082	\$681,761	12%
Nobles	\$5,147,147	\$4,670,369	\$476,778	9%
Olmsted	\$40,280,329	\$37,427,638	\$2,852,691	7%
Otter Tail	\$13,240,297	\$11,677,823	\$1,562,474	12%
Pine	\$6,528,086	\$6,233,028	\$295,058	5%
Ramsey	\$149,602,322	\$136,583,312	\$13,019,010	9%
Rice	\$24,275,223	\$22,812,818	\$1,462,405	6%
St. Louis	\$73,740,080	\$69,532,388	\$4,207,692	6%
Scott	\$26,533,149	\$26,161,419	\$371,730	1%
Sherburne	\$16,716,154	\$15,102,848	\$1,613,306	10%
Sibley	\$5,010,273	\$4,254,163	\$756,110	15%
Stearns	\$30,180,561	\$28,696,974	\$1,483,587	5%
Todd	\$7,644,851	\$7,357,086	\$287,765	4%
Wabasha	\$8,134,085	\$7,407,616	\$726,469	9%
Wadena	\$3,800,828	\$3,473,788	\$327,040	9%
Washington	\$54,626,841	\$50,446,676	\$4,180,165	8%

Lead agency	Allowable budget	Amount spent	Reserve amount	Reserve percent
Watonwan	\$3,824,634	\$3,405,178	\$419,456	11%
Wilkin	\$3,572,749	\$3,080,710	\$492,039	14%
Winona	\$15,639,263	\$15,397,297	\$241,966	2%
Wright	\$22,846,230	\$21,362,793	\$1,483,437	6%
Leech Lake Band of Ojibwe	\$145,628	\$0	\$145,628	100%
White Earth Nation	\$668,129	\$525,052	\$143,077	21%
DVHHS Alliance	\$8,778,463	\$7,887,400	\$891,063	10%
FMCHS Alliance	\$14,515,795	\$13,066,712	\$1,449,083	10%
McLeod, Meeker, Renville Alliance	\$23,806,320	\$22,493,624	\$1,312,696	6%
MnPrairie Alliance	\$19,500,740	\$18,329,816	\$1,170,924	6%
Northwest 8 Alliance	\$33,396,703	\$31,328,808	\$2,067,895	6%
Region 4 South Alliance	\$9,875,186	\$9,172,894	\$702,292	7%
Region 6 West Alliance	\$20,065,146	\$18,762,270	\$1,302,876	6%
SWMHHS Alliance	\$26,373,380	\$25,155,707	\$1,217,673	5%
Statewide	\$1,471,408,303	\$1,378,164,516	\$93,243,787	6%

V. Corrective action plans

Historically, statute allowed DHS to reclaim funds from lead agencies when agencies used more funding than was available in their budget. This practice was called “recoupment.” Legislation passed during the 2013 and 2015 legislative sessions aimed to decrease the risk of recoupment to lead agencies. When a lead agency exceeds its waiver budget, the new legislation allows for the development of a corrective action plan with DHS in lieu of immediate recoupment. These corrective action plans give lead agencies two years to rectify the overspending. The same legislation clarified that recoupment would only be required in cases that the state exceeded funding designation for the waivers.

The 2015 legislation also allowed DHS to require corrective action plans if lead agencies did not use a sufficient amount of their waiver budgets. Under this new provision, lead agencies must use 97 percent of their budget if they also have a waiver waiting list. If a lead agency does not meet the spending threshold, but sufficient budget capacity is not available to reduce its waiting list, DHS may waive the need for a corrective action plan.

A. CCB waivers corrective action plans

In fiscal year 2018, DHS did not require a corrective action plan for a lead agency that over-authorized its CCB waiver budgets. As shown in Table 2, two lead agencies authorized amounts that exceeded their allowable budget. While a lead agency falling short does mean that statutory requirements were not met, DHS also made funding transfers, seen in Table 4, to assist in managing waiver budgets and recipient needs. Since the lead agency budgets still fell short after the transfers, DHS did not require corrective action plans because the transfers were inadequate.

DHS did not issue corrective action plans for lead agencies for authorizing less than 97 percent of a waiver budget because no agency maintained a CADI waiting list during fiscal year 2018.

B. DD Waiver corrective action plans

DHS did not require corrective action plans for overspending DD Waiver budgets in calendar year 2017, the most recently complete year. DHS transferred funds to all lead agencies that were at-risk of overspending, as seen in Table 5, before to the conclusion of the calendar year.

DHS did not require corrective action plans in calendar year 2017 for lead agencies who spent less than 97 percent of a waiver budget because these agencies did not maintain a waiting list.

VI. Funding transfers

Legislation from 2013 authorized DHS to transfer waiver funding between lead agencies when needed. DHS uses this authority to transfer funds to lead agencies that have demonstrated sound financial management, but exceeded their allowable budgets nonetheless. Lead agencies that receive a transfer often exceed their budget due to new-recipient enrollment from waiting lists or large service-cost increases for existing waiver recipients.

A. CCB funding transfers

DHS transferred CCB funding between lead agencies 29 times in fiscal year 2018. Table 4 provides details of these funding transfers.

Table 4: CCB funding transfers by lead agency (FY 2018)

Lead agency	Change in budget	Amount
Anoka	Decrease	\$284,978
Blue Earth	Decrease	\$80,382
Brown	Decrease	\$91,355
Carver	Increase	\$122,690
Cass	Decrease	\$46,948
Chippewa	Decrease	\$160,778
Clay	Increase	\$175,891
Dakota	Decrease	\$185,162
Douglas	Decrease	\$197,794
Hennepin	Increase	\$2,722,222
Itasca	Increase	\$222,342
Kanabec	Increase	\$23,569
Kandiyohi	Decrease	\$148,809
Lake of the Woods	Increase	\$39,878
Lyon	Decrease	\$122,312

Lead agency	Change in budget	Amount
Mille Lacs	Decrease	\$96,604
Morrison	Increase	\$35,898
Olmsted	Decrease	\$135,001
Polk	Decrease	\$365,893
Ramsey	Decrease	\$758,092
Renville	Decrease	\$83,687
Rice	Decrease	\$83,138
St. Louis	Decrease	\$197,979
Stearns	Increase	\$392,415
Todd	Increase	\$120,307
Wadena	Increase	\$204,525
Washington	Decrease	\$190,467
Winona	Decrease	\$181,132
Wright	Decrease	\$202,508

B. DD funding transfers

DHS transferred DD Waiver funding between lead agencies 30 times in calendar year 2017. Table 5 shows these transfers. Lead agencies listed multiple times had their budgets adjusted on more than one occasion.

Table 5: DD funding transfers by lead agency (CY 2017)

Lead agency	Change in budget	Amount
Anoka	Decrease	\$205,711
Beltrami	Increase	\$504,362
Carver	Increase	\$257,273
Carver	Increase	\$545,259
Cass	Increase	\$32,195
Cass	Increase	\$221,903
Clay	Increase	\$1,557,953
Crow Wing	Increase	\$33,550
Crow Wing	Increase	\$212,004
Hennepin	Decrease	\$411,423
Itasca	Increase	\$396,484
Itasca	Increase	\$487,040
Kanabec	Increase	\$300,000
Lake of the Woods	Increase	\$311,686
Mille Lacs	Increase	\$131,606

Lead agency	Change in budget	Amount
Morrison	Increase	\$251,725
Pine	Increase	\$92,185
Polk	Decrease	\$334,218
Ramsey	Decrease	\$1,319,898
Ramsey	Decrease	\$3,046,801
St. Louis	Decrease	\$205,711
Scott	Increase	\$137,027
Sherburne	Decrease	\$407,246
Stearns	Decrease	\$181,818
Steele	Increase	\$100,113
Todd	Increase	\$77,900
Washington	Decrease	\$783,957
Winona	Increase	\$39,632
Winona	Increase	\$98,482
White Earth Nation	Increase	\$180,624

VII. DD waiting list categories and reasonable pace

Minnesota's Olmstead Plan establishes goals regarding implementation of DD Waiver waiting list urgency of need categories and corresponding reasonable-pace standards. Additionally, 2016 legislation requires DHS to post quarterly data about people on the DD waiting list on its [public website waiver program waitlist page](#). The majority of people who receive an assessment are not included in the tables below. This is because they either:

- Do not request DD Waiver services within the next 12 months
- Are already on the DD Waiver

The following sections contain the most recent data from the Olmstead quarterly report and the DHS public website reports.

A. DD waiting list categories and reasonable place

Table 6 provides information related to meeting Olmstead goals for the period of April through June 2018. This information also was included in the most recent quarterly report to the Olmstead subcabinet.

Table 6: Waiting list categories and reasonable pace

Urgency of need category	Total number of people assessed	REASONABLE PACE Funding approved within 45 days	Funding approved after 45 days	Still on the waiting list
Leaving an Institution	20	12	6	2
Immediate Need	121	89	26	6
Defined Needs	311	227	61	23
Totals	452	328	93	31

B. Days waiting on DD waiting list

Table 7 displays the average number of days people on the DD waiting list have been waiting since their first assessment following reform implementation. This table includes data as of June 30, 2018.

Table 7: Average number of days waiting on DD waiting list

Waitlist category	Average days waiting
Institutional Exit	85
Immediate Need	51
Defined Need	63
Overall average	61

C. Planned services and ages of people on the DD waiting list

Table 8 provides details on the ages, urgency of need categories and planned services of people on the DD waiting list (Note: A person may have more than one planned service. These people will appear multiple times in this table.)

Total figures will differ from Table 6, due to the date the data was obtained.

Table 8: DD waiting list by planned service, urgency category and age

Planned service	Urgency of need category	Total	0-12	13-17	18-22	23-39	40-64	65+
24-hour emergency assistance	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	0	0	0	0	<5	0
	Total	<5	0	0	0	0	<5	0
Adult day care	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	0	0	0	0	<5	0
	Total	<5	0	0	0	0	<5	0
Assistive technology	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	<5	<5	0	0	0	0	0
	Defined need	5	<5	<5	0	0	0	0
	Total	7	5	<5	0	0	<5	0
Caregiver training and support	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0
Case management	Institutional exit	<5	<5	0	0	0	<5	0
	Immediate need	6	<5	0	<5	0	<5	0
	Defined need	30	16	5	<5	<5	<5	0
	Total	38	21	5	<5	<5	6	0
Consumer-directed community supports (CDCS)	Institutional exit	0	0	0	0	0	0	0
	Immediate need	5	<5	<5	0	0	0	0
	Defined need	15	11	<5	<5	0	0	0
	Total	20	15	<5	<5	0	0	0
Consumer training and education	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0

Planned service	Urgency of need category	Total	0-12	13-17	18-22	23-39	40-64	65+
Crisis-respite	Institutional exit	0	0	0	0	0	0	0
	Immediate need	<5	0	0	0	<5	0	0
	Defined need	<5	<5	0	0	0	0	0
	Total	<5	<5	0	0	<5	0	0
Day training and habilitation (DTH)	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	<5	0	0	0	<5	0	0
	Defined need	5	0	0	<5	<5	<5	0
	Total	<5	0	0	<5	<5	<5	0
Homemaker	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	<5	0	0	0	<5	0
	Total	<5	<5	0	0	0	<5	0
Housing access	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	0	0	0	<5	0	0
	Total	<5	0	0	0	<5	0	0
In home family support	Institutional exit	<5	<5	0	0	0	0	0
	Immediate need	<5	<5	0	0	<5	0	0
	Defined need	14	8	<5	<5	<5	0	0
	Total	17	10	<5	<5	<5	0	0
Modification/equipment	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	6	<5	<5	0	0	0	0
	Total	7	<5	<5	0	0	<5	0
Personal support	Institutional exit	<5	<5	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	0	0	<5	<5	0	0
	Total	<5	<5	0	<5	<5	0	0
Respite (not ICF/DD)	Institutional exit	<5	<5	0	0	0	0	0
	Immediate need	<5	0	0	<5	<5	0	0
	Defined need	10	6	<5	<5	<5	0	0
	Total	13	7	<5	<5	<5	0	0
Supportive living services (SLS)	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	<5	0	0	<5	<5	0	0
	Defined need	6	0	0	<5	<5	<5	0
	Total	10	0	0	<5	<5	<5	0
Specialist services	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	<5	0	0	<5	0	0
	Total	<5	<5	0	0	<5	<5	0

Planned service	Urgency of need category	Total	0-12	13-17	18-22	23-39	40-64	65+
Supported employment	Institutional exit	0	0	0	0	0	0	0
	Immediate need	0	0	0	0	0	0	0
	Defined need	<5	0	0	<5	<5	0	0
	Total	<5	0	0	<5	<5	0	0
Transportation, chore, personal care assistance (PCA)	Institutional exit	<5	0	0	0	0	<5	0
	Immediate need	<5	0	0	0	<5	0	0
	Defined need	5	<5	<5	0	<5	<5	0
	Total	7	<5	<5	0	<5	<5	0
Total, planned services	Institutional exit	<5	<5	0	0	0	<5	0
	Immediate need	7	<5	0	<5	<5	<5	0
	Defined need	30	16	5	<5	<5	<5	0
	Total	39	21	5	<5	<5	<5	0
Total, no planned services	Institutional exit	<5	0	0	0	<5	0	0
	Immediate need	<5	0	<5	0	0	0	0
	Defined need	<5	<5	0	0	0	0	0
	Total	6	<5	<5	0	<5	0	0
Total, unduplicated	Institutional exit	<5	<5	0	0	<5	<5	0
	Immediate need	8	<5	<5	<5	<5	<5	0
	Defined need	34	20	5	<5	<5	<5	1
	Total	45	25	6	<5	<5	<5	0

D. People with DD Waiver funding approved

Table 9 includes information about people who a lead agency has approved for DD Waiver funding, but do not yet have a waiver service agreement to begin services. People may not start the waiver immediately after funding approval because service planning and locating providers may take additional time. This information is current as of June 30, 2018.

Table 9: People with DD Waiver funding but without service agreements as of June 30, 2018

Measure	Number of people
Number of people with funding approved by no services agreement	32
Average number of days since funding approval	110

E. New DD Waiver recipients

Table 10 displays information about people who began DD Waiver services between June 1 and June 30, 2018.

Table 10: New DD Waiver recipients

Measure	Number of people
Number of people who started DD Waiver from waiting list	114
Number of people who started DD Waiver not from waiting list	51
Number of people who left the waiting list but did not start the DD Waiver	9

VIII. Approving funding for people on the DD Waiver waiting list

Over the course of the four most recent Olmstead Quarterly Reports, an average of 93 percent of the total number of people assessed had funding approved. Furthermore, lead agencies approved funding for an average of 68 percent of people assessed within reasonable-pace standards. As shown in Table 6, lead agencies determined that 452 people met an urgency of need for one of the waiting list categories between April and June 2018. At the end of this period, 31 people were still waiting for approved funding. These figures demonstrate the ability of lead agencies to approve DD Waiver funding effectively within the reasonable-pace standards and keep the overall size of the waiting list low.

The average time spent on the DD waiting list is slightly more than two months, as seen in Table 7. This short amount of time has been the product of collaboration between DHS and lead agencies to prioritize funding approval for people with the most urgent needs and focus on meeting reasonable-pace standards. Ultimately, people on the DD waiting list regularly have funding approved regardless of category.

IX. Report recommendations

DHS recommends maintaining current DD Waiver participant growth. This would allow lead agencies to:

- Continue to approve funding for people in all DD waiting list categories
- Maintain the historically low number of people on the waiting list
- Limit waiting times.

DHS continues to encourage lead agencies to reach statutory spending targets and DD Waiver waiting list Olmstead goals. Agencies that do not reach these targets in 2018 may receive corrective action plans in 2019. DHS believes the corrective-action process has been helpful for lead agencies in the past and recommends the process continue going forward.