

Olmstead Subcabinet Meeting

Monday, January 25, 2016 • 1:30 p.m. to 3:00 p.m.

Minnesota Department of Health – Conference Rooms B144 & B145

625 Robert Street North, St. Paul, MN 55101

Agenda

- 1) Call to Order**
- 2) Roll Call**
- 3) Agenda Review**
- 4) Approval of Minutes**
 - a) Subcabinet meeting on December 18, 2015 **3**
- 5) Reports**
 - a) Chair
 - b) Executive Director
 - c) Legal Office
 - d) Compliance Office
- 6) Action Items**
 - a) Workplan Exception Report **13**
 - b) Proposed Changes to the Subcabinet Procedures **17**
 - c) DHS Transition Protocols **27**
- 7) Monthly Topic Report**
 - a) Employment – Blake Chaffee, Department of Employment and Economic Development;
Alex Bartolic, Department of Human Services; and Robyn Widley, Minnesota
Department of Education
- 8) Information Items**
 - a) Person-Centered Planning - Follow-up Discussion
 - b) MDE Update on Data System Exploration
- 9) Public Comments**
- 10) Adjournment**

Next Subcabinet Meeting:

February 22, 2016 - 4:00 p.m. to 5:30 p.m.

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Olmstead Subcabinet Meeting

Minnesota Housing – State Street Conference Room - First Floor

December 18, 2015 – 10:00 a.m. to 11:30 a.m.

1. Call to Order

Action: N/A

The meeting was called to order at 10:02 a.m. by Chair Mary Tingerthal (Minnesota Housing). The Subcabinet members were introduced by Chair Tingerthal.

2. Roll Call

Action: N/A

Subcabinet members or designees present: Mary Tingerthal, Chair, Olmstead Subcabinet & Commissioner, Minnesota Housing Finance Agency (Minnesota Housing); Gil Acevedo, Assistant Commissioner, Department of Health (MDH); Blake Chaffee, Communications, Analysis, and Research Director, Department of Employment and Economic Development (DEED); Emily Johnson Piper, Commissioner, Department of Human Services (DHS); Deb Kerschner, Corrections Director, Department of Corrections (DOC); Colleen Wieck, Executive Director, Governor’s Council on Developmental Disabilities; Sue Mulvihill, Deputy Commissioner, Department of Transportation (DOT); Steve Dibb, Deputy Commissioner, Department of Education (MDE); Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities (OMHDD). Kevin Lindsey, Commissioner, Department of Human Rights (MDHR), joined the meeting at 10:34 a.m.

Guests present: Heather Corcoran, League of MN Cities; Alex Bartolic, Erin Sullivan Sutton, Joe Sathe, and Jennifer DeCubellis, Department of Human Services; Mike Tessneer, Rosalie Vollmar, Kristin Jorenby, Tristy Auger, and Darlene Zangara, Olmstead Implementation Office; Megan Ryan and Ryan Baumtrog, Minnesota Housing; Daron Korte, Minnesota Department of Education; Kristie Billiar, Minnesota Department of Transportation; Kim Peck and David Sherwood-Gabrielson, Department of Employment and Economic Development; Stephanie Lenartz, Minnesota Department of Health, Charlie Vander Aarde, Metro Cities; and Cynthia Moore, Minnesota State Independent Living Council.

3. Agenda Review

There were no changes to the agenda.

4. Approval Minutes

a) Subcabinet meeting on November 23, 2015

A blacklined version of the November 23, 2015 Subcabinet meeting minutes was distributed at the meeting and approved as edited.

Motion: Approve the November 23, 2015 minutes as edited.
Action: Motion – Colleen Wieck. Second – Steve Dibb.
 In Favor - All

5. Reports

a) Chair

Chair Tingerthal noted a Star Tribune article dated December 12, 2015; “Minnesota’s Workshops for People with Disabilities Could Lose Some Subsidies,” as an example to encourage intercommunication among state agencies’ Communications staff.

Chair Tingerthal expressed that all Communications staff must plan ahead to coordinate communications related to Olmstead actions, rules, or adoptions that could trigger community discussions or public comments. Commissioner Tingerthal reported that Megan Ryan, Communications Director for Minnesota Housing, has reached out to several agency Communications staffs to schedule planning sessions about collaborative Olmstead communication strategies.

Commissioner Johnson Piper expressed there is a great opportunity to tell powerful stories about the good work done when agencies communicate as one voice.

In response to a comment from Roberta Opheim, Chair Tingerthal agreed that providing a communications framework with common language and key phrases that accurately reflect the Plan will assist managers and staff. This will allow a quick and consistent way to respond to questions or use in press releases.

Chair Tingerthal reported the following:

- Discussions continue with the Court regarding the framework of reporting. Additional information was submitted regarding the frequency of reporting that incorporated feedback from Colleen Wieck and Roberta Opheim.

- The Executive Committee will review the Frequency of Reporting Plan and recommend action on Wednesday, December 23, 2015, before it is submitted to the Court.
- The Court requested DHS legal staff draft a proposed stipulation summarizing the Monitoring Agreement. Karen Sullivan Hook is working with staff from the Attorney General's office to draft the proposed stipulation which will be presented for review and action to the Executive Committee at a future meeting.

b) Executive Director

Olmstead Implementation Office (OIO) Executive Director Darlene Zangara reported the Quality of Life Request for Proposal (RFP) was issued on December 7, 2015. Eleven requests were received for applications and final proposals are due December 28, 2015. OIO staff will review the submitted proposals to determine if they meet the minimum qualifications. The evaluation team will meet on January 4, 2016 to select the final vendor. The goal is to start the contract on January 8, 2016.

Darlene Zangara briefly reported on Dispute Resolution cases. There were 12 total complaints and eight complaints were officially closed for a 66.66% resolution rate with an average number of 115 days to resolution.

c) Legal Office

No report provided.

d) Compliance Office

OIO Compliance Lead Mike Tessneer reported on the following activities:

- The Compliance Monitoring Plan is being reviewed and expected to be adopted by the Court.
- The first Quarterly Report on measurable goals will be reviewed in February and will replace the bimonthly reporting.
- Staff is focused on implementation of the monthly Workplan review process and status reports.
- The Gap report is expected to be approved by the Executive Committee on December 23, 2015, before it is submitted to the Court.
- In January, compliance staff will be meeting with agency sponsors/leads to identify reports, publications and other communication materials related to the Olmstead Plan. OIO Compliance will review and provide input to agencies on document alignment with the Olmstead Plan.

- OIO Compliance will meet with agency sponsors/leads to review verification processes being used to monitor plan implementation.

6. Action Items

a) Gap Report

Chair Tingerthal explained the Gap Report responds to a specific Court Order that requires a one-time report on the number of people who moved from segregated to integrated settings, the number of people who moved off the waiting list, and any Quality of Life results. Commissioner Tingerthal reported that a simplified report will be presented to the Executive Committee for action on Wednesday, December 23, 2015.

Motion: Refer approval of the Gap Report to the Executive Committee for action on December 23, 2015.

**Action: Motion – Steve Dibb. Second – Sue Mulvihill.
In Favor - All**

b) Workplan Report

Chair Tingerthal referred Subcabinet members to the Workplan Compliance Report in their packet. Commissioner Tingerthal reported the following protocols will be used in monitoring Workplan implementation:

1. Agency sponsors and leads submit workplan status reports to the Compliance Office.
2. Compliance provides agency sponsors and leads a draft Workplan Compliance Report identifying workplans items that will be reported to the Subcabinet as exceptions.
3. Agency sponsors and leads provide further information to Compliance office on each exception including the reason for the exception, the plan to remedy, and a recommendation on subcabinet action.
4. Agency sponsors and leads provide a written and verbal report to the Subcabinet.
5. The Workplan Compliance Report and any actions taken by the Subcabinet to adjust workplans will be recorded in the minutes.
6. Quarterly reports on measurable goals will include a summary report on the status of workplans, including any workplans that need to be adjusted.

In response to a question from Roberta Opheim and comments from Colleen Wieck, and Commissioner Johnson Piper, Commissioner Tingerthal agreed that it was important to recognize forward progress either on a quarterly or annual basis and it was suggested that OIO Compliance work with the agency sponsors and leads to consider ways this reporting can be done.

Mike Tessneer, OIO Compliance, presented the Workplan Compliance Report. For the time period from June 2015 – November 2015 there were 67 items reviewed.

- 41 items (61%) were completed
- 19 items (28%) were on track
- 7 items (10%) were reported as exceptions

Agency sponsors/leads presented on the 7 exceptions identified in the Workplan Compliance Report, which was provided with the meeting materials.

1. Housing

Ryan Baumtrog reported on Housing Workplan item 4A.2, which required development of a Communication Plan for HousingLink. Mr. Baumtrog explained that the October 31, 2015 deadline was missed because when the Housinglink website was tested, specific feature changes were identified to make the site more accessible. The Communications Plan is planned to be launched in January 2016 after the new features have been added.

In response to a question by Commissioner Tingerthal on whether the feedback for HousingLink involved people with disabilities, Mr. Baumtrog stated that it did. Commissioner Tingerthal and Commission Lindsey stated that they were pleased to hear that the delay was because changes were being made based on feedback from people with disabilities and stakeholders.

Mr. Baumtrog recommended that no Subcabinet action was needed and Subcabinet members agreed.

2. Positive Supports

Jennifer DeCubellis reported on Positive Supports workplan item 1A.2. The October 31, 2015 deadline was missed. Ms. DeCubellis explained the original deadline was based on a projected timeline to develop a public website and after seeking stakeholder input and identifying necessary revisions, the timeline was pushed out further and the deadline was changed to January 31, 2016. Ms.

DeCubellis noted that the reported new deadline of December 31, 2016 was in error and that the correct new deadline is January 31, 2016.

Ms. DeCubellis recommended that no Subcabinet action was needed and Subcabinet members agreed.

3. Crisis Services

Jennifer DeCubellis reported on the Crisis Service workplan item 2J.2. The November 30, 2015 deadline was missed. This item is about asking CMS for a waiver. The delay occurred because previous CMS requests were being negotiated and CMS would not accept amendments to the waiver until the other issue was resolved. That issue has now been resolved and the Workplan is on track for submission in early January, 2016. Ms. DeCubellis stated this is a small enough delay that it should not have further impact and recommended no Subcabinet action was necessary at this time.

Subcabinet members agreed that no action was needed.

In response to concerns expressed by Ms. DeCubellis that some deadlines in the Workplans were estimates at the time they were included and may not be met, Chair Tingerthal explained the Subcabinet is responsible for regularly monitoring the Workplans and assessing if reasonable progress has been made to achieve outcomes for people with disabilities. Chair Tingerthal stated that the deadlines allow a mechanism for the Subcabinet to hear outcomes that may have no negative impact on the overall outcome of the goal if the deadline is not met. Chair Tingerthal noted that when agencies identify strategies or a project that will cause a delay in meeting a Workplan deadline, they must notify the Compliance office immediately to bring the topic to the Subcabinet for further discussion or action.

4. Community Engagement

Darlene Zangara reported on the Community Engagement workplan item 2B related to Self-Advocate Training. The November 30, 2015 deadline was missed because more time is needed to recruit volunteers for participation, to build volunteer relationships, and to find state-wide representation. Ms. Zangara noted that "Train the Trainer" trainings are scheduled on the following dates in 2016:

- Thursday, January 28 in Saint Paul
- Monday, February 1 in Duluth

- Thursday, February 4 in Redwood Falls
- Thursday, February 18 in Pequot Lakes
- Friday, February 19 in Moorhead

In response to questions from Roberta Opheim, Darlene Zangara stated volunteers will be trained on general information about Olmstead 101 to help understand the Olmstead Plan, will be encouraged to become involved with publicly funded activities and take on leadership roles, and could be asked to provide informational presentations to organizations that may be interested in learning more about Olmstead.

Subcabinet members agreed that no action was needed on this item.

5. Community Engagement

Darlene Zangara reported on the Community Engagement workplan item 3D related to Peer Support Specialists training. The November 30, 2015 deadline was missed because more time was needed to recruit volunteers for participation, to build relationships, and to find state-wide representation. Darlene Zangara noted there is reluctance among some Peer Support Specialists because of a lack of funding to support the cost associated with the training. This training is being combined with the self-advocacy training on the dates previously mentioned. In addition, these trainings may help identify potential interviewer candidates for the Quality of Life survey.

Subcabinet members agreed that no action was needed on this item.

6. Quality of Life

Darlene Zangara reported on the Quality of Life workplan items 2B and 2C. These deadlines were missed because the first Quality of Life Request for Proposal (RFP) process provided no qualified responses from a vendor. Darlene Zangara reported the second RFP was issued and staff hopes the process will produce a vendor.

Roberta Opheim stated that surveyors selected to administer the Quality of Life tool must be consistent and be provided in-depth training.

Subcabinet members agreed that no action was needed on these items.

c) Proposed Changes to the Subcabinet Procedures

Chair Tingerthal proposed that the draft Subcabinet Procedure changes distributed with the meeting materials be reviewed and approved at the January 25, 2016 Subcabinet meeting. Colleen Wieck requested that a rationale be presented for each of the recommended changes prior to the presentation at the January Subcabinet meeting. This would help Subcabinet understand why the changes are being proposed.

Regarding the timing change for meeting minutes, Chair Tingerthal stated that Subcabinet meeting minutes are the primary communication to the agencies and the public about Subcabinet activities. In order to ensure accuracy and completeness there are multiple parties that need to review and approve the draft minutes before they are posted to the website. The current requirement to produce the meeting minutes within 7 days has proved difficult to meet. Therefore Commissioner Tingerthal asked for a motion to adopt a 14 day timeframe for production of the meeting minutes.

In response to comments made by Roberta Opheim and Deputy Commissioner Steve Dibb, Chair Tingerthal explained that the minutes will be posted in “draft” form to the website noting that Subcabinet approval is needed.

Motion: **Approve edits to the Subcabinet Procedures that increase the number of days within which draft meeting minutes must be completed from 7 to 14 days following any Subcabinet meeting. Add standard language to the website that states the minutes are draft and not final until approved by the Subcabinet.**

Action: **Motion – Kevin Lindsey. Second – Sue Mulvihill.**
In Favor - All

7. Monthly Topic Reports

a) Person Centered Planning – Department of Human Services

Alex Bartolic, Minnesota Department of Human Services (DHS), gave a presentation on Person-Centered Planning goals. The power point presentation is posted on the website.

Roberta Opheim raised questions about the workplan implementation strategies related to Person Centered planning. Commissioner Kevin Lindsey raised a question about how person centered planning workplan items were addressing ethnic and

racial diversity issues. Alex Bartolic will attend the next Subcabinet meeting to provide further information on these topics.

8. Information

a) 2016 Subcabinet Meeting Schedule and Follow-up

Commissioner Tingerthal reported the 2016 Subcabinet meeting schedule had been finalized and stated the January meeting will be held at the Minnesota Department of Health, and the September meeting would be held on a Wednesday rather than a Monday.

b) Other Announcements

Chair Tingerthal thanked Assistant Commissioner Jennifer DeCubellis for her efforts and large contributions to the Olmstead Plan over the last year and wished her the best in returning to her position at Hennepin County.

Chair Tingerthal noted there is a current initiative from the Governor's office to identify areas in the Plan where the Governor can help accelerate or accomplish goals early. Chair Tingerthal reported that work groups are meeting next week and a more detailed report will be provided at the January Subcabinet meeting.

9. Public Comments

No public comments were made.

10. Adjournment

The meeting was adjourned at 11:37 a.m.

Motion: Adjournment.
Action: Motion – Kevin Lindsey.
In Favor - All

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Workplan Compliance Report for January 2016

Total number of workplan activities reviewed	49	
• Number of activities completed	18	37%
• Number of activities on track	25	51%
• Number of activities reporting exceptions	6	12%

Exception Reporting

Workplan Activity, Deadline and Description	Status Reported	Description of compliance exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Person Centered 1B.1</p> <p>Deadline: 12/31/2015</p> <p>Publish series of bulletins on person-centered practices and informed choice protocols</p>	Off track for completion by deadline 12/31/15. No intervention is needed. Work is proceeding. There is a series of three bulletins planned. The first is written and is going through accessibility review. It will be published shortly. The other two are slated for publication by the end of February 2016.	December 31, 2015 deadline was missed	<p>DHS – Erin Sullivan Sutton/ Alex Bartolic</p> <p>Reason for exception - Based on user feedback, the person centered planning information and transition protocols were combined. In order to present consolidated information and strong key messages, the first bulletin in the series was revised.</p> <p>Plan to remedy – The first bulletin is being routed, and is expected to be issued by January 30, 2016. The next two bulletins are expected to be issued in February, 2016.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>

Workplan Activity, Deadline and Description	Status Reported	Description of compliance exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Waiting List 1G</p> <p>Deadline: 12/1/2015 and annually thereafter</p> <p>Submit annual Waiting List Funding Report to the Legislature.</p>	<p>Report was not submitted by 12/1/2015 but work is on track to be submitted to the Legislature prior to the start of the session (March 8, 2016). No Subcabinet intervention is needed.</p>	<p>December 1, 2015 deadline was missed</p>	<p>DHS – Erin Sullivan Sutton/ Alex Bartolic</p> <p>Reason for exception – The new urgency structure for the waiting list began December 1, 2015. The report was delayed so that information on how the implementation of the newly adopted urgency categorization system and reasonable pace standards could be included.</p> <p>Plan to remedy – A preliminary report will be completed by March 8, 2016 and will include information on how implementation of the new system is going.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>
<p>Transportation 3A.1</p> <p>Deadline: 12/1/2015</p> <p>Examine the ridership data gathered by transit providers on fixed route public transit versus demand response public transit.</p>	<p>Behind schedule. Data sets have been identified for this task but, further analysis will not be completed until a definition for disability has been identified. Have an adopted definition of disability by March 1, 2016</p>	<p>December 1, 2015 deadline was missed</p>	<p>DOT – Sue Mulvihill/Kristie Billiar</p> <p>Reason for Exception - Data sets have been identified for this task but, further analysis will not be completed until a definition for disability has been identified.</p> <p>Plan to Remedy - A definition of disability will be adopted by March 1, 2016.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>

Workplan Activity, Deadline and Description	Status Reported	Description of compliance exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Community Engagement 1A</p> <p>Deadline: 12/31/2015</p> <p>Coordinate with Governor appointed councils, groups, etc. to align Olmstead goals with goals of the council, group, etc.</p>	<p>To date the OIO has met with 10 of the 23 groups originally identified in the Plan. We are continuing to work with members of the remaining groups to schedule meetings with them to coordinate work. All of the other groups we have met with have an understanding of the Olmstead Plan and are working to coordinate their efforts with various items in the plan.</p>	<p>December 31, 2015 deadline was missed</p>	<p>OIO – Darlene Zangara/ Kristin Jorenby</p> <p>Reason for Exception – Additional time is needed to meet with the remaining groups.</p> <p>Plan to Remedy - We are continuing to work with members of the remaining groups to schedule meetings with them to coordinate work. Meetings with the remaining groups will take place by June 30, 2016.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>
<p>Community Engagement 4A.1</p> <p>Deadline: 12/31/2015</p> <p>Design training program for people with disabilities that want to participate in a variety publicly funded projects</p>	<p>Delayed - The curriculum is not yet complete, but is mostly done. The OIO is partnering with external stakeholders on this project and we have encountered some delays with getting input from some of the presenters that were desired for this project. The work is moving forward and is on track to be completed prior to the first training session in February.</p>	<p>December 31, 2015 deadline was missed</p>	<p>OIO - Darlene Zangara/ Kristin Jorenby</p> <p>Reason for Exception - The OIO is partnering with external stakeholders on this project and we have encountered some delays with getting input from some of the presenters that were desired for this project. The OIO is not the primary contributor to the curriculum development for this activity. The OIO provides support and works to facilitate collaborative work with state agencies that may be needed to complete this activity.</p> <p>Plan to Remedy - The work is moving forward and is on track to be completed prior to the first training session on February 23, 2016.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>

Workplan Activity, Deadline and Description	Status Reported	Description of compliance exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Community Engagement 4B.1</p> <p>Deadline: 12/31/2015</p> <p>Design training program that is led by people with disabilities for project staff, advocacy groups and others that are managing publicly funded projects.</p>	<p>Delayed - The curriculum is not yet complete, but is mostly done. The OIO is partnering with external stakeholders on this project and we have encountered some delays with getting input from some of the presenters that were desired for this project. The work is moving forward and is on track to be completed prior to the first training session in February.</p>	<p>December 31, 2015 deadline was missed</p>	<p>OIO - Darlene Zangara/ Kristin Jorenby</p> <p>Reason for Exception - The OIO is partnering with external stakeholders on this project and we have encountered some delays with getting input from some of the presenters that were desired for this project. The OIO is not the primary contributor to the curriculum development for this activity. The OIO provides support and works to facilitate collaborative work with state agencies that may be needed to complete this activity.</p> <p>Plan to Remedy - The work is moving forward and is on track to be completed prior to the first training session on February 23, 2016.</p> <p>Subcabinet action needed - No Subcabinet action is recommended at this time.</p>

OLMSTEAD SUBCABINET PROCEDURES

Approved: March 10, 2015

Revised: December 18, 2015

PREAMBLE

On January 28, 2013, Governor Dayton created the Olmstead Subcabinet to develop and implement a comprehensive Minnesota Olmstead Plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs in the most integrated setting, consistent with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999).¹ On January 28, 2015, the Governor issued a second Executive Order defining the Subcabinet's duties, and requiring the Subcabinet to adopt procedures to execute its duties.²

On April 25, 2013, the federal district Court in *Jensen, et. al. v. DHS, et. al.*, ordered the State and the Department of Human Services (DHS) to develop and implement a comprehensive *Olmstead* Plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their ~~individuals~~individual needs in the most integrated setting, consistent with the *Olmstead* decision.³

On November 1, 2013, Minnesota issued the Olmstead Plan, which was revised on July 10, 2014.

On March 11, 2014, the Court ordered the Plan to be implemented in accordance with the Court's orders.⁴ On January 9, 2015, the Court provisionally approved Minnesota's Olmstead Plan, as revised.⁵

On September 29, 2015, the Court approved the Olmstead Plan as submitted and dated August 10, 2015.⁶

Article I PURPOSE OF PROCEDURES

The purpose of these procedures is to set forth clear and orderly processes for the Subcabinet to implement the Olmstead Plan in furtherance of the Orders of the Governor and the Court.

¹ Executive Order 13-01, January 28, 2013.

² Executive Order 15-03, January 28, 2015.

³ *Jensen, et. al. v. Department of Human Services, et. al.*, Civil No. 09-cv-1775 (DWF/FLN) Doc. 212.

⁴ *Id.* at Doc. 280; see also Doc. 344.

⁵ *Id.* at Doc. 378.

⁶ *Id.* at Doc.510

Article II
MEMBERSHIP

A. COMMISSIONER MEMBERS.

Subcabinet members are appointed by the Governor. Members are the Commissioner, or the Commissioner's designee, of the following State agencies⁷:

1. Department of Human Services;
2. Minnesota Housing Finance Agency;
3. Department of Employment and Economic Development;
4. Department of Transportation;
5. Department of Corrections;
6. Department of Health;
7. Department of Human Rights; and
8. Department of Education.

B. COMMISSIONER DESIGNEES.

Each Commissioner member may designate one person from the Commissioner's agency to serve in his or her stead on the Subcabinet, and only that designee may serve until such time as the Commissioner replaces the designee with a different designee. A Commissioner may establish or replace a designee by providing written notice to the Chair.

A designee alternate may also be named using the same procedures used for naming a designee. The Chair has discretion to approve or reject a request for a designee alternate.

The Commissioner's designee or designee alternate shall exercise the rights and responsibilities of the Commissioner when the Commissioner is not present.

The Olmstead Implementation Office (OIO) shall maintain a list of all Commissioner designees and designee alternates.

⁷ Executive Order 15-03, January 28, 2015.

C. EX OFFICIO MEMBERS.

The Ombudsman for the State of Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities and the Executive Director of the Minnesota Governor’s Council on Developmental Disabilities are *ex officio* members of the ~~subcabinet~~Subcabinet.⁸ The *ex officio* members are voting members and may serve on ~~subcabinet~~Subcabinet committees.

D. CHAIR.

A Subcabinet chair will be designated by the Governor.

E. MEMBER EXPECTATIONS.

Members are expected to:

1. Attend assigned meetings;
2. Serve on workgroups and subcommittees as the chair requests;
3. Prepare for active participation in discussion and decision-making by consulting with agency staff, and by reviewing meeting materials;
4. Act as the liaison between the Olmstead Subcabinet and the member’s agency or office;
5. Inform the member’s agency or office about ~~subcabinet~~Subcabinet activities and actions; and
6. Perform such other duties as required to fulfill the obligations of the ~~subcabinet~~Subcabinet.

Article III
DUTIES OF THE CHAIR

The Subcabinet chair shall:

- A. Chair ~~subcabinet~~Subcabinet meetings and develop meeting agendas in consultation with the Executive Committee;
- B. Serve on the Executive Committee;

⁸ *Id.*

~~C. Designate lead compliance staff, who shall report to the Chair;~~

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~~CD.~~ Be responsible for establishing, amending, and updating Subcabinet procedures;

~~DE.~~ Provide direction to the Olmstead Implementation Office ~~(OIO)~~; supervise the performance of the Executive Director of the OIO; and annually evaluate the Executive Director's performance;

E. Designate the OIO Director of Compliance, who shall report to the Chair;

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F. Provide direction to ~~lead~~ compliance staff assigned to the OIO Subcabinet; supervise performance of the OIO Director of Compliance~~lead compliance staff~~; and annually evaluate the OIO Director of Compliance~~lead compliance staff's~~ performance;

G. Direct OIO ~~and compliance~~ staff to annually prepare a budget, staffing plan and work plan that is sufficient to carry out OIO ~~and compliance~~ activities in a timely and high-quality manner;

H. Appoint chairpersons and other members of committees, in consultation with other ~~subcabinet~~Subcabinet members; and to appoint another commissioner member of the Subcabinet to chair a meeting of the Subcabinet or the Executive Committee in the absence of the Chair.

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I. Provide leadership to the Subcabinet; ~~and~~

J. Serve as a spokesperson for the Olmstead Subcabinet.

Article IV
OPEN MEETINGS

All ~~subcabinet~~Subcabinet, committee, and workgroup meetings shall be open to the public and to the extent possible and practicable, conducted in accordance with Minnesota Statutes, Chapter 13D.

Article V
COMMITTEES

A. EXECUTIVE COMMITTEE.

The ~~subcabinet~~Subcabinet shall establish an executive committee comprised of three Commissioner ~~Members~~members, which shall include the ~~subcabinet~~Subcabinet chair and the Commissioner of Human Services, or his or her designee-~~or designee alternate~~. All three

members shall have a vote. A majority of executive committee members or their designees or designee alternates shall constitute a quorum.

1. RESPONSIBILITIES OF EXECUTIVE COMMITTEE.

The executive committee is responsible for preliminary review of agenda items before presentation to the ~~subcabinet~~Subcabinet, for developing recommendations to the ~~subcabinet~~Subcabinet, and for conducting the interim business of the ~~subcabinet~~Subcabinet.

2. AUTHORITY OF THE EXECUTIVE COMMITTEE.

The executive committee shall have authority to act on behalf of the ~~subcabinet~~Subcabinet during the interim between regularly scheduled ~~subcabinet~~Subcabinet meetings.

3. MEETINGS.

The Executive Committee shall meet at ~~least once during the 30 days prior to each regularly scheduled meeting of the subcabinet, or at~~ the call of the chair.

B. OTHER SUBCABINET COMMITTEES.

The ~~chair~~Chair, in consultation with the ~~subcabinet~~Subcabinet, may establish any other committees comprised of members of the ~~subcabinet~~Subcabinet as necessary to carry out the ~~subcabinet's~~Subcabinet's responsibilities.

C. SPECIALTY COMMITTEES.

The Subcabinet may establish specialty committees that may include members outside of the Subcabinet. Each specialty committee shall develop a charter that describes the scope of its work, and shall report regularly to the Subcabinet if directed. The Chair shall approve members of any specialty committee.

Article VI
SUBCABINET MEETINGS

A. SCHEDULE.

The ~~subcabinet~~Subcabinet shall hold ~~no fewer than six~~ regularly scheduled meetings ~~on a bi-monthly basis annually.~~ The ~~subcabinet~~Subcabinet may hold additional meetings as directed by the ~~chair~~Chair.

B. RULES.

All ~~subcabinet~~Subcabinet and committee meetings shall be conducted in accordance with Robert's Rules of Order, newly revised, 11th edition, unless otherwise specified in these procedures.

C. QUORUM.

A majority of the Subcabinet members or their designees ~~or designee alternates~~ shall constitute a quorum necessary to conduct Subcabinet business.

D. VOTES.

Voting will be conducted by voice vote. A roll call vote may be taken on any issue at the request of one or more of ~~subcabinet~~Subcabinet members present. ~~In accordance with Minnesota Statutes, section 13D.021, a roll call is required if any member participates by telephone or other electronic means.~~ Commissioners' designees ~~or designee alternate~~ shall have a vote if the Commissioner is not present. ~~In accordance with Minnesota Statutes, section 13D.02, subdivision 4, v~~ Votes on an action taken in the meeting shall be recorded in a journal kept for that purpose. The journal must be open to the public during all normal business hours where records of the ~~subcabinet~~Subcabinet are kept.

E. ACCESSIBILITY.

Subcabinet meetings shall be held in locations and be conducted in a manner accessible to people with disabilities. Subcabinet materials shall be provided in forms accessible to people with disabilities.

F. NOTICE.

A schedule of regular meetings shall be kept on file in the OIO office and shall be posted on the Olmstead website. Notice of special meetings shall be given according to the requirements of ~~Min. Stat. §13D~~Minnesota Statutes, Chapter 13D.

G. AGENDA AND MATERIALS.

The OIO shall prepare and distribute meeting agenda and materials to the ~~subcabinet~~Subcabinet members seven calendar days before regularly scheduled meetings.

H. KEEPING OF MINUTES.

The OIO shall keep and publish minutes of Subcabinet and Executive Committee meetings. The minutes shall provide a record of all matters presented to the Subcabinet, including all reports and materials, presented motions, actions, and all votes taken. The draft

minutes of Subcabinet and Executive Committee meetings shall be published on the Olmstead website within fourteen calendar days of the meeting.

Article VII
SUBCABINET DUTIES

| The ~~subcabinet's~~Subcabinet's duties, established by Executive Order 15-03, are:

A. GENERAL DUTY.

The Subcabinet shall implement Minnesota's Olmstead Plan.

| B. SPECIFIC DUTIES AS SET FORTH IN EXECUTIVE ORDER.

1. Provide oversight for and monitor the implementation and modification of the Olmstead Plan, and the impact of the Plan on the lives of people with disabilities;
2. Provide ongoing recommendations for further modification of the Olmstead Plan;
3. Ensure interagency coordination of the Olmstead Plan implementation and modification process;
4. Convene periodic public meetings to engage the public regarding Olmstead Plan implementation and modification;
5. Engage persons with disabilities and other interested parties in Olmstead Plan implementation and modification and develop tools to keep these individuals aware of the progress on the Plan;
6. Develop a quality improvement plan that details methods the ~~subcabinet~~Subcabinet must use to conduct ongoing quality of life measurement and needs assessments and implement quality improvement structures;
7. Establish a process to review existing state policies, procedures, laws and funding, and any proposed legislation, to ensure compliance with the Olmstead Plan, and advise state agencies, the legislature, and the Governor's office on the policy's effect on the plan;
8. Establish a process to more efficiently and effectively respond to reports from the Court and the Court Monitor;

9. Convene, as appropriate, workgroups consisting of consumers, families of consumers, advocacy organizations, service providers, and/or governmental entities of all levels that are both members, and non-members, of the ~~subcabinet~~Subcabinet;
10. Appoint an Executive Director of the Olmstead Implementation Office (OIO); and
11. Adopt procedures to execute its duties, establish a clear decision-making process, and to further define and clarify the role of the OIO.

Article VIII
OLMSTEAD IMPLEMENTATION OFFICE

A. **REPORTING.**

The Executive Director of the OIO shall report to the subcabinet chair. The OIO Director of Compliance shall report to the subcabinet chair.

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B. **DUTIES.**

~~_____~~The duties of the OIO are as described in the Olmstead Plan⁹ in the section titled Plan Management and Oversight.

- ~~1. To carry out the responsibilities assigned to the subcabinet, as directed by the chair of the subcabinet;~~
- ~~2. To carry out all action items assigned to either the subcabinet or to the OIO in the Olmstead Plan;~~
- ~~3. To prepare, reproduce, and distribute subcabinet meeting materials and to otherwise provide staff support for subcabinet meetings, as directed by the subcabinet chair;~~
- ~~4. To keep and publish minutes of subcabinet and executive committee meetings. The minutes shall provide a record of all matters presented to the subcabinet, including all reports and materials presented, and all motions, actions, and votes taken. The draft minutes shall be published on the Olmstead website within seven calendar days of the meeting.~~

⁹ [Id.at Doc.510](#)

5. ~~To develop communication tools to explain Minnesota's Olmstead Plan, including a fully accessible overview of the plan itself;~~
6. ~~To monitor the quality of life and process measures of the Olmstead Plan;~~
7. ~~To update the subcabinet on implementation;~~
8. ~~To draft an annual report to be issued by the subcabinet;~~
9. ~~To maintain social media and web site presence to keep the public aware of progress on the plan;~~
10. ~~To monitor audit and performance reports from all public agencies on issues relevant to the Olmstead Plan;~~
11. ~~To develop and implement the Olmstead Quality Improvement Plan; and~~
12. ~~To collaborate across all relevant departments.~~

~~Article IX~~ ~~COMPLIANCE~~

~~A. SUBCABINET RESPONSIBILITY.~~

~~The subcabinet shall oversee compliance with the Olmstead Plan, the Governor's Executive Order/s/, the Orders of the Court, the requirements of the Court Monitor as delegated by the Court, and any other law or rule applicable to the duty to implement the Olmstead Plan.~~

~~B. STAFF RESPONSIBILITIES.~~

1. ~~Compliance staff shall monitor Olmstead Plan implementation; identify and track risks of non-compliance; analyze performance; and provide other compliance services requested by the subcabinet.~~
2. ~~Compliance staff is responsible for producing the court ordered bi-monthly status report to the subcabinet and for presenting the report to the subcabinet at the bi-monthly meetings.~~
3. ~~Compliance staff has the responsibility to keep both the chair of the subcabinet and the Commissioner of Human Services, or his or her designee, informed of all matters related to compliance.~~

~~C. COMPLIANCE PROCEDURES.~~

~~1. For each Olmstead Plan item, compliance staff shall create clear materials describing the degree to which the item is complete, timely, and sufficient to meet Olmstead Plan, Court, or Court Monitor requirements, as applicable.~~

~~2. Staff from an agency with an Olmstead Plan item on the subcabinet agenda must appear at the meeting to present the item to the subcabinet. Staff shall describe the degree to which the item is complete, timely, and sufficient to meet Plan requirements.~~

~~3. For items that are untimely, incomplete, or deficient, the agency must provide a written explanation to the subcabinet.~~

~~4. The subcabinet shall not approve a Plan item unless it is substantially complete.~~

~~5. If the subcabinet finds an item untimely, incomplete, deficient, or otherwise lacking in compliance, the subcabinet shall direct staff to remedy any deficiencies and to provide a time and plan for remedial action.~~

Article IX **WORKGROUPS**

The ~~subcabinet~~Subcabinet may convene workgroups consisting of consumers, their families, advocacy organizations, service providers, and/or other governmental entities. Workgroups may include members of the ~~subcabinet~~Subcabinet. Each workgroup shall develop a charter that describes the scope of its work, and shall report regularly to the Subcabinet if directed.

Article X **AMENDMENTS**

The ~~subcabinet~~Subcabinet may amend these procedures as appropriate to carry out ~~subcabinet~~Subcabinet duties. Amendment shall be by majority vote.

Person-Centered and Informed Choice Protocol

Minnesota Department of Human Services

1/13/2016 6:50 AM

Why have a person-centered and informed choice protocol?

Minnesota is driving towards fulfilling the vision of people with disabilities and older Minnesotans living, learning, working, and enjoying life in the most integrated setting. This means, building or maintaining relationships with their families and friends, living more independently, engaging in productive activities, such as employment, and participating in community life. In other words, people lead lives that are meaningful to them.

This vision applies across state agencies, specifically the Departments of Human Services, Employment and Economic Development and Education.

The things that contribute to quality of life are different for each individual. Therefore, a support system that values quality of life must be built on and driven by a desire to understand, respect for and commitment to honor that which is valued by each person.

Minnesota's services and supports system must ensure that people have the opportunity for meaningful choice and self-determination. This is not only a Minnesota vision; having a person-centered system where people are able to make informed choices is a value and requirement coming from various local, state and federal sources. [\(Link to bulletin when available.\)](#)

Systemic changes are required so that all parts of all service-related processes support self-determination and control in one's own life, including, but not limited to, revised policies and practices across state government; robust information and referral processes; improved assessment, discovery and learning, and planning, development of viable options, and flexible services that are delivered in places and ways that meet each person's preferences.

It is the intent of the State that the entire system of long-term services and supports be person-centered. Thus, the person-centered principles and practices should be applied to all populations who receive long-term services and supports. Lead agencies, at a minimum, must comply with the requirements of Federal and State statute and rules in carrying out duties and tasks that have been assigned to them. Person-centered practices are part of those duties in regards to service planning for people who receive home and community based services and supports, including Brain Injury (BI) waiver, Community Alternative Care (CAC) waiver, Community Alternatives for Disabled Individuals (CADI) waiver, Developmental Disability (DD) waiver, and Elderly Waiver (EW) services.¹

This person-centered protocol provides guidance for support planners as to what is good practice and what is required.

It cannot be over-stated that a person-centered system is based on a philosophy and approach to practice. It goes far beyond documentation in files or written plans. While documentation and written plans are tools for communicating important information and for accountability, they alone are not sufficient. The real proof of a person-centered system lies in the practices of those working our systems

¹ 256B.0911, subd. 1a; 256B.0911, subd. 2b; 256B.0911, subd. 3a (e)

and in the resulting quality of life of the people who are supported by our systems. At its heart, person-centered practice focuses on each individual and the resulting plans will vary with each person. This protocol aims to provide guidance and accountability for person-centered practices without losing individualization through overly standardized requirements.

What is a support plan that is person-centered?

Per the requirements of this protocol, all support plans developed by lead agency support planners should be based on person-centered principles and practices. This protocol refers to support plans as 'plans that are person-centered', as distinguished from a formal Person-Centered Plan.

A support plan that is person-centered is a plan that was developed with the principles and philosophies of person-centered practices. These are efforts, particularly of the professionals involved in a person's life, which share power with individuals and recognize each person as a whole individual with unique strengths, assets, interests, expectations, cultures, and goals. Person-centered practices are structured in ways to support individuals' comfort, responsibility, and their ability to express choice, control, and direction in all aspects of services and supports.

A plan that is person-centered is a method of documenting, organizing, managing and sharing information gathered through a person-centered practices process. Documentation includes: what is important to and for a person; how they would like to balance and be supported in these aspects of their lives, and; clearly reflects their wishes, expectations, hopes, strengths, resources, and need for support or additional resources related to their preferences and goals. The person who is the focus of the plan maintains control of the plan and the information included.

A formal Person-Centered plan is one is conducted with a person and other people of their choosing ("circle of support"), led by a qualified facilitator who is trained in specific methods and tools. Not everyone will want or need a formal Person-Centered Plan, but all people should be able to have support plans that are person-centered.

Many people may want a formal Person-Centered Plan. In some instances, a lead agency support planner may decide that a full Person-Centered Plan is necessary. A Person-Centered Plan could be done by the lead agency, if it has the capacity (e.g., a qualified facilitator), or the agency might look outside for the expertise. People who receive disability waiver services can use their waiver to access Person-Centered Planning. [\(Link to bulletin when it is available and Employment First Policy\)](#) Families can also create a Person-Centered Plan themselves, using tools developed the people who developed certain Person-Centered Planning processes and tools.

What is the person-centered protocol?

The protocol is a set of essential elements that must be used to drive Minnesota's long-term services and supports system. It illustrates how these person-centered practices apply through the entire service

cycle of (1) discovery and learning, (2) support and action planning, (3) implementation and (4) quality review.

Because a person-centered practice is adapted to each unique individual, what is explored and planned will vary from person to person. For example, the process for someone who has spent many years in a segregated setting, may dive deeply into exploring residential and employment preferences and options. The process for a long-retired person who has already moved to customized living services may spend more time on exploring what makes life meaningful and how to get supports to allow that person to pursue that meaningful life. And, someone who knows what they want and has the skills to put it together with minimal planning, has the right to opt out of extensive planning and follow-up.

To allow for the necessary flexibility to be truly person-centered, the protocol is framed largely in terms of tenets of practice, essential elements of a plan, approaches and topics to explore, rather than being a form to be filled out or requirements to check off.

The protocol also lays out requirements for following up on how the plan is being implemented. A plan that is person-centered is only worthwhile if it results in person-centered services.

Equally, if not more, important to the protocol are the requirements for coordination between service providers and follow-up to ensure that the plan results in person-centered services.

The protocol only addresses how to do existing work in person-centered ways. It does not specify, nor replace, other required forms, assessments or processes.

Who does this protocol apply to?

Minnesota is building a person-centered service system for all people with disabilities, including people with mental illness, and all people using long-term supports and services. Specifically, this includes people who are eligible to receive support planning who are:

- people with disabilities regardless of program or age
- people with mental illness regardless of program or age
- older Minnesotans who use long-term supports and services

When a person wants to live somewhere else, the move should be based on a plan that is person-centered (unless specifically declined by the person making move.)

Who are the responsible parties?

This protocol must be used by those who are conducting a planning process and writing any form of support plan to ensure that planning is occurring within a person-centered framework.

Anyone who is involved in discovery and learning, planning, implementation, and quality review of support and services needs to adhere to this protocol.

The following chart identifies the various professionals who need to follow this protocol.

Support Planners	
Relocation Services Coordinator	Minnesota Security Hospital (MSH) Staff
MnCHOICES Certified Assessor	Life Bridge Staff
Waiver Case Manager	Rule 185 case manager
Targeted Case Manager	Developmental Disability-Vulnerable Adult case manager
Assertive Community Team (ACT) team	Nursing Facility Discharge Planning
Intermediate Care Facility for people with Developmental Disability (ICF-DD) Facility staff	Moving Home Minnesota case manager
Nursing Facility Social Worker	Minnesota Department of Corrections discharge planner
Anoka Metro Regional Treatment Center (AMRTC) Staff	Others, such as staff from grant-funded transition programs or Person-Centered Plan facilitators paid through Department of Human Services programs

When is the protocol used?

Person-centered practice is not a thing or a form or a specific process, rather it is a philosophy and an approach to how we do business. Everything we do should be built upon the principles of a person-centered practice. Any time support planning takes place, these protocol should be used.

This protocol lays out how a person-centered approach plays out in discovery and learning, service planning and quality review of services. The protocol should be followed, at a minimum, when:

- A person first requests services
- There is a required plan review (typically, annually)
- There is a change in the person's circumstances that effects the plan
- The person requests to re-visit the plan
- The person is moving from their home
- The person is considering employment

While a short-term change in residence does not mandate a new plan, it makes sense that all moves should be monitored to discern if a new plan, or changes to the plan, are warranted. For example, a trip

in and out of a hospital or rehab, does not automatically necessitate a new plan, but the support planner would consider if the current plan is appropriately meeting the person's needs, and if not, to re-do or revise the plan.

Some moves happen in emergency situations where there isn't time for planning. Still, as soon as the crisis stabilizes enough, a plan that is person-centered should be developed to ensure that there is a plan for the person to live in a place that supports their individual goals and quality of life. In fact, person-centered planning is particularly important in these situations as crises often derail people's plans and result in segregation and lose of the ability to pursue what makes life meaningful.

Five results^{2,3} of person-centered practice

To establish common ground for those who provide support planning services to people in Minnesota who use long-term supports and services, we offer the following list of five accomplishments of a person-centered practice. When we have a person-centered practice, the people we are working with:

1. Grow in relationships
How can we expand and deepen peoples' relationships and connections with others?
2. Contribute to their community
How can we support people to contribute and help them discover and express their gifts and capacities?
3. Make choices
How can we help people have experience choice and have positive control over their life?
4. Treated with dignity and respect and having a valued social role
How can we enhance the reputation people have and increase the number of valued ways people can contribute by having a valued role in their community?
5. Share ordinary places and activities
How can we increase the person's participation in local community life?

² O'Brien J. (1989) *What's worth working for? Leadership for Better Quality Human Services*. Syracuse NY. The Center on Human Policy, Syracuse University for the Research and Training Center on community Living of University of Minnesota.

³ Amado, A. N. and Mc Bride, M. (2001), *Increasing Person-Centered Thinking: Improving the Quality of Person-Centered Planning: A Manual for Person-Centered Planning Facilitators*. Minneapolis, Minnesota: University of Minnesota, Institute on Community Integration.

What qualities should a person have to do planning that is person-centered?

Support planners need to have some basic skills in and knowledge of person-centered principles and philosophies in order to provide planning that is person-centered. These are foundational to being able to follow the person-centered and informed choice protocol. The State provides some training and tools to acquire this knowledge and there are many other resources on-line and through other training and educational opportunities and literature that people can find on their own.

A plan needs to accurately elicit and capture the important information for each person. There are frequently differing opinions from the person, their family members or friends, guardians, and service providers that need to be aired and negotiated during the support planning process. Therefore, support planners need to be respectful and effective collaborators and team builders.

A plan is only as good as its implementation. In our systems, support planners are not the people who deliver the services. Therefore, to be an effective planner, one has to be able to gather input and hand plans off for implementation. Some support planners also have responsibility for monitoring supports for quality.

The following list can be used to guide support planners in their professional development.

Necessary background and knowledge of key concepts

1. History of replacing long term care options with less isolating community settings (deinstitutionalization)
2. Commitment to people having a valued social role, as defined by the person himself or herself
3. Difference between community presence and community participation
4. Competitive employment and employment planning and supports
5. Concepts of least restrictive environment and inclusion
6. Self-determination

Understanding and ability to act in accordance with the values that are the foundation of person-centered practices

1. Promoting dignity, respect, and trust for each person
2. Ensuring each person can contribute to the community and has the ability to choose supports and services that help them contribute to the community in a meaningful way
3. Understanding and demonstrating how to balance preferences and health and safety
4. Using a “power with” as opposed to a “power over” approach to support people to pursue what is important to them
5. Promoting and establishing a shared vision between the person and their team
6. Promoting and demonstrating that with information, experience and assistance a person can “choose off the menu” to select supports and services that work for him or her
7. Honoring the person’s ability to express choice and preferences

8. Affirming a person's civil and legal rights

Necessary skills

1. Working collaboratively with other professionals, individuals with disabilities, and their families and friends
2. Acting with respect to all team members and diverse opinions
3. Creating respectful partnerships and consensus within the team
4. Respecting and building on the values, beliefs, culture and preferences of the person identified by, when possible, who is the focus of the plan, or if not possible, by those in the person's support the focus person and those designated to his or her circle of support

Commitment to professional development

1. Building skills
2. Updating to emerging best practices
3. Seeking out support and assistance when needed

Essential Elements: Overarching Characteristics

Overarching Characteristics 1: Process

- OC1.A. Process is individualized and builds on the appreciation for who the person is, including characteristics that inform his or her identity, such as race, ethnicity, culture, gender, sexual orientation, beliefs, values and life experience.
- OC1.B. Process results in understanding the person's short term or long term dreams and aspirations as appropriate to the current situation
- OC1.C. Process empowers the voice of the focus person. The person drives the planning process and formulating the plan.
- OC1.D. Process assumes that each person will participate in and contribute to his or her community by building on natural supports, based on the person's preferences. This includes giving each person the opportunity to explore competitive, integrated employment.
- OC1.E. Process ensures that the person will have the opportunity to broaden his or her ability to make informed choices based on information and experience, unrestricted by current resources or services.
- OC1.F. Discovery and learning process is ongoing through a person's life. Plans are revised to address changes in a person's life.
- OC1.G. Process needs to accurately elicit the important information for each person. There are frequently differing opinions from the person, their family members or friends, guardians, and service providers that need to be aired and negotiated during the support planning process.

Therefore, support planners need to be respectful and effective collaborators and team builders. They need to lead a process for resolving differences.

OC1.H. Process includes supporting choices for competitive, integrated employment. The support planner will engage with the person about employment opportunities, ensure that the person has information and experiences needed to make a decision about work and incorporate employment goals into service planning.

OC1.I. When there is a change in services and supports, there is coordination and communication to ensure that the new provider/person providing support understands the person's plan and how supports should support the person's goals and preferences

OC1.J. Plan is reviewed and approved by the person

Overarching Characteristics 1: Record-keeping

OC2.A. Written plans do not use technical jargon and are written in a way that is useful to the person and those responsible for implementing the plan

OC2.B. If there are differences of opinions between parties, those differences will be recorded, along with explanation of how they were resolved and what the final decisions were

Essential elements: Discovery and Learning

Discovery and Learning 1: The person and their planning participants

DL1.A. Name of person

DL1.B. Person's date of birth/age

DL1.C. Person's current living environment

DL1.D. The person drives the planning process and formulating the plan

DL1.E. The support planner supports the person to set up the meetings for the planning to occur

DL1.F. The person chooses who they want to have participate in the planning process with emphasis on people who are important to the person including family members, friends, person's preferred spokesperson

DL1.G. Within the written plan, the planning participants are all listed by name and function/role, including name of the person writing the plan

Discovery and Learning 2: Information on how the person currently lives

DL2.A. Brief story or history of the person's life which may include the following (if any of the following do not apply, that is captured in the record).

DL2A.1. Plan includes any pertinent health issues

DL2A.2. Plan includes any pertinent behavioral issues

DL2A.3. Plan includes any pertinent diagnoses

DL2A.4. Plan includes any living situations, or moves

DL2A.5. Plan includes description of community involvement

DL2.B. Important places for the person at home, school/work, and in the community

DL2.C. Opportunities for the person to interact with friends and/or family (e.g. quality and frequency of friendships, both paid and non-paid)

DL2.D. Person's strengths (e.g. skills, gifts, strengths and positive behavior)

DL2.E. Preferred method of communication (both expressive and receptive)

DL2.F. Meaningful choices in daily life that are important to the person for example:

- Where the person is living
- How the person spends time during the day
- How the person spends free time
- Who the person lives with
- Visitors
- Coming and going
- What food is available
- Who is providing services
- Time and place for privacy
- How room is decorated

DL2.G. Current physical and/or mental and/or chemical health issues, including:

- Chronic condition
- Acute conditions
- Medications taken
- Necessary adaptive equipment
- Status with preventative care
- If relevant, plans for transitioning health care, for example from pediatric to adult care

DL2.H. Mobility issues, if applicable

DL2.I. Transportation issues

DL2.I.A. Ability to use transportation

DL2.I.B. Issues accessing transportation, if applicable

DL2.J. Rituals and routines important to the person, including:

- Are they the person's choice?
- Are they enjoyable to the person?
- Are they predictable?
- Do they match the person's preferences?

Discovery and Learning 3: Understanding how the person *wants* to live their life, include in documentation a statement about how this information was gathered

- DL3.A. Person's goals/aspirations/visions for the future (documentation must include enough specificity to create action steps)
- DL3.B. Person's preferred type of living setting (documentation should describe any exploration process to learn about range of possibilities, not limited to list of available service providers)
- DL3.C. With whom, if anyone, the person wants to live (specific people or type of people)
- DL3.D. With whom, if anyone, the person wants to socialize (specific people or type of people)
- DL3.E. Work/school/productive activities the person wants to do
 - DL3.E.1 Support planner will engage with the person about employment opportunities (including competitive, integrated employment), ensure that the person has information and experiences needed to make a decision about work and incorporate employment goals into service planning
- DL3.F. Social, leisure, and/or religious activities the person wants to
- DL3.G. Skills or leisure activities the person wants to learn
- DL3.H. Possible barriers to achieving the life the person wants to live, why it is thought that this may be a barrier and what area of life may be adversely impacted

Essential elements: Supports and Action Planning

Supports and Action Planning 1: Plan for person-centered supports (plan must include documentation of each of the following, unless determined and documented as unnecessary)

- SAP1.A. Purpose of the planning process and plan is clearly stated and related to the person's desires and preferences
- SAP1.B. Goals to be achieved as related to the person's preferences and how he or she wants to live
- SAP1.C. If there are barriers, how will they be addressed. This is especially important if the person makes an interim step towards their goal, such as moving to a residence that isn't where they want to be ultimately.
- SAP1.D. Action steps must align with the values, preferences and goals that the person identified in the discovery and learning process
- SAP1.E. Training needed for people responsible for providing supports, if applicable (document if this was assessed as not necessary)
- SAP1.F. Materials, equipment, assistive technology needed, if applicable (document if this is assessed as not necessary)

- If the plan includes new assistive technology, that technology must be tested in the environment where it will be used

SAP1.G. Extra services and supports needed, if applicable (document if this is assessed as not necessary)

SAP1.H. How progress towards goals or skills will be evaluated

SAP1.I. How changes in the way the person wants to live will be evaluated

SAP1.J. Process for quality review of plan implementation. The person has the right to limit on-going intervention.

- Timeline for evaluation and meetings
- Measures related to each goal
- What needs to be done
- When
- By whom (assignment of responsibility)

SAP1.K. Person who will be responsible for delivering services and supports must have a thorough understanding of the plan, particularly how services support the person's goals and preferences. This includes natural supports and professionals.

Supports and Action Planning 2: Requirements when a person is moving from one residence to another

SAP2.A. The person who is moving is provided with a summary of key information to facilitate a successful move and transfer of services (subject to applicability for each individual), such as:

- Where the person is moving
- Date and time move will occur
- Who will take the person to new residence
- How the person will get his or her belongings
- Medications and medication schedule
- Upcoming appointments
- Who will be providing support after the move; what they will provide and how to contact those people (include informal and paid support)
- Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, or unexpected loss of provider

Essential elements: Implementation Quality Review

Quality Review 1: Person-centered supports implementation

QR1.A. Follow the plan for measuring progress and evaluating goals over time (SAP1.G., SAP1.H. and SAPI.) Document findings.

QR1.B. Follow the plan for changes in the way the person wants to live and evaluating changes over time (SAP1.G.) Document findings.

QR1.B.1. Type of preferred living setting

QR1.B.2. People with whom the person wants to live

QR1.B.3. People with whom the person wants to socialize

QR1.B.4. School, work or other valued activities the person wants to do

QR1.B.5. Social, leisure, religious or other activities the person wants to participate in regularly

QR1.B.6. Services and supports are delivered to support the plan (e.g., do all service providers deliver services in person-centered manner?)

QR1.B.7. If there are barriers to achieving the goals, are they being addressed? Are the professionals in the person's life continuing to work towards the goals identified in the plan?

QR1.C. If there changes that impact the support plan, or the stated goals, and/or current levels of support are not resulting in positive outcomes, plan for revising the plan accordingly

Quality Review 2: Change of residence implementation (specific only to people making a significant change in residence)

QR2.A. First week/Day of move. The expectation is that the person doing follow-up will visit the person within a week of the move. In cases where it is essential that supports, services, necessary medications and medical care are in place from day one, there must be contact on the day of the move to make sure those are in place. The initial follow-up should ensure:

- Supports, services, medications and equipment are in place
- Service providers know any relevant parts of the plan (e.g., what makes a good day/bad day, how the person wants services delivered, positive supports plan, crisis plan)
- The person has and understands his or her crisis/back-up plans

QR2.B. Contact within first 45 days. When problems arise with the move to a new setting, they are most likely to occur within the first 45 days. The default expectation is that the person doing follow-up will contact the person who moved within 45 days to identify and address potential problems. In addition to ensuring the same items from QR2.A., the person who has moved and the person who is doing the quality review will compare the new situation to the plan and address any gaps or problems.

- Is the person living where they want to be?
- Is their housing stable?
- Are they receiving the types of services, in the way laid out in the plan? (e.g., do all service providers deliver services in person-centered manner?)

- Are they able to pursue their own interests (e.g., see the people they want to see, go the places they want to go, eat their desired foods, have their home the way they want it, pursue employment opportunities as desired, etc.)
- Are the professionals in the person's life continuing to work towards the goals identified in the transition plan?
- If there are barriers to achieving the goals, are they being addressed?

QR3.C. On-going review. The frequency and schedule for on-going follow-up should be determined on a case-by-case basis, following person-centered principles of "important to" and "important for" and included in the plan (SAP1.H, SAP1.I., and SAP1.J.) Like other elements of the transition plan, the follow-up plan can be adjusted over time. The person who has moved and the person doing the follow-up will assess the stability of the person, identify risks and, if necessary, develop a plan to increase stability. If necessary, the plan may be amended to reflect any changes in what is important to/important for the person.

QR3.D. If the person doing follow-up is aware that there have been de-stabilizing incidents (e.g., emergency room visits, hospitalizations, police calls, crisis calls), or the person is at risk thereof, he or she will work with the person to create a plan that is person-centered for achieving stability, or ensure that another party is doing so.

Attachment A: Glossary

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Working Definitions

Competitive, Integrated Employment: (1) Full-time, part-time, or self-employment with or without supports, (2) Paid by an employer who is not the individual's service provider, (3) Paid at least at minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by workers without a disability, and (4) Work in an integrated setting typically found in the competitive labor market

Discovery: An organized but flexible person-centered process for learning more about individuals for the purpose of creating custom, strength-based supports to be used in many areas, including employment, housing, health care, community engagement, etc. It is a process to identify a person's strengths, what's important to and for them, and how to best support them to maintain a person-centered to/for balance. This information is often organized in a one-page description or a plan that is person-centered that guides services and supports. It is a holistic approach that frames potential support needs within the greater context of a person's strengths, assets, interests, expectations, culture, and goals.

Dreams and Aspirations: Need to add something

Important For: Fulfillment of basic needs and protections related to health and safety such as the following: prevention of illness, treatment of illnesses or medical conditions, promotion of wellness, issues of safety, environment and well-being. This also includes things that others define as important for a person to be valued, such as grooming.

Important To: Those things in life which help a person be satisfied, content, comforted, fulfilled, and happy such as: people to be with (relationships), status and control, things to do and places to go, familiar rituals or routines, rhythm or pace of life and things to have.

Informed Choice: In the context of person-centered practices, the ability to make choices for one's self, among an array of possibilities. It includes both the concept of "informed", meaning a person is supported in exploring and understanding options that may not be immediately understood, and the concept "choice", meaning a person has control over their life by having the opportunity to make choices. As for all people, this does not mean that everyone gets anything they want; all people have limits on their freedoms and choices exist within numerous constraints. Nonetheless, it is the right of the person who has to live with the consequences of a choice to drive the decision.

Person-Centered Outcomes: Achievement of what is most important to the person, in ways that work for them and build on their strengths. These supports help them connect to opportunities in the community as well as build relationships they care about. Person-centered services and supports make it possible for people to enhance their ability to achieve their goals and are measured through the person's quality of life.

Person-Centered Plan: A method of documenting, organizing, managing and sharing information gathered through a person-centered planning process. Documentation includes: what is important to and for a person; how they would like to balance and be supported in these aspects of their lives, and;

clearly reflects their wishes, expectations, hopes, strengths, resources, and need for support or additional resources related to their goals. The person who is the focus of the plan maintains control of the plan and the information included.

There are several formalized styles of person-centered planning that utilize trained facilitators who work use certain tools, such as Essential Lifestyle Planning, PATH (Planning Alternative Tomorrows with Hope), and My Life. In this document, we refer to those as 'Person-Centered Plans'.

Simpler plans, such as the plans developed by a county case manager, or a care coordinator, can also be 'plans that are person-centered plans' as long as they adhere to basic person-centered principles. This protocol addresses these types of plans and refers to them as "plans that are person-centered", or simply, 'plans'.

Person-Centered Planning: A method of gathering information about what is important to a person and for a person and how they would like to balance and be supported in these aspects of their lives. The process reflects their wishes, expectations, hopes, strengths, resources, and need for support or additional resources related to their goals. The person must direct this planning process (with help from others) and must be able to include others in the processes, as desired.

Person-Centered Practices: Efforts, particularly of the professionals involved in a person's life, that share power with individuals and recognize each person as a whole individual with unique strengths, assets, interests, expectations, cultures, and goals. Person-centered practices are structured in ways to support individuals' comfort, responsibility, and their ability to express choice, control, and direction in all aspects of services and supports.

Person-Centered Services: Services that are aligned with the goals and preferences identified in a person-centered plan or planning process.

Positive Support: Positive support refers to professional strategies for preventing and responding to the occurrence of problem behavior using person-centered practices along a continuum of intensity and using effective and humane responses that meet the needs of each person. Positive support strategies demonstrate respect for human dignity, are trauma-informed and allow the person choice, direction and control in their services.

To/For Balance: Living a life within a personally defined balance that attends to life basics on one's own terms and in context of those things that fulfill, comfort, enrich, and interest the person.

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