

Olmstead Subcabinet Meeting

Monday, June 27, 2016 • 9:30 a.m. to 11:00 a.m.
Minnesota Housing Finance Agency – State Street Conference Room
400 Sibley Street, St. Paul, MN 55101

Agenda	Page
1) Call to Order	
2) Roll Call	
3) Agenda Review	
4) Approval of Minutes	3
a) Subcabinet meeting on May 23, 2016	
5) Reports	
a) Chair	
b) Executive Director	
c) Legal Office	15
d) Compliance Office	
6) Action Items	
a) Proposed baselines and annual goals	19
• Crisis Services 4 (DHS)	
• Crisis Services 5 (DHS)	
b) June 2016 Workplan Compliance Report	27
c) Adjustments to Workplan Activities	29
• Crisis Services 2C.2 and 2C.3 (DHS)	
• Employment 3A.2 (DHS)	
d) Quality of Life Survey Administration Plan (OIO)	31
7) Information Items	
a) Workplan items requiring report to Subcabinet:	
1. Community Engagement 1A.1, report status of Councils/Olmstead overview (OIO)	
2. Crisis Services 1A.1, report status of crisis services reform implementation (DHS)	85
3. Crisis Services 2J.2, report status of crisis respite being added to waiver (DHS)	
4. Crisis Services 3B.4, report status of FACT implementation (DOC/DHS)	89
5. Positive Supports 1C.7, report status of implementation of Statewide Plan (DHS)	91
6. Waiting List 1F and 2C.2, report progress on waiting list (DHS)	93

b) Follow-Up from Previous Meetings

1. ICFs/DD and Nursing Facilities – number breakdown of metro vs greater Minnesota (DHS)
2. Transition to Community grants and movement from Minnesota Security Hospital and Anoka Metro Regional Treatment Center (DHS)

8) Monthly Topic Report - Health Care and Healthy Living

9) Public Comments

10) Adjournment

Next Subcabinet Meeting:

July 25, 2016 - 1:30 p.m. to 3:00 p.m.

DRAFT

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting

May 23, 2016 – 4:00 p.m. to 5:30 p.m.

Minnesota Housing

400 Sibley Street, State Street Conference Room, Saint Paul, MN 55101

1. Call to Order**Action:** N/A

The meeting was called to order at 4:02 p.m. by Commissioner Mary Tingerthal (Minnesota Housing).

2. Roll Call**Action:** N/A

Subcabinet members present: Mary Tingerthal, Chair, Olmstead Subcabinet (Minnesota Housing); Shawntera Hardy (Department of Employment and Economic Development); Colleen Wieck (Governor's Council on Developmental Disabilities); Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities). Ed Ehlinger (Department of Health) arrived at 4:10 p.m. Kevin Lindsey (Department of Human Rights) arrived at 4:22 p.m.

Designees present: Steve Dibb (Department of Education); Deb Kerschner (Department of Corrections); Chuck Johnson (Department of Human Services); Sue Mulvihill (Department of Transportation) via telephone; Gil Acevedo (Department of Health).

Guests present: Kim Anderson, Alex Bartolic, Erin Sullivan Sutton, Alice Nichols, Shelley White, and Adrienne Hannert (Department of Human Services); Mike Tessneer, Rosalie Vollmar, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office); Ann Smetak and Tom O'Hern (Minnesota Housing); Kristie Billiar (Department of Transportation); David Sherwood-Gabrielson (Department of Employment and Economic Development); Ellena Shoop and Mathew Powell (MN.IT); Stephanie Lenartz (Department of Health); Anna McLafferty (Department of Corrections); Joan Willshire (Minnesota State Council on Disabilities); and Kim Moccia (Department of Administration).

Guests present via telephone: Katrina Gregor, Minnesota State University student.

3. Agenda Review

There were no changes to the agenda.

[AGENDA ITEM 4a]

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4. Approval of Minutes

a) Subcabinet meeting on April 25, 2016

The April 25, 2016 Subcabinet meeting minutes were approved as written.

Motion: Approve the April 25, 2016 Subcabinet meeting minutes.

Action: Motion – Wieck. Second – Dibb.

In Favor - All

5. Reports

a) Chair

Commissioner Tingerthal reported the following:

- A conference call is scheduled with Magistrate Judge Thorson on Wednesday, May 25 to discuss language in the February 22, 2016 Court Order regarding the reporting schedule for the measurable goals in the Plan.
- A request was submitted to the Court on adopting the goals in the Plan that are prescribed to be set during the course of the year. The Subcabinet would adopt the goals on a provisional basis and incorporate them into the Annual Plan Amendment process. There are four such goals included in the May 2016 Quarterly Report. Two of those goals are up for provisional approval and two crisis services goals have been delayed and are noted as such in the Quarterly Report. OIO staff is talking with DHS about those two items, and there is a possibility that there may need to be a special Subcabinet meeting to discuss the delayed goals.

b) Executive Director

Executive Director Darlene Zangara reported the following:

- The Quality of Life contract, Phase 1, concluded on May 16, 2016. The next step is to meet with OIO staff to review the strategy, survey, administration design plan, and the abuse and neglect protocols and then meet with external stakeholders. The Plan will be presented to the Subcabinet on June 27, 2016.
- The OIO will begin work on the Quality of Life contract amendment for Phase 2.
- The Public Comment process for the Assistive Technology and Prevention of Abuse and Neglect measurable goals was announced via the Olmstead website, social media, and an email blast. In addition to the comments on the two goal areas, several comments were received about the public comment process. That feedback will be incorporated into recommendations to the Subcabinet for future public input opportunities.
- An update will be provided on dispute resolution cases at the June Subcabinet meeting.

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

c) Legal Office

Anne Smetak reported the following:

- Mediation with Magistrate Judge Thorson took place on May 6, 2016. The mediation included further amendments to the measurable goals for Assistive Technology and Prevention of Abuse and Neglect. The amended Plan is due to the Court on June 1, 2016.
- A status conference is scheduled on June 6, 2016 that will cover the Jensen Settlement Agreement and the Olmstead Plan.

d) Compliance Office

Mike Tessneer reported the following:

- The Compliance office conducted a Verification Review with DHS. Prior to the verification review with DHS, a possible discrepancy in data related to Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital (MSH) was revealed. Corrections are reflected in the May 2016 Quarterly Report. New processes have been established regarding database procedures to improve data accuracy.
- The Compliance office conducted a verification review with MDE.
- Findings and Recommendations reports were issued to DHS and MDE.

6. Action Items**a) May 2016 Quarterly Report on Measurable Goals****1. Review and Approve Quarterly Report on Measurable Goals**

Mike Tessneer, OIO Compliance, reported on the May 23, 2016 Quarterly Report for data acquired through April 30, 2016. There were 13 goals reviewed. Of the 13 goals:

- 2 goals were met
- 2 goals were not met
- 4 goals were on track
- 5 goals were not on track

Agency sponsors/leads provided a brief summary of each measurable goal and answered questions from the members of the Subcabinet. The complete information on results, analysis of data, timeliness of data and comments on

[AGENDA ITEM 4a]

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performance is included in the May Quarterly Report that will be posted on the Olmstead Plan website.

Quarterly Summary of Movement from Segregated to Integrated Settings

In response to a question from Roberta Opheim (OMHDD), Alex Bartolic (DHS) explained there are additional resources available to help track successful movement and placement from segregated to integrated settings, including a federal grant that targets assistance and additional supports, housing access services, and private vendors for relocation services.

In response to a comment from Commissioner Ed Ehlinger (MDH), Deputy Commissioner Chuck Johnson (DHS) explained there are a number of strategies that have been implemented to better track patterns of movement to move the goals forward.

- **Transition Services 1.A.**

Alex Bartolic (DHS) reported on Transition Services 1.A. The 2016 goal is to have 84 people move from ICFs/DD to more integrated settings. Based on this quarter's number of 16, progress is not on track to meet the annual goal of 84.

In response to a question from Roberta Opheim, Alex Bartolic stated that there is targeted assistance to the counties from organizations such as Moving Home Minnesota that works to help people leave ICFs. Housing access services and relocation service coordination are also available to the counties.

In response to a comment from Commissioner Kevin Lindsey (MDHR), Alex Bartolic agreed to provide the Subcabinet with a detailed summary of ICF information broken down by Metro and non-Metro counties at a future meeting.

Deputy Commissioner Johnson added that DHS is concerned about not meeting the first two Transition Services goals. Deputy Commissioner added that work is being done to get different services in place to increase progress on these goals.

- **Transition Services 1.B**

Alex Bartolic (DHS) reported on Transition Services 1.B. The 2016 goal is to have 740 people move from Nursing Facilities (for persons with a disability under 65 in facilities longer than 90 days) to a more integrated setting. Based on this quarter's number of 180, progress is not on track to meet the annual goal of 740.

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

In response to a comment from Commissioner Kevin Lindsey, Alex Bartolic (DHS) agreed to provide the Subcabinet with a detailed summary of nursing home transitions broken down by Metro and non-Metro counties at a future meeting.

- **Transition Services 2**

Erin Sullivan Sutton (DHS) reported on Transition Services 2. The 2016 goal is to reduce the percent of people awaiting discharge from Anoka Metro Regional Treatment Center to 35% or less. The baseline was 36% or less awaiting discharge. This quarter there were 46.6% awaiting discharge, with an average of 44.0% over the period of three quarters. This progress is not on track to meet the annual goal.

In response to a comment from Colleen Wieck (GCDD), it was agreed that a definition on transfers would be added to the tables or the end notes.

- **Transition Services 3**

Erin Sullivan Sutton (DHS) reported on Transition Services 3. The 2016 goal is to increase the average monthly discharges from the Minnesota Security Hospital to 11 or more people per month. This quarter, the average monthly number of discharges was 5.3. This progress is not on track to meet the annual goal.

In response to questions from Chair Tingerthal (Minnesota Housing), Deputy Commissioner Chuck Johnson explained that current efforts are being made to increase the number of transitions, including working with the counties to increase the number of providers willing to serve individuals transitioning into the community. He agreed to provide the Subcabinet with more information at the June meeting.

- **Waiting List 1**

Alex Bartolic (DHS) reported on Waiting List 1. The 2016 goal is to eliminate the Community Access for Disability Inclusion (CADI) waiting list. The baseline was 1,420 people on the CADI waiting list. At the end of the reporting period there were 193 people on the CADI waiting list. This progress is on track to meet the October 2016 goal.

- **Quality of Life Measurement Results**

Sarah Thorson (DHS) reported on the 2014-2015 National Core Indicator survey results for Minnesota. The report includes an analysis of quality of life concerns

[AGENDA ITEM 4a]

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around employment in the community, choice of living arrangements contact with case managers, customer service, feeling safe in their home, and prevention of abuse and neglect.

- **Person Centered Planning 1**

Alex Bartolic (DHS) stated that staffs are implementing protocols for person centered planning. The baseline is not yet established. The Quarterly Report includes details of how many cases were reviewed and the specific counties being reviewed.

- **Positive Supports 1**

Alex Bartolic (DHS) reported on Positive Supports 1. The 2016 goal is to reduce the number of individuals experiencing restrictive procedures by 51. The baseline goal was 1,076 people. This quarter there were 297 individuals who experienced a restrictive procedure. The annual goal will be reported in November 2016. It is too early to determine if the annual goal will be met.

- **Positive Supports 2**

Alex Bartolic (DHS) reported on Positive Supports 2. The 2016 goal is to reduce the number of reports of restrictive procedures by 409 to 7,763 reports. The baseline was 8,602 reports. This quarter there were 1,019 reports. The progress is on track to meet the annual goal.

- **Positive Supports 3**

Alex Bartolic (DHS) reported on Positive Supports 2. There are two parts to the June 30, 2016 goals: to reduce the number of reports of mechanical restraints to 369 and to reduce the number of individuals approved for mechanical restraints to 25 or less. The baselines were 2,038 reports and 85 approved individuals.

This quarter the number of reports was 178. The number of individuals approved for emergency use of mechanical restraint was 16. The progress is not on track for the number of reports, but is on track for the number of individuals.

In response to a question from Roberta Opheim about what impact the changes in Rule 245D had on the use of mechanical restraints during the reporting period, Alex Bartolic (DHS) agreed to add clarifying language in the comments section regarding the impact of this rule on the performance.

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

In response to a concern from Colleen Wieck, Compliance will add an end note that clarifies MN Rule 9544 applies to 245A licensed services that serve persons with developmental disabilities.

- **Crisis Services 3**

The 2015 goal is to decrease the number of people who discontinue waiver services after a crisis by 45%. The baseline was 62 people. There was a reduction of 54 people. The June 30, 2015 goal was met.

- **Employment 1**

The 2015 goal is to increase the number of new individuals receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive, integrated employment to 2,853. The baseline was 2,738 people. In 2015, the number was 3,236 people. The September 30, 2015 goal was met.

- **Positive Supports 4**

The 2015 goal is to decrease the number of students receiving special education services who experience an emergency use of restrictive procedures at school by 110. The 2014 baseline total was 2,740. During the 2014-15 school year, 2,779 students experienced at least one restrictive procedure in a school setting which was an increase of 39 over baseline. The June 30, 2015 goal was not met.

- **Positive Supports 5**

The 2015 goal is to decrease the number of incidents of emergency use of restrictive procedures occurring in schools by 781. The 2014 baseline total was 19,537 incidents. During the 2014-15 school year, 22,119 incidents were filed, which was an increase of 2,582 over baseline. The June 30, 2015 goal was not met.

In response to questions from Chair Tingerthal, Marikay Litzau (MDE) explained that, through training and changing the way districts report data, it is believed that the 2014-15 school year number is a more accurate baseline and the numbers will start to decrease from that higher baseline.

Motion: Approve the Quarterly Report with changes as discussed.

Action: Motion – Wieck. Second – Ehlinger.
In Favor – All

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

2. Review and Approve Baselines and Annual Goals:

a. Transportation 1.C

Kristie Billiar (DOT) reported on Transportation 1.C. The January 31, 2016 goal was to establish a target for sidewalk improvements. The 2012 baseline includes 620 miles of sidewalks maintained by MnDOT. Of those 620 miles, 285.2 miles (46%) meet the 2010 ADA standard. The proposed goal will build 6 additional miles of sidewalk per year from 2017-2021. The goal will be revisited in 2018.

In response to several questions from Subcabinet members, Deputy Commissioner Chuck Johnson clarified that cities and counties are required to address accessibility issues and do not report to the Department of Transportation. Deputy Commissioner Sue Mulvihill (DOT) explained that the Department of Transportation works with state aid offices, local counties, cities, and Commissioners to discuss transition plans and assure they are aware of accessibility responsibilities. Chair Tingerthal encouraged Subcabinet members to continue to think about this concern for further discussion when the plan is amended.

Motion: Approve the Transportation goal as discussed.
Action: Motion – Mulvihill. Second – Johnson.
In Favor – 9. Opposed – Opheim.
Roberta Opheim opposed, stating the goal was too low.

a. Community Engagement 1.C

Alice Nichols (DHS) and Shelly White (DHS) reported on Community Engagement 1.C. The January 4, 2016 goal was to establish a baseline and set measurable goals for the number of employed Certified Peer Support Specialists.

The baseline as of April 30, 2016, is that there are 16 individuals employed by Assertive Community Treatment (ACT) teams or Intensive Residential Services (IRTS) throughout Minnesota. The proposed goal is to increase the number of peer specialist employed by ACT and IRTS teams by 82.

In response to a comment from Colleen Wieck, Compliance will add the word “additional” in the goal.

Motion: Approve the Community Engagement Report as discussed.
Action: Motion – Wieck. Second – Johnson.
In Favor – All

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

b. Workplan Compliance Report

Mike Tessneer, OIO Compliance, reported on the Workplan Compliance Report. There were 28 items reviewed in May. None of those items were found to be exceptions. Of the 28 total items:

- 15 items (54%) were completed
- 13 items (46%) were on track
- 0 items (0%) were reported as exceptions

c. Proposed Adjustments to Workplan Activities

- **Community Engagement 1.A**

Darlene Zangara (OIO) reported on Community Engagement 1.A. The goal is to coordinate with the Governor appointed councils, groups, etc. on the alignment of Olmstead goals with goals of those organizations. At this time 19 of the 22 Councils have received Olmstead training. The proposed new activities would move the deadline as follows:

- Report to the Subcabinet on the number of Councils receiving initial overview of the Olmstead Plan by June 30, 2016.
- By October 30, 2016, provide a summary to the Subcabinet of eight Councils that have adopted Olmstead aligned goals including: the type of goal, the type of workplan activities, and the timing of the workplans.
- Meet with remaining Councils to align Olmstead goals with Council goals by June 30, 2017.

- **Community Engagement 4.A.2**

Darlene Zangara (OIO) reported on Community Engagement 4.A.2. The goal is to implement pilot quarterly trainings with OIO advisory group. This activity will not be accomplished by the June 30, 2016 deadline. It was determined the advisory group needs to be restructured and reestablished. A proposal will be submitted to the Subcabinet on August 22, 2016 with recommendations to proceed.

Motion: Approve the Proposed adjustments to Workplan activities as discussed.

Action: Motion – Hardy. Second – Dibb.
In Favor – All

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

d. Proposed New Measurable Goals

• **Assistive Technology**

Chair Tingerthal reported on Assistive Technology. The goal is to improve technology access and availability for people with disabilities. Because assistive technology is a part of several topics in the overall Olmstead Plan, the goals and strategies related to it are embedded in other topic areas throughout the Plan.

A goal is being added in the Lifelong Learning and Education topic area that works with a set of targeted school districts. The goal is to increase the number of Individualized Education Plans (IEPs) that meet the required protocols for effective consideration of assistive technology.

In response to comments from Colleen Wieck, Chair Tingerthal agreed the definitions for assistive technology would be moved into the body of the topic area and that the STAR group would be added to the last bullet on page 26.

• **Prevention of Abuse and Neglect**

Deputy Commissioner Chuck Johnson reported on Prevention of Abuse and Neglect. There are four goals:

1. By September 30, 2016, the Olmstead Subcabinet will approve a comprehensive abuse and neglect prevention plan, designed to educate people with disabilities and their families and guardians, all mandated reporters, and the general public on how to identify, report and prevent abuse of people with disabilities.
2. By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.
3. 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.
4. 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.

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Chair Tingerthal applauded the State for taking steps to institute the Minnesota Adult Abuse Reporting Center (MAARC) system to help track incidents of abuse and neglect for people with disabilities. Roberta Opheim (OMHDD) commented that the system should be expanded to include children with disabilities.

In response to questions from Commissioner Ehlinger on why Goal Three called for a 20% reduction while Goal Two called for a more aggressive 50% reduction, Deputy Commissioner Chuck Johnson explained that one of the reasons is the baseline number for Goal Three is very small. Another reason is because, with the new MAARC system, there are an increasing number of reports being filed. Because there is uncertainty as to what the actual data is going to be, there is concern to set the goal too high at the onset.

Commissioner Ehlinger stated that he had the same concerns of setting aggressive goals in Goal Two without knowing what the data would actually be. Chair Tingerthal added that this was an area of much discussion at mediation and that is why those two goals clearly state that the goals will be reviewed and revised as needed based on the most current data.

In response to a comment by Roberta Opheim, Deputy Commissioner Johnson explained the reason Goal Three is limited to the same type of abuse is because that is the information that is currently being tracked. In the future, DHS can look at the data to determine what other measures may be useful in getting to a reduction.

In response to comments from Colleen Wieck, Chair Tingerthal agreed a footnote should be included that provides the definition of abuse and neglect according to the statutes.

Motion: Approve the proposed amendments to Plan as discussed.

Action: Motion – Lindsey. Second – Dibb.

In Favor – All

7. Discussion Items

a) Preparation for June 6, 2016 Status Conference

There was no time for this agenda item to be discussed.

[AGENDA ITEM 4a]

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8. Informational Items

a) Workplan Items requiring report to Subcabinet:

There was no time for this agenda item to be discussed.

9. Public Comments

There were no public comments.

10. Adjournment

The meeting was adjourned at 6:06 p.m.

Motion: Adjournment.

**Action: Motion – Lindsey.
In Favor - All**

Second: Dibb.

DRAFT



Minnesota Department of **Human Services**

June 16, 2016

The Honorable Donovan W. Frank
United States District Court
724 Federal Building
316 North Robert Street
St. Paul, MN 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/FLN
Letter Regarding Olmstead Issues Discussed at June 6, 2016 Status Conference

Dear Judge Frank:

At the conclusion of this Court's June 6, 2016 Status Conference in the above-referenced matter, you invited parties or interested persons to submit requests to the Court regarding issues discussed in the proceeding.

Enclosed please find a letter from the Chair of the Olmstead Subcabinet, Commissioner Mary Tingerthal. The letter covers two administrative Olmstead issues regarding reporting and the adoption of future goals that were discussed at the Status Conference. (Doc. No. 568, at 4).

Thank you for the opportunity to submit this letter to the Court.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Johnson', is written over a faint, larger version of the signature.

Charles E. Johnson
Deputy Commissioner

cc: Magistrate Judge Becky R. Thorson
Shamus O'Meara, Attorney for Plaintiffs
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Mary Tingerthal, Chair, Olmstead Subcabinet



Minnesota Olmstead Subcabinet

June 16, 2016

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
724 Federal Building
316 North Robert Street
St. Paul, MN 55101

Re: Administrative Issues Regarding Olmstead Reporting and Adoption of Future Goals Discussed at June 6, 2016 Status Conference

Dear Judge Frank:

Thank you for convening the June 6, 2016 Status Conference and for providing an opportunity to discuss outstanding issues regarding the Olmstead Plan. At the conclusion of the Status Conference, you indicated parties or interested persons could submit requests to the Court regarding issues discussed in the proceeding. We therefore ask the Court to memorialize its approval of the Olmstead Subcabinet's proposals, which I presented regarding an Olmstead administrative reporting issue and the adoption of future goals.

Olmstead Plan Reporting. (Item 2.e.iii in the Court's Agenda, Doc. No. 568)

As discussed at the Status Conference, the Court's February 22, 2016 Order for Reporting on Olmstead Plan contemplates that data on Annual Goals will be reported in the quarterly report immediately following each Annual Goal measurement date. (Doc. No. 544, para 4). As I explained, there are Annual Goals for which the data will not be available in valid or reliable form in time to be reported in the quarterly report immediately following the Annual Goal measurement date. Members of the Olmstead Subcabinet believe it is of fundamental importance that only reliable data be reported to the public, the Court, and the Olmstead Subcabinet. The Court recognized this importance when it required that all data provided to the Court "must be confirmed as reliable and valid". (Doc. No. 544, para 8).

To ensure only reliable data is reported, we suggested that data for each Annual Goal be reported in the next quarterly report following the Annual Goal measurement date and the date upon which the data is reliable and valid. This issue was discussed in the Status Conference and neither the Court nor the parties voiced any objection to this plan. Dr. Wieck indicated that she was supportive of the Olmstead Subcabinet's reporting proposal.

June 16, 2016

Page 2 of 3

We therefore request that the Court issue an Order to clarify the Annual Goal reporting process as set forth in the Court's February 22, 2016 Order. We respectfully submit this could be accomplished with the following language:

Notwithstanding anything to the contrary in Paragraph 4 of this Court's February 22, 2016 Order for Reporting on Olmstead Plan (Doc. No. 544), DHS shall include in quarterly reports the status of Annual Goals included in the Olmstead Plan. This information shall be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid. All other provisions of this Court's February 22, 2016 Order remain in effect.

Olmstead Plan Adoption of Future Goals. (Item 2.e.iii. in the Court's Agenda, Doc. No. 568)

As discussed in the Status Conference, the Subcabinet proposed a methodology to incorporate new annual goals into the Olmstead Plan. This methodology would apply to both the four instances in the Olmstead Plan that required the establishment of a baseline and annual goals, and any similar goals that will need to be established in the future.

We proposed that such annual goals would be adopted by the Subcabinet on a provisional basis at a meeting subsequent to any applicable due date for the new annual goals. Once adopted provisionally by the Olmstead Subcabinet, the agencies would begin to report progress in subsequent quarterly reports as specified in the reporting schedule. These provisional goals would be then considered for incorporation into the Olmstead Plan as part of the annual cycle for updating and extending the Olmstead Plan that was proposed in the Olmstead Subcabinet's February 12, 2016 letter to the Court (Doc. No. 540) in the language shown below:

Updating and Extending the Olmstead Plan.

As part of the annual review process outlined in the approved Olmstead Plan, the Subcabinet agencies and OIO will be given the opportunity to propose amendments to the Olmstead Plan that are for good cause. As part of the process for proposing amendments, the agencies and the OIO will describe the processes they used for engaging with individuals with disabilities, families and advocates in formulating the amendments. The OIO Compliance staff will prepare a report on the proposed amendments for review by the Subcabinet, including a summary of how input from people with disabilities, families, and advocates was taken into account in formulating the amendments. Based on the recommendations, the Subcabinet will take action to approve a set of proposed amendments to the Olmstead Plan, which will be posted for review by the public and the Court, and will allow for a specific public comment period of at least 30 days. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted based on public comments. Any subsequent changes to the proposed amendments will be posted for a brief public review period prior to adoption of the amendments to the Plan by the Subcabinet. Once adopted by the Subcabinet, the Department of Human Services will submit the amendments to the Court while the implementation of the Plan remains under the jurisdiction of the Court. (Doc. No. 540, at 3).

June 16, 2016
Page 3 of 3

The Olmstead Subcabinet is currently utilizing the provisional adoption process with the four instances in the Olmstead Plan that required the establishing of a baseline and annual goals. The Subcabinet provisionally adopted two of the goals at the May Subcabinet meeting and expects to review the remaining two goals at the June Subcabinet meeting. These provisionally approved goals will be considered for formal integration into the Plan through the annual Plan revision process.

We believe this structure will be beneficial for all involved. First, having a single primary Plan review process during the year will simplify the process for people with disabilities and advocates. Second, adopting provisional goals as an interim measure will allow agencies and the Olmstead Subcabinet to focus on goals sooner and will allow for adjustment of goals based on experience before they are proposed for final adoption to the Plan.

The structure of provisionally adopting goals was discussed at the Status Conference and neither the Court nor the parties voiced any objection. Dr. Wieck indicated that she was supportive of the Olmstead Subcabinet's proposal. We request that the Court memorialize its approval of this process in an Order.

Clarification Regarding Prior Order

As a point of clarification, it is our understanding that the Court's February 22, 2016 Order for Reporting on Olmstead Plan (Doc. No. 544) governs the Plan's reporting process. While that Order set forth a comprehensive reporting process, it did not formally supersede the reporting requirements contained in the Court's January 22, 2014 Order, which contemplated the Olmstead Subcabinet would report "on a 60-day report system". (Doc. No. 265, para. 6). We respectfully ask the Court to clarify that the reporting requirements in the January 22, 2014 Order no longer apply to the Olmstead Subcabinet.

Thank you for the opportunity to submit this letter to the Court.

Sincerely,



Mary Tingerthal, Chair
Olmstead Subcabinet

Cc: Magistrate Judge Becky R. Thorson
Colleen Wieck
Roberta Opheim
Scott Ikeda
Charles E. Johnson
Daron Korte
Shamus O'Meara
Karen Sullivan Hook
Mark Azman
Al Gilbert
Beth Sullivan

Darlene Zangara
Megan Ryan
Mike Tessner
Rosalie Vollmar
Erin Sullivan Sutton
Emily Johnson Piper
Rick Figueuroa
Amy Akbay
Alex Bartolic
Jeremy Hanson Willis

Proposed Baselines and Measurable Goals

Crisis Services 4 and 5

The Court's order of 9-29-15 adopted the Olmstead Plan. In the Plan there are two remaining measurable goals that lacked sufficient data to set baselines and annual goals. The Plan required these to be set at points in the future. The attached document includes the two proposed baselines and annual goals.

These will be presented to the Subcabinet for review and provisional approval at the June 27th meeting.

These provisionally approved goals and baselines will be incorporated in the Plan modification process beginning in December of 2016.

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[AGENDA ITEM 6a]

CRISIS SERVICES GOAL FOUR: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

Annual Goal

- By February, 2016 a baseline and annual goals will be established
-

This measure represents the percent of people who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, what percent of people were housed, not housed or in a treatment facility.

Because these are two distinct data points, it makes sense to establish separate goals for each.

PROPOSED GOAL A

Proposed Baseline A: In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.

Proposed Goal A: Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.

PROPOSED GOAL B

Proposed Baseline B: In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.

Proposed Goal B: Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.

[AGENDA ITEM 6a]**Additional Background Information:**

Fiscal Year	# of people who went to a hospital due to crisis and discharged	#/percent who received community services within 30-days after discharge		Number/Percent housed within 5 months after hospital discharge						
				Housed ¹	Not Housed	Treat-ment Facility	Not using public programs	De-ceased	Unable to Determine ¹	Total
2014	14,891	13,187	88.56%	12,052	1,036	832	546	116	309	14,891
				80.94%	6.96%	5.59%	3.67%	0.78%	2.07%	
2015	13,786	12,298	89.21%	11,290	893	672	517	99	315	13,786
				81.89%	6.48%	4.87%	3.75%	0.72%	2.29%	

Rationale:

- This measure represents the percent of people who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, the percent of people housed, not housed or in a treatment facility.
- Once the analysis of the data for this goal area was underway it was determined that this goal requires measuring two distinct data points: (A) people who received services in the community after a discharge from the hospital and, (B) those who are housed after a discharge from the hospital.
- DHS looked at the trend data for the past four fiscal years (2012 – 2015) in order to establish the first goal for this measure (Number/Percent who received community services within 30-days). Trend data from fiscal years 2014 and 2015 was used to establish the goal for the second part of the measure (Number/Percent housed within 5 months after hospital discharge).
- The department is not able to obtain person level detail information from hospitals about individuals who no longer meet the hospital level of care, but are not able to discharged because there is no place to discharge to. Without having person level detail data, the department is unable to track all the components of this measure over time. Additionally, there is no current definition of what permanent, stable housing means and no way to systematically track that within any existing systems.

Data Limitations**Overall Limitations**

- This is a diverse population who are served by a variety of the department's programs. Some of the people included in this measure receive several services through the department over long periods of time through programs like the waivers or group residential housing. In these cases, there is quite a lot of data available about them. Others

¹ Housed numbers include results based on the random sample task. Please see the Data Development section for more detail on the process.

[AGENDA ITEM 6a]

- receive more limited services or only use services for a short time. As a result, there is less data available on the types of supports and housing they use.
- The data used to identify where people live come from two different data systems: MMIS and MAXIS. People may have addresses or living situations identified in either or both. Since the systems are used for different purposes and updated at different times, some of the information is conflicting and difficult to interpret.
 - Additional data from fiscal years 2012 and 2013 is needed to look at data trends in these areas in order to establish future goals.

Housing Data Limitations

- DHS is most confident in the housing data when it is provided through a DHS program in either MAXIS or MMIS. Information is more limited when the department is not the payor.
- A housing type field does not exist in either system, so it is often not possible to distinguish details of living situations, such as whether they are permanent or temporary, based on an address.
- Facility information may be different than the resident address in MAXIS or MMIS
- DHS does not have a comprehensive list of facilities where people receive services or reside. In cases where DHS is not paying for services, it may not be possible to distinguish a facility from an individual's home address.
- Addresses are not standardized when they are entered into the data systems. This is currently a manual process for standardizing addresses across systems and many are not yet defined.
- In some cases, a variety of different types of services are provided under one address (e.g. supportive housing and emergency shelter). For example, one person may be receiving treatment while another person may be only using temporary shelter at the same location. Some people are no longer using services through the department five months after their hospital discharge, so it is not possible to identify where they are living.

Explanation of Data for Community services:

- Follow-up services include mental health services, home and community-based waiver services, home care, physician services, pharmacy, and chemical dependency treatment.
- Trend data from the past four fiscal years to support the 1% increase:

Fiscal Year	Number of people who went to a hospital due to crisis and discharged	Number/percent who received community services within 30-days		Percent change
2012	13,533	11,930	88.15%	
2013	13,638	11,990	87.92%	-0.23%
2014	14,891	13,187	88.56%	0.64%
2015	13,786	12,298	89.21%	0.65%

[AGENDA ITEM 6a]**Explanation of Data for Housing Outcomes:**

- **Housed:**

- Obtain facility lists and match to addresses in DHS systems to build database to automate for future reporting on housing across multiple measures (e.g. other segregated settings, transitions, integrated, etc.)
- Trend data from the last two fiscal years to support the 1% increase:

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Housed %	Percent Change
2014	4,409	7,952	4,100	12,052	80.93%	
2015	4,501	7,104	4,186	11,290	81.89%	0.96%

- **Unable to determine**

- After further analysis the team used a random sampling method to determine how many of the unknown addresses belong to a permanent home (single family home, townhome, mobile home, or apartment). Based on the result of the random sampling task, the team discovered that about 93% of the addresses fall under the housed category. The remaining 7% of the addresses could not be assigned a category based on the available data.

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Net Unknown
2014	4,409	7,952	4,100	12,052	309
2015	4,501	7,104	4,186	11,290	315

Settings considered as Housed:

- Housed is defined as a setting in the community where DHS pays for services including ICF/DDs, Single Family homes, town homes, apartments, or mobile homes.

NOTE: For this measure, settings were not considered as integrated or segregated.

Settings considered as Not Housed:

- Not Housed is defined as homeless, correction facilities, halfway house or shelter.

Settings Considered as Treatment Facility:

- Treatment facility is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICF/DDs.

[AGENDA ITEM 6a]

CRISIS SERVICES GOAL FIVE: By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

Annual Goal

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.
-

Proposed Baseline: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days

Proposed Interim Goal:

- By June 30, 2017, decrease the average length of a crisis episode to **79** days.
- By June 30, 2018, decrease the average length of a crisis episode to **77** days.
- By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

Rationale:

Most of the data needed to accurately capture the initiation of crisis services and crisis interventions is collected by other community partners and providers. At this time, the data is not collected systematically or consistently by external partners and providers, so it is not available as a baseline.

As a result, the department proposes to use an interim measure. The interim measure represents a specific group of people who are referred to DHS because they are in crisis. Generally, this group includes people who have not been able to find other community resources because of their challenging needs, so they are a key target population for the Olmstead Plan. Also, since the department is helping to serve or coordinate care for them, it is possible to provide consistent, reliable data on the crisis response.

This interim measure focuses on people who are referred to crisis services using the Single Point of Entry (SPE). DHS has established the Single Point of Entry as part of a continuous improvement project to improve DHS's ability to better respond to requests for assistance in supporting people with disabilities in crisis and to track the coordination of care. Initially, this project is focusing on people with developmental or intellectual disabilities who are in crisis and at risk of losing their current placement.

Additional Background information

- **Who is included in the measure?**
This measure represents people who have been referred because they are in crisis. All of the people included have an intellectual or developmental disability and are at risk of losing their current placement.
- **How many people are impacted by this measure?**
Between September 1, 2015 and January 31, 2016, 26 people were discharged because their crisis was resolved.

[AGENDA ITEM 6a]

- What does it mean?**
 This measure represents the average length of time it takes to help people who are in crisis to get into a stable situation. Some people may be admitted to a state program while others may be served in the community.
- How is the data collected?**
 This measure is collected in CareManager, a system that is being used by department programs to improve collaboration and coordination of assistance for people with disabilities in crisis. DHS programs Minnesota Life Bridge, Community Support Services, Successful Life Project, and the Disability Services Division Community Capacity Building Team use Care Manager to share information about care coordination, services, and responses for people in crisis.

Interim Measure Description

People discharged through CareManager who meet the single point of entry criteria September 2015 – January 2016			
Reason for discharge	Number of episodes	Average length of episode (days)	Number of people
Crisis Resolved	29	81.3	26

Data Limitations:

- CareManager is a new system that was implemented in August 2015. As a result, the data may still be in flux as staff continue to learn the system and new protocols and procedures for information entry continue to evolve.
- Data for this interim measure is not available prior to August 18, 2015.
- Data on service initiation is limited to individuals served by Direct Care and Treatment crisis programs.
- Currently, it is not possible to directly measure access to services and placement within 10 days within CareManager. People who are referred to the Single Point of Entry receive a range of services; from direct services provided by a DHS program to care coordination with county case managers. Much of this information, especially about services people receive from other providers, is captured in manually entered case notes. At this time, it is not possible to capture it in a consistent format. DHS continues to work with the software vendor to improve the system to capture more refined data for reporting.

[AGENDA ITEM 6b]

Workplan Compliance Report for June 2016

Total number of workplan activities reviewed	25	
• Number of activities completed	19	76%
• Number of activities on track	5	20%
• Number of activities reporting exceptions	1	4%

Exception Reporting

Workplan Activity, Deadline and Description	Status Reported	Description of Exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Positive Supports 1C.1</p> <p>Deadline: 5/31/2016</p> <p>Ongoing</p> <p>Expand and maintain an inventory of policies related to restrictive practices and positive supports</p> <p>January 2016 – Set Review date of 5/31/2016 to complete an expanded inventory that includes DOC, MDH and DEED will be completed. The inventory is reviewed by the Statewide Positive Supports Plan Work Group on Policies and Definitions.</p>	<p>Ongoing.</p> <ul style="list-style-type: none"> The policy inventory of restrictive procedures has been created by the Department of Human Services and the Department of Education. Expansion of the inventory and the crosswalk to the Department of Corrections, Department of Health and the Department of Employment and Economic Development is in progress. Changes to the inventory were put on hold during legislative session. Representatives from DOC, MDH and DEED are also being added to the Statewide Plan for Positive Supports Policy and Definitions workgroup. This group, which will consist of DHS, MDE, DOC, MDH and DEED, will review the inventory and key term crosswalk. Review of the inventory will occur this summer. This group is also responsible for the maintaining and expanding the policy inventory. Progress is ongoing. 	<p>Deadline missed</p>	<p>DHS – Erin Sullivan Sutton</p> <p>Reason for exception: In order to allot for any changes that the legislative session may bring, the decision was made to wait until after the 2016 legislative session to incorporate DOC, MDH, and DEED policies into the inventory.</p> <p>Plan to remedy: The expansion to the inventory of DOC, MDH and DEED policies is currently underway. Representatives are being identified and will be asked to add additions to the inventory as well as to join and participate in the Statewide Plan for Positive Supports Inventory and Definitions Workgroup. The additions to the inventory from these agencies will be completed by 9/2/2016.</p> <p>Subcabinet action needed: No subcabinet action is recommended at this time.</p>

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[AGENDA ITEM 6c]

ADJUSTMENTS NEEDED TO WORKPLAN ACTIVITIES

Workplan activity, deadline and description	Sponsor, Reason for Adjustment, Adjustment needed
<p>Crisis Services 2C.2 and 2C.3</p> <p>CR 2C.2: Train designated ACT team leads on evaluation and fidelity reviews of the ACT team model by 10/31/2016</p> <p>CR 2C.3: ACT teams will complete evaluation and fidelity review of ACT team Performance by 1/31/2017</p>	<p>DHS – Erin Sullivan Sutton</p> <p>CR 2C.2: Move from 10/31/2016 to 12/31/2016</p> <p>CR 2C.3: Move from 1/31/2017 to 6/30/17</p> <ul style="list-style-type: none"> ○ Training of Assertive Community Team (ACT) leads in Evaluation and Fidelity reviews (also known as Tool for the Measurement of Assertive Community Treatment- TMACT) requires two staff in order to assure validity. ○ When goal was set it was assumed both staff would be hired and in place by July 2015. ○ Second position will not be filed until July 2016 at the earliest due to delays in hiring
<p>Employment 3A.2</p> <p>EM 3A.2: Submit to Centers for Medicaid Services (CMS) proposed changes to federal Medicaid waiver plan to include revised employment service definitions. Waiver amendment process includes public comment period by 7/31/2016.</p>	<p>DHS – Erin Sullivan Sutton</p> <p>EM 3A.2: Move from 7/31/2016 to 10/1/2017</p> <ul style="list-style-type: none"> ○ A funding proposal was not passed this legislative session. ○ Work will continue over the next year to educate stakeholders and research best practices to build system readiness for the effective implementation of these services. ○ Legislation will be presented for consideration in the Governor’s budget for the 2017 session. ○ Added an additional 2 months to allow for public comment period and review of comments prior to the submission to CMS.

Olmstead Quality of Life Survey

SURVEY ADMINISTRATION PLAN DRAFT 6.15.16

The **Improve** Group

Contents

Background.....	4
Goals for the First QOL Survey Administration.....	4
Primary Research Questions.....	4
Target Population.....	4
Year 1 Timeline.....	4
Sampling Strategy.....	5
Survey Sampling Method.....	6
Survey Sample Data.....	8
Follow-Up Survey.....	10
Initial Analysis Design.....	10
Subgroups for Analysis.....	10
Sources of Data and Variables.....	11
Measures.....	11
Statistical Methods.....	11
Limitations of Data.....	12
Communication Plan.....	12
Notification Timeline.....	12
Communication Tools.....	12
Social Media Plan.....	13
Considerations for Communications.....	13
Outreach Strategy.....	13
Vendor Information.....	14
Recruitment.....	14
Screening and Scheduling.....	14
Participants and Guardians.....	14
Guardians and Representatives.....	15
Service Providers.....	15
Case Managers and Other Contacts.....	16
Outreach Timeline.....	16
Consent process.....	16
Consent (person or guardian).....	16
Considerations for Obtaining Consent.....	17
Data Security.....	18

Survey Administration	18
Scheduling Interviews	18
Interview Settings	18
Prescreening.....	18
Completed Surveys	19
Barriers to Completion.....	19
Survey Modes	20
In-person	20
Alternative Modes.....	20
Communication Accommodations.....	21
Deaf or Hard of Hearing	21
Blind or Vision Impaired.....	22
Deafblind	22
Nonverbal/limited communication	22
Non-English Speaking	22
Other Accommodations.....	22
Interviewers.....	22
Staffing Contingent.....	22
Interviewer Training.....	23
Quality Assurance Plan	23
Project Team Roles	24
Interviewer Supervision.....	24
Interviewer Reliability.....	24
Managing Data	24
Evaluating Data Quality.....	25
Corrective Action Procedures.....	25
Data Security Plan	25
Reporting Abuse and Neglect	26
Documentation and Reporting.....	26
At the time of the incident:.....	26
Within 24 hours of the incident:.....	27
Within 72 hours of the incident:.....	27
Training	27
Interviewer Training Modules.....	27

Training Topics..... 27

 The Improve Group Policies and Handbook..... 27

 Human Subjects Training 27

 Data Security and Protecting Individuals 28

 Project Background..... 28

 Orientation to the Survey Tool..... 28

 Person-centered Planning..... 28

 Interviewing Skills and Reducing Bias..... 28

 Consent Process..... 28

 Providing Accommodations 28

 Reporting Abuse/Neglect..... 29

 Technology and Troubleshooting 29

 Practice Surveys 29

Appendix A: Communication Tools..... 30

Appendix B: Vendor Information..... 31

Appendix C: Outreach Strategy- Contact Flowchart 32

Appendix D: The Improve Group Data Security Plan 33

Appendix E: Snap Survey Security Documentation..... 40

Appendix F: ISG Security Plan 48

Glossary 50

Background

The State of Minnesota Olmstead Plan requires a longitudinal study be conducted to assess and track the quality of life for residents with a disability. Quality of life will be measured through a field tested survey instrument developed by the Center for Outcome Analysis tailored to meet the Minnesota Olmstead Plan's requirements.

The Quality of Life (QOL) Survey instrument measures changes in quality of life as people with disabilities choose to move to more integrated settings. The survey will be used to measure changes in the lives of people with disabilities over time. The annual survey will be an indicator of whether increased community integration and self-determination are occurring for people with disabilities. This information will provide important feedback to the State of Minnesota as to the effectiveness of the Olmstead Plan.

The survey will be administered by The Improve Group with oversight by the Olmstead Implementation Office (OIO). This document outlines the survey implementation plan and includes detailed guidelines for the inaugural administration of the QOL survey.

Goals for the First QOL Survey Administration

- Obtain 3,000 survey responses from an eligible sample group of 12,000 individuals with disabilities in Year 1
- Obtain a minimum of 500 follow-up surveys in Year 2

Primary Research Questions

- What is the quality of life for Minnesotans with disabilities who receive services in potentially segregated settings?
 - How well are people with disabilities who receive services in potentially segregated settings integrated and engaged with their community?
 - How much autonomy do people with disabilities who receive services in potentially segregated settings have in day-to-day decision making?
 - Are people with disabilities who receive services in potentially segregated settings working and living in the most integrated setting that they choose?
- What are the potential settings or sub-populations that require more focused attention in future QOL Survey administrations?

Target Population

The target population of the baseline survey is people with disabilities who receive services in one or more potentially segregated settings listed on page 5. The target population includes people of all ages and all disability types. While the level of segregation varies from person to person, the intent of this survey is to contact people who will be most impacted by the state's efforts to provide services in the most integrated setting appropriate to the individual. Our goal is to be as inclusive as possible given the constraints of the project, while acknowledging that certain populations may be missed by the baseline survey. As a result, we may recommend expanding the target population for future surveys.

Year 1 Timeline

The first year of the survey administration will run from July 2016 through June 2017. Assuming 48 working weeks with surveys in the field, approximately 62 surveys need to be completed each

week in order to reach the target of 3,000 complete surveys. Given the target population and variety of stakeholders, this is a tight timeline. The following table outlines the major pieces of work that need to be completed and when.

Table 1: Year 1 Timeline

Work Item	Completion Date
Finalize administration plan with subcabinet	Month 1
Finalize communication plan/tools	Month 1
Obtain DHS IRB approval	Month 1
Finalize DHS data sharing	Month 1
Pull and organize survey sample	Month 1
Get survey ready for the field	Month 1
Prepare translation/interpretation logistics	Month 1
Hire temporary interviewers	Month 2
Train IG interviewers	Month 2
Send first communication to providers & participants	Month 2
Begin phone outreach to participants & scheduling interviews	Month 2
Train additional interviewers	Month 3
Regular check-ins with OIO, advisory group, and subcabinet	Ongoing
Complete Year 1 survey administration	Month 11
Baseline data available	Month 12
Begin follow-up survey administration	Year 2
End follow-up survey administration	Year 3
Final report	Year 3

Sampling Strategy

The population of interest for the Quality of Life survey is people with disabilities of all ages who are authorized to receive state-paid services in potentially segregated settings.

The primary disability types that are planned to be included in the sample are:

- People with physical disabilities
- People with intellectual / developmental disabilities
- People with mental health needs / dual diagnosis (mental health diagnosis and chemical dependency)
- People who are deaf or hard of hearing
- People who are blind or visually impaired
- People with traumatic brain injury

Participants will be selected from eight potentially segregated settings where people with disabilities receive state-paid services in Minnesota. The Minnesota Olmstead Plan defines segregated settings thusly:

Segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with people with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other people with disabilities. [Source: "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*" http://www.ada.gov/olmstead/q&a_olmstead.htm]

According to this definition, eight potentially segregated settings have been identified. These settings form the basic structure from which a sample of survey participants will be pulled. The settings include:

- Center Based Employment
- Day Training and Habilitation
- Board and Lodging
- Supervised Living Facilities
- Boarding Care
- Nursing Facilities and Customized Living Facilities
- Adult Foster Care
- Intermediate Care Facilities for Persons with Developmental Disabilities (ICF / DD)

In the pilot study, an additional setting, children in segregated school settings 50% or more of the time, was included. This setting is being excluded because the MN Department of Education does not hold individual level data. Including this setting would require the survey administrator to reach out to individual school districts and navigate different processes from district to district. Given the time constraints, this process was determined not feasible. In addition, the survey is not designed to measure quality of life for children living in the family home. Future QOL surveys may consider to revisit this setting. Children who are residing in DHS settings instead of a family home will be included in the survey.

Survey Sampling Method

Developing a sound sampling strategy is not only important to collect the right data, but it also affects the administration of the survey. Two sampling strategies were considered for the QOL Survey:

- Stratified sampling by setting - Select independent samples from identified settings
- Simple random sample - Pool the target population and select one large sample

Each design has its own advantages and disadvantages, some of which are highlighted in Table 1. While a stratified sampling design was recommended from the QOL Pilot Project, it does pose significant challenges to both survey administration and analysis. In order to collect the data needed for analysis, a stratified sample design would require achieving significantly higher response rates by setting than was experienced in the pilot study. Given adequate time, these response rates could be realized. However, time is not an ally in the current situation.

Another concern with a stratified sample design is that many individuals in the target population receive services in more than one of the identified settings. Stratified sampling requires individuals in the defined strata to be sampled independently. While some people in the target population only receive services in one of the identified settings, it is anticipated that a significant portion of individuals receive services in more than one of these settings. Furthermore, nearly all the individuals in some settings, such as ICF/DD, are expected to have both residential and day services. Stratifying in this context would require defining additional strata, defined by the different combinations of settings in which individuals are receiving services. Given the level of overlap between strata, it would be inappropriate to use a stratified sampling approach.

Simple random sampling is easier to understand, sample, analyze, and reproduce while avoiding the complexities of the stratified sampling method. Since a primary goal of this survey is to establish baseline data to compare future surveys, an advantage to simple random sampling is it allows for more flexibility to accommodate changes in setting definitions. With a stratified sample approach, any definitional changes to a setting, like changing the regulatory structure of ICF/DD, would require a change to the sampling strategy and ultimately make comparing the survey results very difficult. As such, the simple random sample method is the most flexible approach for the long term.

Table 2: Comparison of sampling methodologies

DESIGN	ADVANTAGE	DISADVANTAGE
Stratified Sampling	<ul style="list-style-type: none"> • More precise measurement for quality of life • Higher likelihood of being able to perform analysis and share results specific to settings 	<ul style="list-style-type: none"> • Since individuals may receive services in multiple settings, the eight settings cannot be used as strata. Strata would need to be defined as mutually exclusive categories (e.g., all possible existing combinations of settings) and weighted for inclusion in the sample. • Difficult to reliably achieve adequate response rates in each stratum to achieve planned measurement precision (pilot showed low response rates can be expected) • Strata may change over time, because of policy, program, or setting definition changes or because analysis reveals other more important variables affecting individual's quality of life • Less reproducible due to sensitivity to policy changes that change setting definitions
Simple Random Sample	<ul style="list-style-type: none"> • Straightforward, easily replicable design • Maximizes chances for inclusion 	<ul style="list-style-type: none"> • Requires more analysis/monitoring of survey administration. The sample will be less organized than a stratified sample and will require more effort to cluster interviews for efficiency.

DESIGN	ADVANTAGE	DISADVANTAGE
		<ul style="list-style-type: none"> • More difficult to ensure number of individuals needed for statistical analysis are surveyed from each setting

Given the primary research questions and tight timeline for the QOL Survey, a simple random sample design is the more efficient and effective approach that can provide the strongest foundation for future surveys.

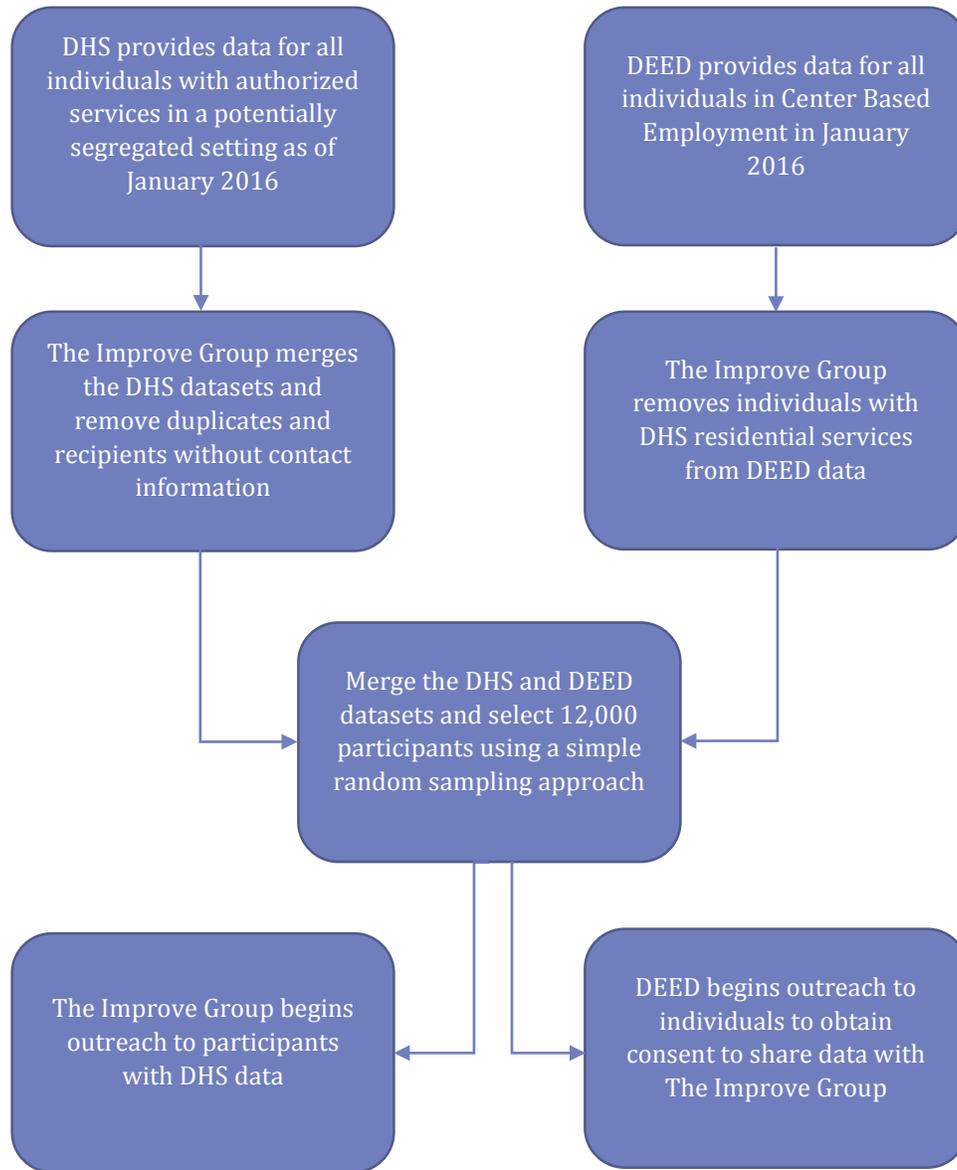
Survey Sample Data

Data for the survey sample will be provided by the Minnesota Department of Human Services (DHS) and the Minnesota Department of Employment and Economic Development (DEED).

DHS holds data for seven of the eight settings including the residential settings and Day Training and Habilitation. DHS will provide data for all individuals with disabilities with authorized services in a potentially segregated setting as of January 2016, including individuals receiving services through the Disability Services Division, Mental Health, and Group Residential Housing. The Improve Group has a data sharing agreement with DHS that allows us access to the individual level data needed for the survey.

DEED holds data for people receiving services through Center Based Employment. DEED cannot share identifiable data with The Improve Group. DEED will provide The Improve Group with ID numbers, provider information, and residential status information. The Improve Group will use this information to remove individuals who may receive DHS residential services from the DEED dataset.

The process for selecting the sample is as follows:



Before finalizing the sample, The Improve Group will conduct power analysis of the sample to make sure it is sufficiently representative of the population by the following parameters:

- Service setting
- Disability type
- Economic region
- Race/ethnicity
- Age

The merged dataset will be used to update Table 3 to reflect the number of individuals included in the survey population. This table will be used to calculate the target number of completed surveys

for each setting. We will set targets for secondary characteristics such as race and ethnicity, disability type, and economic region before selecting the final sample.

Table 3: Number of People in Each Setting

Setting	Total population (2014)	Number of people served (2016)
1. Center Based Employment	2,497	1,998
2. Children in segregated school settings 50% or more of the time	4,472	Not included
3. Day Training and Habilitation	10,135	11,201
4. Board and Lodging	3,070	5,098
5. Supervised Living Facilities	1,046	286
6. Boarding Care	521	444
7. Nursing Facilities and Customized Living Facilities	24,407	1,871
8. Adult Foster Care	5,318	17,305
9. Intermediate Care Facilities for Persons with Developmental Disabilities (ICF / DD)	1,697	1,682
Total	53,163	39,885^a

^a Because of overlap between settings, this represents the total lines of service, not the total number of recipients.

Follow-Up Survey

A random sample of 500 participants from the baseline survey will be selected for a follow-up survey to be conducted at least 12 months after the first survey, starting in 2017. This meets the general guideline of allowing one year between surveys in order to see a detectable change in quality of life. Data from the follow up survey will be available in 2018. A second follow-up group will be selected at a later date to replace individuals who are unreachable or who decline to take the survey.

Initial Analysis Design

Subgroups for Analysis

Specific subgroups within the study population have been identified as being of particular interest for understanding the factors impacting quality of life for Minnesota residents with a disability. The table below summarizes the subgroups that may be used for making comparisons or understanding which groups may require more focused attention in the future.

Table 4: Potential Subgroups for Analysis of the Quality of Life Survey

Potential subgroup	Description
Settings	Eight potentially segregated settings where people with disabilities receive services including residential and employment settings.
Disability Type	Primary disability types included in the sample including physical disabilities, intellectual/developmental disabilities, mental health needs/dual diagnosis, deaf or hard of hearing, blind or visually impaired, and traumatic brain injury.
Geographic	Population living within a specific area of the state with defined geographic boundaries (e.g., Minnesota economic development regions)
County of Financial Responsibility	The local lead agency assigned financial responsibility for the person, as defined in Minnesota Statute 256G.02 .
Guardianship status	Status of the person as having a guardian or legal representative, or serving as their own
Race/Ethnicity, Language	Primary race and ethnicity of survey participants, and primary language.
Age	Potential grouping defined based on age (e.g., transition-age, older adults, etc.)
Incarcerated/previously incarcerated	Indicator for previous or current incarceration.
People experiencing homelessness	Indicator for current living situation.

Sources of Data and Variables

The four main sources of data include data from DHS, data from DEED, outreach tracking data, and the Quality of Life Survey tool. Data from DHS and DEED primarily includes individual demographic data such as name, birthdate, race/ethnicity, and disability as well as information about services received. Outreach tracking data will include details about contacts made with the person and/or their guardian to participate in the survey. The Quality of Life Survey tool includes measures about the individual's quality of life (see below).

Measures

The outcomes the analysis will be able to speak to are aligned with the Modules in the Quality of Life Survey including:

- Community Integration and Engagement
- Autonomy Over Daily Life
- Perceived Qualities of Life
- Elements of the Person-Centered Planning Process

Statistical Methods

The baseline analysis of the Quality of Life survey data will include primarily descriptive statistical methods. It is anticipated that summary statistics will be shared about individuals included in the initial sample using tables with data about the full sample as well as from the subgroups listed above. For example, the percent of respondents from a certain region of the state or the percent

who have a specific disability can be shared using frequency distribution. Frequencies and measures of variability can also be applied to the responses to questions on the Quality of Life Survey.

Limitations of Data

Limitations for analysis of the baseline survey data that need to be considered include the following:

- Datasets may include missing or incomplete data for subgroups (e.g., individuals who are incarcerated). The survey is not inclusive of all people with disabilities because of data availability or the types of services being used.
- The sample size needed for statistical analysis within subgroups impacts the questions that can or cannot be answered.
- Self-reported data from the Quality of Life Survey reflects the point of view of the individual being interviewed.
- The final analysis may require defining subgroups that do not currently exist (e.g., age).
- The baseline survey will include partially completed surveys. A person's choice to complete or not complete the survey may be associated with quality of life.

Communication Plan

OIO is responsible for developing the communication plan and finalizing communication materials with support from The Improve Group and state agencies. Each state agency will provide a communications liaison to work with OIO to implement the communication plan. The Improve Group will draft communication tools, including letters to providers, lead agencies, recipients, and guardians. To ensure consistency in messaging, all communications must use OIO approved language.

Each state agency is responsible for sending notification about the QOL survey to service providers and other stakeholders. Agencies may use existing communication channels to market the survey, but should assess the effectiveness of those channels.

The Improve Group is responsible for follow up communications, including notification of recipient selection and requests for information. The Improve Group may request additional support from state agencies to gain cooperation from providers.

Notification Timeline

Notification of the study will be sent to providers, lead agencies, and other stakeholder organizations before the start of the interview period. Notification of selection will be sent on a rolling basis beginning in June 2016 and continuing until the survey administration period ends or until 3,000 surveys are completed.

Communication Tools

We will use a variety of methods to communicate to stakeholders about the communication plan, including DHS bulletins, mail, email, audio, and video. The Improve Group will work with OIO to develop tools that are accessible to a variety of audiences. A complete list of communication tools and timeline is included in Appendix A on page 30. Communication tools for the survey include:

- **Notification of the study from state agencies to providers.** The notification should be signed by the agency commissioner and include provider expectations, a study timeline, and instructions for how to get more information.
- **Notification of the study from state agencies to lead agencies, tribes, advocacy organizations, and other stakeholders.** The notification should be signed by the agency commissioner and should include expectations, a study timeline, and instructions for how to get more information.
- **Notification of selection.** The notification will be sent from The Improve Group to the provider, person, and guardian (if needed). It will include study information, a timeline for interviews, consent information, and instructions for opting out of the study.
- **Study background sheet and frequently asked questions.** These resources will be sent to providers and lead agencies. They will also be offered to participants and guardians.

Social Media Plan

The Improve Group will work with OIO to develop and implement a social media plan. Audiences may include the disability community, advocacy groups, the general public, and service providers. The social media plan may include messaging about ways people can participate if they are not selected for the survey such as becoming an advocate for the Quality of Life survey or completing a short survey about their experiences.

Considerations for Communications

- Communications to providers should include information about how the Survey Administrator and Olmstead Implementation Office will protect participants' privacy and rights during and after the survey.
- Many providers, especially providers receiving funding from DHS, are asked to support the administration of multiple surveys throughout the year. The Survey Administrator should be mindful of the various requests the providers are balancing.
- The Survey Administrator should work with Agency Liaisons to identify the appropriate person at each provider to contact about the survey. This should be someone at the director level who is empowered to make decisions about the project.

Outreach Strategy

The Improve Group will rely on multiple contact methods to invite people to participate in the survey, including phone calls, mail, and email. By being flexible with the contact method, we will be able to build efficiencies into the project while being aware of individual preferences.

The Improve Group will engage the QOL Advisory Group in finalizing an outreach and marketing strategy for potential participants. The strategy will include informing potential participants and their families about the project through community programs and online communities such as Facebook groups. The advisory group may also provide input on contact methods and recommend changes to the outreach strategy to improve the fidelity of the project. The outreach strategy will be subject to a constant reevaluation and experimentation in order to achieve the ideal number and demographics of survey participants as laid out in the sampling strategy.

The Improve Group and OIO will work with agency liaisons to develop a strategy for gaining provider support for the baseline survey. Regardless of how the participants are invited to take the survey, having the providers support will increase response rates.

Vendor Information

The Improve Group will contract with a market research firm, Information Specialists Group (ISG), to conduct outreach and scheduling. ISG is an independently-owned, full-service market research firm based in the Twin Cities. More information about ISG is included in Appendix B on page 31.

ISG will:

- Manage phone outreach to participants, providers, and guardians
- Obtain guardian consent to contact participants
- Schedule interviews
- Maintain a project calendar for interviewers
- Conduct phone interviews
- Provide daily outreach tracking data

Recruitment

ISG will conduct phone outreach to participants, guardians, and service providers in order to recruit survey participants. When possible, ISG will contact participants and guardians directly. However, we anticipate receiving limited contact information for participants and guardians, therefore service providers will be the primary point of contact for recruitment. ISG will not contact participants who have a legal guardian without documented consent to contact. The outreach strategy is shown in detail in Appendix C on page 32.

Screening and Scheduling

During outreach, ISG will screen participants and either schedule an in-person interview or conduct a telephone interview. If the participant has a legal guardian, ISG will manage the consent form process for phone interviews, including re-sending consent forms if necessary. The Improve Group will provide interviewer training and approved telephone scripts to ISG staff.

Potential participants in the dataset will be assigned an identification number for use in communication to protect individual-level information. All communication between The Improve Group and ISG about participants for the purposes of monitoring and scheduling will use the assigned identification numbers.

Participants and Guardians

The Improve Group will send mail notification of selection to individuals who do not require guardian consent. The notification will include information about the study, a consent form, and instructions on how to opt out via phone or email. A follow-up phone call will occur within 14 days to schedule an interview.

We will make a concerted effort to receive a clear yes or no from every participant or their guardian. However, the project timeline and budget constraints of the study require we limit the

number of contact attempts to three unreturned messages left at a confirmed contact number for the individual or their guardian. After three unreturned telephone messages, the individual will be marked as “Unreachable” and The Improve Group will stop trying to call said person. Unreachable individuals will remain eligible to take the survey until the end of the administration period. If at any point a person categorized as “unreachable” calls to schedule an interview, they will be scheduled. This contact count does not include mail or email notification of the selection; it only pertains to telephone messages.

Guardians and Representatives

If a participant has a legal guardian, The Improve Group will send notification of selection to the guardian before contacting the participant. If contact information is available, we will send the guardian and provider notification at the same time. When we do not have guardian contact information, we will work with providers and case managers to reach the person’s guardian and obtain consent to contact the participant. Guardians must provide written consent to The Improve Group. Consent forms may be submitted by mail, fax, or via a secure online form.

Once we have received guardian consent, we will work with the guardian or provider to schedule the survey. If the guardian declines consent, the participant will be marked as “declined” and removed from the eligible sample list.

Service Providers

It is essential to establish credibility and authority with providers by having state agencies make first contact with directors about the Olmstead Quality of Life Survey. Such communication shows that the state agency supports the survey and its intended goals. Outreach to providers should start before The Improve Group begins outreach to participants and continue, as needed, throughout the project. Outreach may take place through existing communication channels, such as bulletins, newsletters or email listservs.

The Improve Group will notify service providers when a client is selected to participate in the survey. Providers may be contacted by mail or phone, depending on the number of people selected and the quality of contact information. We may use email to schedule appointments, but will not use email as primary contact method. The Improve Group will make four attempts to contact providers at various times during the day (1 letter, 3 phone calls). After four contact attempts, the provider will be marked as “unresponsive.” The Improve Group will submit the list of unresponsive providers to OIO for follow-up. If an individual is no longer receiving services from the provider, the contact will be listed as “not active.”

Providers may be asked to:

- Confirm the individual is receiving services at that location
- Help obtain guardian consent (if needed)
- Assist with notifying participants
- Schedule interviews (if appropriate)
- Assist with survey scheduling (if appropriate)
- Provide support during interviews (if requested)

The Improve Group will protect participant’s identities by using first names and/or Participant ID numbers when communicating with providers.

Case Managers and Other Contacts

Case managers, lead agencies, tribes, and other organizations may be asked to help with contacting legal guardians and participants. DHS will notify lead agencies and the tribes about the study and their role in supporting the project. Notification will be sent via existing communication channels. The Improve Group will contact case managers and other contacts as needed during the survey administration period. DHS and DEED may identify additional agencies and organizations to be notified as needed.

Outreach Timeline

Outreach will be conducted on a rolling basis, starting in July 2016 and continuing until the end of the survey administration period or until 3,000 surveys are completed. The Improve Group will set outreach targets at the beginning of each month.

Consent process

Consent (person or guardian)

The Improve Group will secure a data sharing agreement with DHS which will give The Improve Group permission to contact individuals directly to participate in the Olmstead QOL survey and obtain first consent. However, since guardian status and contact information are typically held at the county level, DHS does not have reliable contact information for guardians. If DHS does not have guardian contact information, The Improve Group will work with providers and case managers to contact guardians and obtain consent.

DEED holds the data for people who receive services through Center Based Employment. In order to share participant data with the Improve Group, DEED requires a Consent to Release Information Form from each program participant or their guardian. DEED maintains data on participant's legal representatives, but the Improve Group cannot access that information to contact guardians directly. In addition, individuals receive services through both DEED and DHS, so potential participants may appear in multiple datasets and must only appear once for drawing the sample.

The process for selecting and inviting DEED participants to the survey will be as follows:

- DEED will assist by providing a dataset with all individuals in non-competitive employment. The dataset will include ID numbers and an indicator for current residential status.
- The Improve Group will use residential status to remove all potential participants who may be receiving residential services paid for by DHS. The individuals receiving services from DEED will be added to a full dataset with DHS data to draw the simple random sample.
- The Improve Group will send DEED the list of ID numbers included in the sample. DEED will use the ID numbers to identify selected participants and group them by provider.
- The Improve Group will prepare a provider packet that includes project information, consent to release information forms, and guardian consent forms for participants with legal guardians. The packet will have instructions on completing and returning the forms, as well as contact information for The Improve Group.

- DEED will be responsible for sending the packets along with a cover letter from DEED employee John Sherman encouraging providers to participate to the sites.
- Providers will be asked to manage collecting first consent, including obtaining consent from participants' guardians. The Improve Group will be in direct contact with providers to answer questions and provide assistance.

For all participants (receiving services through funding from DEED and DHS), The Improve Group will obtain guardian consent before contacting individuals to participate in the survey. In cases when guardian contact information is not available or not current, The Improve Group will contact providers or case managers (when applicable) with a request for assistance in collecting first consent from participants' guardians. Providers/case managers can do this by either contacting guardians directly or by providing The Improve Group with contact information. This contact strategy aligns with the overall outreach strategy as providers and case managers may also be contacted to help facilitate survey administration by encouraging individuals to participate and arranging interview times.

All participants will be given the option to opt-out of the survey before an interview is scheduled. Survey participants will also be asked to give informed consent at the time of the interview. If the individual does not give consent, or if they do not understand the consent form, they will not be interviewed. Alternate documentation of consent, such as a witness observing a participant's verbal or visual consent and recorded consent over the telephone, will be used for individuals with disabilities that limit their ability to sign a consent form. Participants who are not able to give informed consent, such as people under 18 and individuals under guardianship, will be asked to provide consent at the time of the interview. Consent will be gathered using a separate form on a tablet through Snap Mobile Anywhere software which is linked to Snap WebHost. Hard copies of the consent will also be available.

Considerations for Obtaining Consent

- The informed consent process will allow participants time to formulate their response about whether they would like to take the survey or not. People may not feel comfortable saying no to a person in a perceived position of authority when they are first approached.
- Communications to providers should include information about how The Improve Group and Olmstead Implementation Office will protect participants' privacy and rights during and after the survey.
- Many providers receiving funding from DHS are asked to support the administration of multiple surveys throughout the year. The Olmstead Team will be as mindful as possible to the multiple requests providers are balancing.
- The additional steps to gain first consent and access to contact information for participants/guardians from DEED may cause a delay in selecting the sample and sending information to providers.

Data Security

The Improve Group will store participant names and contact information separate from survey data, securing data in accordance with the project-specific data security plan outlined on page 25. The plan specifies how sensitive data such as participant names and other identifying information collected as part of the project will be kept confidential. In addition, The Improve Group will be using Snap WebHost and Snap Mobile Anywhere to document consent and collect Quality of Life Survey responses during in-person interviews. Data collected using the tablet is encrypted and kept secure on the device, on the server, and when the tablet is in transit. Each interviewer will have individual logins for added security.

Survey Administration

Scheduling Interviews

The Improve Group will begin scheduling interviews after the first round of notifications are sent in July 2016. Interviews will be scheduled over the phone or via email. Participants, their guardians, and/or their providers may be involved in scheduling interviews. If the participant has a guardian, the interview will not be scheduled until the guardian submits a completed consent form to The Improve Group.

The person scheduling the interview will complete an interview scheduling form that includes the participant name, contact information, interview location, time, accommodations to participate, and the name(s) of anyone who may assist the participant during the interview. Participants will also be given the option to name a support person at the time of the interview. The support person may help the participant complete the survey or answer questions for the person. Interviewers will note on the survey when a support person is present or helps to complete the survey.

If the participant does not want to complete the survey face-to-face, they may choose to complete the survey over the phone or through a web-based survey platform.

Interview Settings

Face-to-face interviews will be conducted in the location of the participant's choice, including the person's:

- Home
- Workplace
- Provider
- Public location chosen by participant

The participant's guardian or other chosen individual may help choose the location. If the interview is scheduled during regular service delivery, The Improve Group will work with the provider to minimize the disruption to service delivery. In the event we are not able to honor the participant's first choice, an alternative location will be selected. For example, if the participant chooses a loud coffee shop with no private space, the interviewer may recommend an alternate public space.

Prescreening

To help reduce the burden on participants and streamline the administration survey process, The Improve Group will prefill the demographic, disability, and housing sections of the survey. Based on the pilot, we anticipate that the data from agency records will be more accurate than self-reported

data. Few pilot participants were able to complete this section, and the questions were a frequent source of stress.

The data for these sections will be collected from state agency records. If the data is incomplete or missing, we will attempt to collect the data from providers or caretakers. If the data is not available and the participant is not able to answer the questions, the fields will be left blank.

Completed Surveys

The Quality of Life survey is divided into modules, each of which can be analyzed separately. The modules are arranged so that the questions most important to the Olmstead Plan are asked at the beginning of the survey. In terms of both administration and analysis, each module is designed to stand on its own. The pilot showed that some participants may be unable to complete more than one module due to issues related to their disability/s. Because of these considerations, it would be inappropriate to require a certain number of modules be completed to constitute a completed survey. As such, in-person and telephone administered surveys will be considered complete if 75 percent of the first module is finished.

Barriers to Completion

The Quality of Life tool is designed to be administered to people of all disability types. However, some participants may have difficulty completing the survey, including participants who cannot complete a single module. The following are examples of situations interviewers experienced during the pilot and our approach to addressing the situation.

It is anticipated that we will identify new barriers in the baseline survey. In these cases, The Improve Group will work with the OIO and the Advisory Group to address these challenges as they arise.

Survey length

Depending on the individual, the survey takes 45-60 minutes to administer. Some participants may not be able to sit still for that long, while others may find the survey cognitively exhausting. Ideally, we would be able to schedule a second interview to complete the survey, but this is not practical given the project's constraints.

If the participant is showing signs of fatigue, the interviewer may ask the person if they want to continue with the survey. At this point, the participant may choose to take a break or end the interview. Participants or their support person may request a break or end the survey at any time. If a participant is having trouble concentrating/sitting still, interviewers may encourage participants to move around the room or take a short activity break.

Survey content

During the pilot, some participants found the survey questions inappropriate or were uncomfortable answering questions they deemed too personal. In addition, some participants did not understand the questions as asked.

If the participant is uncomfortable with the survey content, the interviewer may ask the person if they want to keep going, if they want to skip the question, or if they want to skip to the next module. Again, participants may also choose to end the survey at these times. Interviewers may also use the alternate scale for participants who live in their own home without supports. The alternate scale was created by the survey designer for individuals who do not have staff in their home.

If the participant does not understand the questions, the interviewer will ask if there is someone the person would like to have help them with the survey. If there is not a support person available, the interviewer may end the survey.

Interruptions to schedule

Some participants do not handle interruptions to their normal daily schedule well. This can result in severe anxiety or distress. During the pilot, several individuals did not understand why they were being taken away from their regular activities and, even though they had previously agreed to participate, refused to take the survey.

The Improve Group will work with providers, guardians, and support persons to try to anticipate such situations and schedule interviews outside of structured activity times. The interviewer may also work with the individual and their support person to integrate the survey into regular activities.

Communication needs

The Improve Group will attempt to provide reasonable accommodations for participants, including providing interpreters and supporting the use of assistive technology. However, there may be times when we are unable to provide the accommodation at the time of the survey. In the event we are not able to honor the request, or the need new accommodations arises during the survey, the interview will be rescheduled.

Survey Modes

In-person

The survey will be administered in person by interviewers from The Improve Group. The survey will take approximately 45-60 minutes and will be administered at the time and place that works best for the participant.

The interviewer will read each survey question and enter the person's responses on a tablet using a secure survey platform. Participants will be given the option to follow along using a paper copy of the survey. The person selected for the study should be the primary respondent to the survey. However, they may choose a support person to help them respond or respond on their behalf. The names of everyone participating in the survey will be recorded on the consent form.

- The Survey Administrator should be prepared for no-shows and cancelled interviews. A protocol for following-up with participants who miss, cancel, or reschedule interviews will be developed that ensures everyone has the opportunity to take the survey, while respecting the right to decline in their own way.
- The Survey Administrator will plan for 4 hours, per survey, for coordination, travel, and survey administration in the Metro area. Travel in Greater Minnesota will be higher.

Alternative Modes

In order to accommodate the preferences and abilities of potential survey participants, the survey will also be offered as a web-based survey and traditional phone or videophone interview. Offering additional survey modes could also help boost response rates by allowing options that may be more convenient or comfortable for participants. Having additional modes available for survey administration balances the need for data security and efficient data collection.

Web-based surveys

The survey will be prepared in SNAP Survey software which has the capability to be administered in multiple modes including an online survey and phone interviews. Question routing, piping, and scripts for interviewers will be added to the survey to streamline administration and make the survey more consistent across multiple interviewers.

The modified web-based version of the survey will be created for people who would prefer to take the survey on their own. The modified survey will be the same as the interview version except that some of the extraneous interviewer scripts and instructions will be removed. The web-based survey will be accessible and compatible with screen readers. Participant selecting a web-based version of the survey will receive a personalized link so the survey data can be linked back to the person for monitoring purposes. The survey tool also includes a question about who is completing the survey, so it will be clear if the survey was completed by a representative.

Phone interviews

The Improve Group will contract with ISG to conduct phone interviews. ISG will manage the consent process for phone interviews, including documenting verbal consent and resending consent forms as needed. If the participant has a legal guardian, ISG will not conduct an interview until they receive documentation of informed consent.

In addition, The Improve Group will work with individuals, guardians, and providers to accommodate other communication tools or survey mode requests. Details about communication accommodations for specific groups can be found below.

Communication Accommodations

DHS and DEED data have indicators to identify whether a person has a disability that may require additional accommodations. The indicators from these data can be used to make an initial assessment of anticipated needs. If the case manager, provider, or guardian are involved in scheduling interviews, The Improve Group will also ask if accommodations will be needed for the person to participate in the survey. All participants will receive a paper version of the survey in advance to review or reference during in-person interviews.

The Improve Group will provide reasonable accommodations to complete the survey as requested by the participant or their representative. If we are unable to provide an accommodation for any reason, we will notify OIO.

Deaf or Hard of Hearing

The Improve Group will work with multiple American Sign Language (ASL) interpreters/providers to minimize barriers to scheduling interviews in a timely manner with participants. In addition, The Improve Group hopes to recruit interviewers who can conduct the survey in ASL. For cases when a formal interpreter for the project is not available, a video version of the consent will be produced to standardize the interview format. The video will also include audio and captioning, so it will be accessible to all participants. If appropriate, the paper survey copy will also be translated to share with participants and interpreters. For deaf/hard of hearing individuals needing alternative signing from ASL, appropriate accommodations will be sought.

For participants electing to complete the survey by phone, The Improve Group will determine if the individual has the equipment to participate via Video Relay Services (VRS), which enables the

person to use ASL to communicate through video equipment, or a Captioned Telephone Service (CTS) which has a built-in screen to display text.

Blind or Vision Impaired

The Improve Group will have accommodations available for blind or visually impaired participants who choose to take the web-based survey. The paper copy of the survey will be provided in large print text when requested. The survey will also be made screen reader compatible and modified to include additional instructions to guide individuals through the survey.

Deafblind

The Improve Group will work with specialized interpreters to accommodate deafblind participants. Ideally, the person will be able to work with a trusted interpreter who is knowledgeable about that individual's communication preferences. All survey materials including consent, communications, and the survey tool will be made available in advance.

Nonverbal/limited communication

Individuals who are nonverbal or have limited expressive communication may use a variety of tools such as sign language, technology, or cards to communicate. The Improve Group will work with the person's staff or another trusted individual to assist with participation in the survey. Additional accommodations may include providing the survey materials to be pre-loaded into any existing communication tools the person uses.

Non-English Speaking

Materials for the survey including the Quality of Life tool, consent forms, and communication materials will be translated into the languages spoken by a substantial number of people eligible for the survey, including Spanish, Somali, Hmong, and others as identified by the Olmstead Team. The Improve Group will request state resources to provide translation services.

The Improve Group will work with multiple translation providers to minimize barriers to scheduling the interviews. The Improve Group will also attempt to recruit interviewers who speak targeted languages. In order to accommodate the large variety of language and dialects spoken by potential participants, the person may also be given the option to choose an interpreter, such as a family member or trusted community member.

Other Accommodations

We anticipate we will receive requests for accommodations that are not included in this list. We will do our best to accommodate any reasonable requests as they arise.

Interviewers

Staffing Contingent

In total, 3,000 surveys must be completed from July 2016 to June 2017. In order to accomplish this goal, approximately 62 surveys should be completed each week, which translates to approximately 12 surveys per day. Given the results in the pilot project, we can expect that one person can reasonably complete 1-2 interviews per day. This means that at least 12 people must be administering the survey each day. We anticipate that a vast majority of these surveys will be administered face-to-face. Given the statewide scope of the project, the barriers to participation, and the unique accommodations for each participant, resources need to be drawn from multiple

areas. The Improve Group is planning a multi-level staffing strategy to accomplish the survey completion goal:

- Improve Group Staff – The Improve Group staff will complete the first several hundred interviews. Since The Improve Group staff are skilled interviewers, we will be able to get the survey in the field right away and refine the administration process.
- Hire research firm – The Improve Group may contract with a field research firm that regularly administers face-to-face surveys. Contracting with such an organization will help to efficiently get the number of interviewers needed to achieve the completed survey goal.
- Hire temporary interviewers – The Improve Group may hire up to 10 temporary employees to conduct the surveys. Temporary interviewers may include qualified individuals with disabilities recruited through Vocational Rehabilitation Services and organizations such as Partnership Resources, Inc. This recruiting strategy will help to develop a core group of interviewers that reflect the diversity of the actual survey participants.

Interviewer Training

Survey interviewers will have two primary responsibilities: to collaborate with The Improve Group staff to conduct in-person surveys and to remind people to take the online and paper versions of the survey. We will focus on recruiting interviewers from diverse backgrounds and from a range of geographic regions, so that they reflect the sample population to be surveyed. In addition, we plan to partner with disability service providers to identify survey interviewers, including people with disabilities who are in supported employment contexts.

Our experience during the pilot will also inform and accelerate the process of training interviewers. We anticipate that interviewers with little experience will need 40 hours of training. For those with more experience, we believe that 20 hours of training will be sufficient.

We will focus on recruiting interviewers who participated in the pilot project and who are already familiar with the subject matter and target populations. For these interviewers, we will only need to refine and update their training in order to prepare them to deploy the survey and conduct interviews. We will leverage the support of Dr. Conroy to provide comprehensive training to all new interviewers. In addition, we will ensure that all interviewers with disabilities have access to the training and materials they need to be successful.

Quality Assurance Plan

The Improve Group has internal practices and protections in place to assure the quality and rigor of all our projects, including a team structure, regular check in meetings, and data privacy policies. The Quality of Life project will be conducted by a dedicated project team led by Daren Nyquist, Research and Evaluation Director, with oversight from Chief Executive Officer Leah Goldstein Moses and Chief Practice Officer Rebecca Stewart.

The quality assurance plan outlines the additional steps we will take to administer, monitor, and evaluate the project to ensure data quality and research integrity.

Project Team Roles

The project team will include Improve Group staff and 10 temporary employees hired to administer the survey.

- **Interviewers** - Interviewers are responsible for administering the survey as designed, but may make appropriate adaptations to allow the participant to respond to questions. Interviewers are responsible for recording accurate survey responses. Each interviewer will be assigned to a survey team.
- **Survey Team Managers** - oversees the interviewers work in the field. Each manager is responsible for a survey team. They are responsible for providing field training, observing trained interviewers, and providing feedback. Survey team managers are also responsible for holding debriefing meetings and communicating changes to the administration process. Initially, Survey Team Managers will be staff from The Improve Group.
- **Project Supervisors** - are members of The Improve Group staff who are responsible for overseeing assigned aspects of the Quality of Life project, including survey administration. They will work as a team to oversee survey teams and interviewers. Project supervisors may also manage a survey team. Project supervisors report to the Research and Evaluation Director, Daren Nyquist.

Interviewer Supervision

Interviewers are required to provide a report to their supervisor at the end of each shift. The report may be in-person, over the phone, or via email. Survey teams will meet regularly during the survey administration period to discuss project challenges, successes, and changes. The full project team will meet at least quarterly. The Research and Evaluation Director is responsible for overseeing the project team, including interviewers.

Interviewer Reliability

The Improve Group will use several strategies to ensure interviewer reliability, including extensive training on how to ask each survey question, in-field supervision, and weekly team meetings. Interviewers may receive additional training at any time during the survey administration period to improve data quality. In addition, we will run periodic tests for interrater reliability.

Details about Interviewer Training can be found on page 27.

Managing Data

As we collect survey results, raw data will be maintained in a secure database that can combine data from all survey modes. The database will also maintain information about what mode was used, when the survey was completed, and if a support person participated. It will also maintain relevant notes to assist us in following-up with respondents as needed. We will examine the raw data at the end of each outreach wave to check for data quality and make improvements to the data management system. Any changes to the system will be documented and reported to OIO.

Evaluating Data Quality

The Improve Group will review survey data and supporting documentation for completeness and accuracy throughout the data collection period. This will allow us to identify and address threats to data quality as they arise. In addition, we will visually check the final data and run statistical tests to check for data quality concerns such as patterns in missing data, non-response patterns, and data entry errors.

Corrective Action Procedures

Project team members will receive training about how to identify and report potential threats to the study. The Improve Group will make a good faith effort to address any concerns as soon as they arise. If a concern is expected to be a non-occurring situation, we will address the problem immediately and document our actions. If the concern requires a change to the administration plan or The Improve Group's policies, we will submit a corrective action plan to OIO. The corrective action plan will include:

- A description of the problem and how it could impact the project
- A description of how the problem can be addressed
- The names and titles of everyone responsible for addressing the problem
- A description of additional training that will be provided
- A protocol for reporting additional concerns
- An outline of the steps that will be taken to keep the problem from reoccurring

Data Security Plan

The Improve Group has developed a project-specific data security plan outlining how sensitive data such as participant names and other identifying information collected as part of the project will be kept confidential and secure. All vendors contracted with The Improve Group will be required to review and abide by the data security measures outlined in the data security plan. Contracted vendors may also have their own data security protocols in place and are included in Appendix F on page 48.

The data security plan will be amended to include additional vendors or technology as needed.

The Improve Group Staff Policy

The Improve Group has standard security policies including a confidentiality policy which specifies that all employees refrain from discussing individual-level data inside or outside the company unless specifically project-related, and that employees secure data using encryption, passwords, and other tools for maintaining security. The company's Office Property policy also indicates that data be protected by locking file cabinets and that staff do not copy files onto desktops or other storage devices without plans to remove immediately after use. The Improve Group staff are also trained in human subjects' protections. All contractors will receive training in data security, confidentiality, and human subjects' protections.

Network and Architecture

All workstations and servers at The Improve Group are managed by mindSHIFT Technologies Inc. All server access at The Improve Group is username and password protected. The server housing data related to the Olmstead Quality of Life project is dedicated to The Improve Group; therefore,

only Improve Group personnel have access to it. The Improve Group clients do not have access to Improve Group systems. Since private data is being collected, it will be stored on a file accessible only to staff working on the project.

Physical and Electronic Data Security

During the course of this project, individual-level data will be collected including, but not limited to, state identifying numbers, name, contact information, birth date, disability category, and services received. Data provided by Minnesota state agencies will be transferred to The Improve Group via physical delivery, electronic media, or facsimile.

All paper data for the project will be stored in a locked file cabinet. Every effort will be made to minimize the need for paper-based information transfer of personal or protected data. The locked cabinet will only be accessible to project staff.

Electronic files for the Olmstead Quality of Life survey will be encrypted, password protected, and stored on The Improve Group server. The files will be stored in a folder only accessible to project staff. Transfer of data may be done securely through use of encrypted USB drives. Snap Survey data which may include consents and Quality of Life survey responses are secured through data encryption, password protection, and are accessible only through authenticated sessions. Data is regularly backed up in a secure location.

The full details outlining The Improve Group's data security plan can be found in Appendix D on page 33. Snap Survey specific data security information can be found in Appendix E on page 40.

Reporting Abuse and Neglect

The Improve Group has procedures in place for documenting and reporting any incidents in which people threaten to hurt themselves or others or incidents of reported or suggested abuse or neglect. These procedures require that all incidents or self-reported, observed, or suspected abuse or neglect be reported to the MN Adult Abuse Reporting Center or Common Entry Point (MAARC/CEP) within 24 hours of the interview. All incidents, including incidents that do not require a report, will be documented internally and reported to OIO.

Providers will receive information about suspected abuse and neglect reporting with the notification of selection.

Documentation and Reporting

Interviewers are required to report all suspected cases of abuse or neglect to the supervisor on duty as soon as it is safe to do so. The Research and Evaluation Director is responsible for determining if the incident needs to be reported to the MAARC/CEP.

The procedure for documenting and reporting abuse is as follows:

At the time of the incident:

- Call 911 to report serious or immediate danger
- Report the incident to the provider or a staff person (if appropriate)
- Complete the Documentation of Suspected Abuse or Neglect Form
- Report the incident to the supervisor on duty

Within 24 hours of the incident:

- Submit the completed Suspected Abuse or Neglect Form
- Report the incident to the MN Adult Abuse Reporting Center or Common Entry Point (if required)
- Notify OIO about the incident and next steps

Within 72 hours of the incident:

- Submit a written report to the MN Adult Abuse Reporting Center or Common Entry Point (if required)

Training

Members of the project team who may have contact with participants must complete the DHS Vulnerable Adults Mandated Reporting Training before conducting or overseeing surveys. The module includes information on recognizing the signs of abuse or neglect, making a report to the common entry point, Interviewers will also receive training on study-specific requirements for documenting and reporting suspected abuse and neglect. Ongoing training will be provided as needed. If the sample includes a significant number of children under 18, training will include modules on reporting child abuse and neglect.

Interviewer Training Modules

All project team members, including interviewers, contractors, and staff are required to complete interviewer training. New hires and contracted interviewers receive 40 hours of training and no fewer than 10 hours of supervision in the field before working on their own. Interviewers who have been employed by The Improve Group will receive 20 hours of training and no fewer than four hours of field supervision. The Improve Group will provide 20 hours of training to ISG staff.

Training Topics

Interviewer training will include the following topics, and will be a combination of self-guided trainings, presentations, group discussions, and application. Additional topics will be covered as needed. The interviewer training provided to current Improve Group staff will not include modules that have already been completed as a part of The Improve Group's onboarding process.

The Improve Group Policies and Handbook

Consistent practices and clarity around how we interact and work with each other is critical to The Improve Group's success. The employee handbook will provide guidance on policies as well as clarify company practices that have helped us work collaboratively. Key policies such as anti-harassment and confidentiality as well as internal practices will be introduced in this session.

Human Subjects Training

Interviewers will be introduced to different ethical principles behind collecting data from human subjects. They will understand the history behind the inception of these ethical principles, explore each of the principles in depth, and understand compliance standards related to researching and evaluating human subjects. All employees are required to complete human subjects training.

Data Security and Protecting Individuals

Interviewers will learn the steps for protecting data when for making appointments, conducting interviews, and submitting data. The focus will be on protecting identifying data including the participant's name, ID numbers, disability status, and contact information.

Project Background

Topics will include the Jensen Settlement, Minnesota's Olmstead Plan, and the Quality of Life survey. We will discuss what was learned during the pilot and how that informed the baseline study.

Orientation to the Survey Tool

This will be the interviewers' first experience with the survey. We will discuss the survey purpose and content, how to use the survey scales, and we can and can't learn from the survey. We will also go through the survey question by question, explaining the purpose of each item, how to ask the question, and how to use the survey scale.

Person-centered Planning

Interviewers will learn about person-centered planning and how it applies to the Olmstead Plan. We will discuss how to apply a person-centered approach to the QOL survey, including using person-centered language.

Interviewing Skills and Reducing Bias

Topics will include building rapport, asking standardized questions, reducing desirability bias, and recording responses. We will also discuss when it is appropriate to provide more information or change question wording. Interviewers will practice their skills using the QOL survey. Training will include strategies for interviewing individuals with disabilities.

In rare cases, the interviewer may have an existing relationship with the interviewee. Interviewers will be instructed to notify a Manager or Supervisor of any prior relationships with an interviewer so efforts can be made to schedule with another interviewer from the team. Measures in the [Quality Assurance Plan](#) will be followed to detect and address any suspected systematic bias of results.

Consent Process

How to obtain and document participant consent. Training will include how to present the consent form, the difference between consent and assent, and documenting alternate forms of consent. We will also discuss how to make participants feel comfortable opting out and what to do when you aren't sure the participant understood the consent form.

Providing Accommodations

Topic will include the types of accommodations we can offer participants, how to make an accommodation request, and what to do if we are unable to provide and accommodation.

Reporting Abuse/Neglect

How to identify and report suspected abuse or neglect of vulnerable adults. Topics will include what to do if a participant is unsafe, documenting concerns, and what needs to be reported.

Interviewers will practice reporting an incident to their supervisor.

Technology and Troubleshooting

Hands on practice with using tablets to obtain consent, enter survey responses, and complete other project tasks.

Practice Surveys

Interviewers will administer practice surveys to each other to get comfortable with the consent process, survey instrument, and using the tablet to record responses.

[AGENDA ITEM 6d]

Appendix A: Communication Tools

Tool	Purpose	Audience	Delivery method	Timeline	From
DEED provider letter	Get providers support for survey: consent, scheduling, etc.	Center Based Employment providers	Mail	June 2016	DEED
DEED consent to release information	Consent to release information to IG	Participants and guardians	Mail – included in provider letter	June 2016	DEED
DHS provider notification of study	Inform about QOL survey	All service providers	DHS determines method	June 2016	DHS
Lead agency notification of study	Inform about QOL survey	Lead agencies and tribes	DHS determines method	June 2016	DHS
DHS bulletins and internal communications	Raise awareness of QOL survey	Providers, Lead agencies, DHS staff	DHS determines method	June 2016	DHS
Social media postings	Raise awareness	All stakeholders	Existing social media channels	Ongoing	OIO/DHS
DHS provider notification of selection	Get providers support for survey: consent, scheduling, etc.	Service providers with participants	Mail and/or email	July 2016	IG
Participant notification	Notify participant of selection	Survey participants	Mail and/or email	July 2016	IG
Guardian notification	Notify guardian of participant selection	Legal guardians of survey participants	Mail and/or email	July 2016	IG
Request for support	Request support for contacting participants and/or guardians	Case managers, service providers, and other support providers	Mail and/or email – as needed	August 2016	IG
Survey FAQs	Provide information	Participants, guardians, providers, and other contacts	Mail – included with notifications	June 2016	IG
Interviewer FAQs	Provide information	Participants	In-person and mail as requested	July 2016	IG
Participant consent form	Document consent to survey	Participants	Mail and in-person – included with notification	July 2016	IG
Guardian consent form	Document consent to survey	Legal guardians	Mail and in-person – included with notification	July 2016	IG
Reminder letters	Increase response rates for target groups	Service providers	Mail and/or email – as needed	August 2016	IG

Appendix B: Vendor Information

About ISG

Information Specialists Group (ISG) is an independently-owned, full-service market research firm based in the Twin Cities. Founded in 1996 by the current president, Robert McGarry Jr., the firm began with a specialization in data collection. Since then, the company has grown steadily by fostering strong client relationships built on credibility, expertise and trust. Responding to ongoing client demand, ISG has developed full-service capabilities over time – bringing together an exceptional team of research professionals around a common commitment to providing outstanding research and client service. Some of the things that our clients say set us apart from other research firms include:

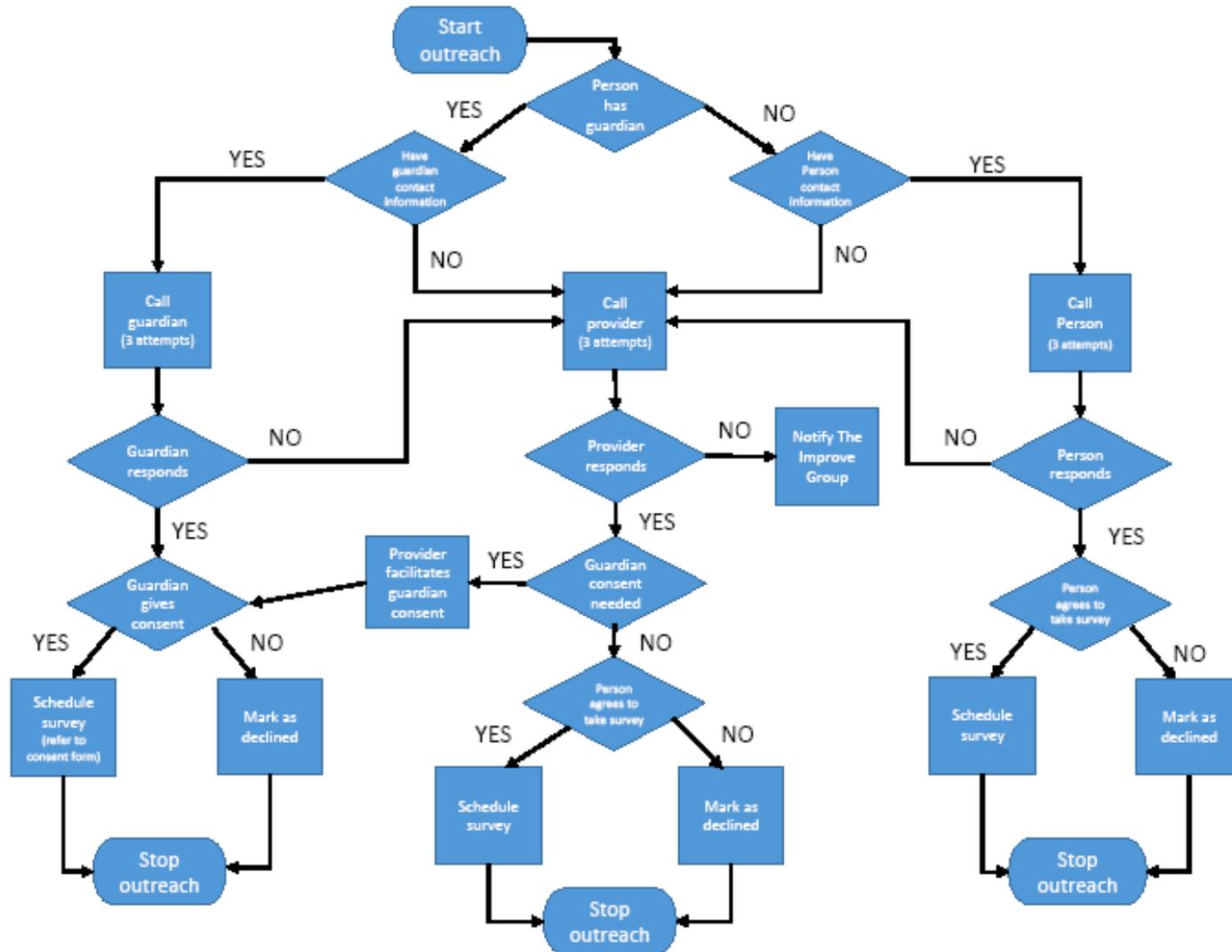
- **Bigger thinking:** We are very consultative in our approach, taking the time to learn about our clients' situation, challenges and goals. It is quite common for research suppliers to provide reports that – while answering to the identified objectives – are basically dry summaries of the data. Clients appreciate that we go a step further, synthesizing key findings and comfortably interpreting the data to form a point of view that supports your decision-making from a variety of angles.
- **High touch service:** ISG relies heavily on repeat business and referrals to grow our business. We attribute much of the strong client loyalty we have achieved to the highly personalized service we provide. We develop genuine partnerships with our clients, allowing us to understand their needs and issues so that we offer the most appropriate solutions. No matter the size of the engagement, we strive to make every client feel like our only client. Further, all of our research projects are directed and fulfilled by company leadership – no project is ever delegated to a junior analyst.
- **In-house data collection:** Most independent research firms outsource data collection activities. We have these capabilities in-house, and our reputation for resourceful, efficient and accurate data collection has even helped us earn the data collection business of many of our competitors. Between our phone and live intercept projects last year, our company surveyed over 100,000 people across the U.S. on behalf of 65 different client organizations. Sizes of our survey projects have ranged from less than 100 completes required to more than 15,000.

ISG is a member of The Marketing Research Association (MRA), The American Marketing Association (AMA) and the American Association for Public Opinion Research (AAPOR).

Our services include, but are not limited to:

- | | |
|-----------------------------------------------|----------------------|
| - Assessments and planning | - Political polling |
| - Attitude, awareness and utilization studies | - Pricing strategy |
| - Competitive intelligence | - Product testing |
| - Concept testing | - Recall |
| - Consumer segmentation and profiling | - Secondary research |
| - Customer satisfaction and loyalty | - Situation analysis |
| - Market potential and penetration | - Tracking |
| - Market segmentation | - Voice of consumer |
| - Organizational research | - Web usability |

Appendix C: Outreach Strategy- Contact Flowchart



Appendix D: The Improve Group Data Security Plan

Olmstead Plan Quality of Life Survey Data Security Plan

Identifying & Contact Information

Date: April 29, 2016

Project Manager:	Daren Nyquist, Research and Evaluation Director
Supplier Name:	The Improve Group
Name of Primary Contact:	Daren Nyquist, Research and Evaluation Director
Phone of Primary Contact:	651-315-8922
Name of Secondary Contact:	Becky Stewart, Chief Practice Officer
Phone of Secondary Contact:	651-315-8917
Description of services provided:	The Improve Group is a consulting firm which provides research, evaluation and planning services to public and non-profit sector organizations.

Management and Policies

Becky Stewart, Chief Practice Officer, is responsible for overall information security. In addition, each project manager is responsible for setting guidelines for the projects they manage that ensure security while still allowing us to complete our work. We are assisted in developing secure technology by our IT provider, mindSHIFT Technologies Inc.

The Improve Group has standard security policies in our employee handbook. Each employee is required to sign a document that they have read the handbook. The first relevant policy is our confidentiality policy:

CONFIDENTIALITY

On signing that you have received this handbook, you are agreeing to all of the policies herein including this confidentiality policy. It is very important to maintain confidentiality, due to the likelihood of having access to information which is confidential and/or intended for use by the Improve Group and/or its clients only. All employees are required to maintain such information in strict confidence. Your role in maintaining the confidentiality of data and information includes:

- *Refraining from discussing individual-level data with anyone inside or outside the company, including co-workers, who is not assigned to work on a project.*

- *Stripping individual-level data of identifying information before providing it to anyone, including the clients to whom the data belongs.*
- *Securing data by using encryption, passwords and other electronic and physical tools to maintain security.*
- *Sharing aggregate results only when pre-approved by our clients.*

This policy benefits you, as an employee, by protecting the interests of the Improve Group in the safeguard of confidential, unique, and valuable information from competitors or others.

Should an occasion arise in which you are unsure of your obligations under this policy, it is your responsibility to consult with your reporting supervisor. Failure to comply with this policy could result in disciplinary action, up to and including termination.

All work done at the Improve Group, or funded by The Improve Group is solely the property of The Improve Group and its clients.

OFFICE PROPERTY

The Improve Group will provide you with the necessary equipment to do your job. None of this equipment should be used for personal use, nor removed from the physical confines of the Improve Group unless it is approved and your job specifically requires use of company equipment outside the physical facility of the Improve Group. An equipment sign-out sheet is available and must be utilized for such situations.

Computer equipment, including laptops, may not be used for personal use - this includes word processing and computing functions. It is forbidden to install any other programs to a company computer without the written permission of the senior officer. These forbidden programs include, but are not limited to, games, online services, screen savers, etc. The copying of programs installed on the Improve Group computers is not allowed unless you are specifically directed to do so in writing by your supervisor.

In addition, we have memos that have circulated to all staff about security around their computers. Staff have been notified (1) that they must lock all file cabinets when away from their desk; (2) that they may not copy any files onto desktop, laptop, or other storage devices without a plan for ensuring the security of that device and of removing it as soon as possible; (3) that offices are to remain locked when no one is in them. All computers and flash drives must be signed out by employees and returned at the end of their use to our locked server room.

Policy Violation

The Improve Group does not have a formal procedure or enforcement mechanism for addressing policy violation. We have reprimanded staff and required corrective action when a policy is violated.

Background Checks

All permanent employees hired since September 2005 have undergone both criminal background and criminal checks. Employees hired prior to that date did not undergo these checks.

Network and Architecture

Devices for Data Management

Routers, firewalls, and servers are for general Improve Group use and not dedicated to the Olmstead Quality of Life project. All server access is controlled by username and password. Once access is granted to the server, file and folder access is restricted to the appropriate users by their username. The server housing data related to the Olmstead Quality of Life project is dedicated to The Improve Group; therefore, only Improve Group personnel have access to it. The Improve Group customers do not have access to Improve Group systems.

Network Traffic and Communication

All data traffic between IGI systems operate over a secure, private network behind a Firewall. Software VPN utilizing SSL encryption is used for remote access to the private network.

Computing Environment

Any data stored on The Improve Group file server is protected using a defense in depth strategy. Access to the server is based on the principle of least privilege and access is granted based using a Role Based Access Control strategy. The server is located on a private, secure network and all data is secured on a data volume via Share and NTFS security. The Operating System is updated regularly with all Critical and Security updates using a Windows Update Server policy and operates Trend Micro Worry Free Business Security software for malware detection and eradication. Any external drives (e.g. USB, Thumb, etc.) used to transport data from the file server is encrypted per The Improve Group policy.

Operating System Platforms

All workstations and servers at The Improve Group are managed by mindSHIFT Technologies Inc. Critical security patches are installed by mindSHIFT Technologies Inc only. Group policy is used to ensure automatic updates are turned off so they can be controlled by mindSHIFT Technologies Inc.

Alert Response

mindSHIFT Technologies monitors all infrastructure 24x7x365. Alarms for critical infrastructure send an e-mail alert to the Network Operations Center (NOC) and displays an alert on the

[AGENDA ITEM 6d]

administrative console. All non-critical infrastructure alerts use the same methods and are responded to during the hours of 6:30AM – 10PM (Mon-Fri) and 8AM – 4PM (Sat-Sun).

Operational Monitoring

SolarWinds is utilized for the monitoring of traffic volume, load balancing or response times. Actions are contingent upon the circumstance.

Access Control

If private data is collected, it will be stored in a file accessible only to staff working on the project. There would be six users with access to the data file. They are:

Becky K. Stewart

Brady J. Osmundson

Cami J. Connell

Danielle M. Dryke

Daren Nyquist

Kylie A. Nicholas

Security Vulnerabilities, Intrusion Detection Systems, and Response

All patching is done by mindSHIFT once per month or immediately if Microsoft releases an out of band critical or security update. mindSHIFT receives advisories directly from Microsoft. In the event of a computer security incident, our notification and escalation procedures are to notify customers within 24 hours verbally, followed by a detailed written follow-up within 48 hours.

Infrastructure Logs

Critical infrastructure logs are reviewed regularly. Critical infrastructure logs (e.g. authentication) are recorded constantly and saved on a nightly basis to a centralized log server. Logs are retained online for 90 days, backed up and retained offline indefinitely or for as long as the life of the backup media. Non-critical infrastructure logs are reviewed on an as-needed basis and all Syslog's, Windows Security, System and Application logs are retained on a FIFO schedule.

Backup and Recovery



Backup Policy for Customers

1.0 Purpose

To inform customers of the standard backup measures provided by MindSHIFT Technologies for informational purposes and disaster recovery preparedness.

2.0 Scope

This policy applies to mindSHIFT's Total IT Management and customers that have subscribed to our electronic vaulting backup services.

3.0 Policy

MindSHIFT provides an industry leading electronic vaulting technology that performs backup services. Backups are performed nightly and stored on a fault tolerant, expandable Storage Area Network (with RAID technology).

The standard electronic vaulting retention policy is as follows.

- Daily backups are retained for 1 week
- Weekly backups are retained for 1 month
- Month end backups are retained for 3 months

Daily backup reports are monitored by a dedicated backup team. Failure reports are reviewed and responded to in a timely manner.

Data backups are protected with strong encryption measures while being transmitted and stored on the vault(s). Each customer is assigned a unique encryption key.

In the event of a disaster the electronic vaults contains the previous day's data and can be used during a disaster recovery.

4.0 Enforcement

Not applicable.

5.0 Exceptions

If the customer has a retention requirement beyond that of this policy it must be discussed with the respective Account Manager.

Physical Data Security

During the course of this project, individual-level data will be collected including, but not limited to, social security numbers, state identifying numbers, name, contact information, birth date, disability category, and services received. Data provided by Minnesota state agencies will be transferred to The Improve Group via physical delivery, electronic media, or facsimile. The Improve Group is responsible for coordinating with state agencies to ensure the secure transfer of data taking into account the technical capabilities of the individual agency. Protected Health Information (PHI) may be collected as part of this project. In the event that PHI is included in any datasets, all identifying information will be removed per the Safe Harbor Method in accordance with the Health Insurance Portability and Accountability Act of 1996.¹

Secure Receipt, Storage, Access, and Handling

Paper data

- All paper data for the project is stored in a locked file cabinet. This includes both materials with individual-level information and general materials. Every effort is made to minimize the need for paper-based information including individual-level information and only materials needed for the management of the project are maintained.
- The program manager holds the key to the file cabinet and provides access to other project staff on an as-needed basis.

Electronic data

- All electronic files for the Quality of Life survey are stored on the Improve Group server. The Improve Group server is accessible only to Improve Group staff through a user name and password.
- All electronic files with individual-level information such as identifying numbers, names, and other sensitive information are stored in a folder with access restricted.
- All electronic files, primarily Microsoft Excel workbooks, will be encrypted and password protected.
- All individuals included in the dataset will be assigned a proxy identification number for use in communication for the purposes of scheduling and monitoring project progress.
- Tapes and disks are not used as part of this project, but USB drives may be used to transfer data. The Improve Group has implemented a policy where all USB drives are encrypted and once data transfer has been obtained, files are erased from the USB drive. All USB drives are stored in a secure, locked file cabinet and are dedicated exclusively to project use.

Snap WebHost (Snap Surveys Ltd)

- All electronic consent forms and Quality of Life surveys will be completed and managed using Snap WebHost which runs on a web server. The two levels of security are through the

¹ <http://www.hipaa.com/2009/09/hipaa-protected-health-information-what-does-phi-include/>

installed Snap WebHost software, and security inherent in the underlying server which manages all connections to the outside world.

- The Snap WebHost Software includes software service security including data encryption and login password requirements. It also protects respondent data through encryption and storage in a proprietary database only accessible through authenticated sessions.
- The Snap WebHost service is resistant to environmental threats, service disruption, and software threats.
- Data on the Snap WebHost server is backed up nightly and stored in a secure facility in a separate location. Electronic records are maintained until deleted by the client, and can be only be restored within 24 hours if the deletion was in error, overwritten, or corrupted.

Physical Location

The Improve Group's offices are housed at: 700 Raymond Avenue, Suite 140 in St. Paul, Minnesota. The building is shared with other tenants, but the suite where the Improve Group's offices are housed and where materials are kept is only used by Improve Group staff. There is no loading dock directly attached to the office suite. The office suite is locked and access is restricted to Improve Group staff. During business hours, the office suite door is open for visitors, but is monitored by staff with offices near this main door. After business hours and at times when staff are not present to monitor the door, the door remains locked and a staff person must have a key to enter.

Physical Security

There are fire alarms throughout our office suite. These are maintained by our landlord and were most recently tested in December 2013. We have a security system that is monitored off-site. Each employee has a unique code to access the building. If the system is armed, police will arrive at the site.

Data Destruction

At the end of the survey administration, July 1, 2017, survey data and other relevant information will be handed over to OIO. The Improve Group will not hand over identifiable information on individuals to OIO. Identifiable data includes, but is not limited to, names, contact information, and birth dates. In order to allow time for OIO to identify any additional data needs, The Improve Group will store project records for a 6-month period after survey completion. In January, 2018 all sensitive data relating to the survey will be deleted from The Improve Group server.

Appendix E: Snap Survey Security Documentation

SNAP WEBHOST SECURITY POLICY



Should you require any technical support for the Snap survey software or any assistance with software licenses, training and Snap research services please contact us at one of our offices. Details can be found at www.snapsurveys.com or under About Snap in the Help menu of the software.



CONTENTS

POLICY INFORMATION	3
SNAP WEBHOST SECURITY SUMMARY	4
THE SNAP WEBHOST SECURITY POLICY	5
<i>Information policy for Snap WebHost</i>	5
Possible threats which have been considered	5
<i>The Snap WebHost software</i>	6
<i>The Snap WebHost service</i>	6
Snap WebHost service resistance to environmental threats	6
Snap WebHost service resistance to software threats	7
Data integrity and availability	8
<i>References</i>	8



POLICY INFORMATION

Organization	Snap Surveys Ltd
Registration no: (under data protection act)	Z6415584
Scope of policy	This policy applies to all offices of Snap Surveys
Policy operational date	September 2009
Policy prepared by	Rachel Ganz
Policy document reference	V4/R.Ganz/23/7/2015:10:39
Policy review date	2017
Classification	Public

Snap WebHost Security summary

SNAP WEBHOST SECURITY SUMMARY

- ISO 27001 Security certification
- EU (London, UK) and US based SAS 70 / SSAE 16 certified data centres

- Secure, encrypted questionnaire and report delivery via https
- All data encrypted at rest

- Permanent malware scanning
- Latest security updates applied
- Daily vulnerability scans
- Daily backups

- Strong user password policy
- Optional questionnaire login ID / password



THE SNAP WEBHOST SECURITY POLICY

The Snap WebHost Security Policy is based on the ISO/IEC 27000-series standard. This ensures that:

- Snap and Snap customers have business continuity in the case of major failures and disasters
- Access to information and information systems is controlled, and information is secure when in transit.
- The likelihood of user data being modified, lost or misused by unauthorized people is minimized.
- Snap staff are trained in the security policies to minimize possible damage from any errors or malfunctions.

Risk assessments include:

- What are the threats to the resource?

Examples of threats could be environmental (such as a power failure) or malicious (such as data theft)

- How vulnerable is the resource to those threats?
- How valuable is the resource to ourselves and to others?
- Would its loss or damage cause significant harm?

Risk avoidance has been balanced against risk management to ensure an effective solution which balances ease of use with data and software security.

Snap has achieved ISO 27001 security certification.

Information policy for Snap WebHost

The data on Snap WebHost is critical to Snap and our customers business.

Snap WebHost is software that runs on a web server. It therefore has two levels of security:

- that inherent in the Snap WebHost software
- that dependent upon the way the Snap WebHost software has been installed and the security of the underlying web server. Since it is the web server that manages the connections to the outside world, the web server and installation security are critical to the security of Snap WebHost

This document describes the systems in place to ensure the confidentiality, integrity and availability of data on Snap WebHost and the Snap WebHost service provided by Snap.

Possible threats which have been considered

To maintain data integrity, the following risks should be considered. The Snap WebHost service is resistant to all these threats. When customers install their own copy of Snap WebHost, they should check that their installation meets these standards.

The data can be lost. This could be due to:

- Malicious attack on software
 - Theft etc or hardware damage
 - Environmental damage (power outage etc)
-

The Snap WebHost Security Policy

- Act of God (lightning strike etc)
- Human error (deleted, overwritten etc)

The data could still be retained but be copied or stolen:

- By people external to the organization
- By people internal to the organization

The Snap WebHost software

Software service security

Snap WebHost consists of an administration service, a respondent service and a mailer service, all of which are managed by a control service via Windows SCM (Service Control Manager).

All services access the same survey data minimising duplication.

All data is encrypted at rest.

Snap WebHost uses web servers based on Microsoft's IIS Web server software in secure mode. The encryption level is set by the installer.

Login passwords to Snap WebHost must be six or more characters which include upper and lower case characters and at least one digit.

Respondent data security

Respondent data is stored in a proprietary database and only accessible via specific gatekeeper scripts requiring authenticated sessions.

Since respondent replies are not held in a SQL database, no respondent SQL injection attacks are possible.

Respondent data is encrypted at rest

The Snap WebHost service

Snap runs the Snap WebHost service in conformance with industry standards.

The Snap WebHost services reside on a single machine, communication between them is internal to the machine.

Snap WebHost service resistance to environmental threats

The Snap WebHost service is resident on a server hosted by [Rackspace](http://www.rackspace.com), (<http://www.rackspace.com>)

Rackspace

- is Quality assured with ISO 9001:2000 accreditation.
- is an authorized user of the N3 (NHS requirement) and has fulfilled Statement of Compliance with Connecting for Health.
- meets the Auditing Standards (SAS) number 70, Service organisations, SAS 70 Type II and has ISO 27001 registration.

Rackspace maintains the physical and environmental security of the data.

- The server is monitored by CCTV 24/7.
-



- Access to the server is restricted to trained and security-checked operations engineers with pass card and correct biometric ID.
- Air is circulated and filtered every 90 seconds.
- There are duplicated heating, ventilation and air controls to ensure that there is a system on standby ready to take over in case of failure.
- An advanced fire-suppression system is installed.
- The system runs on an uninterruptable power supply with regularly tested back-up generators. It guarantees uninterruptable access to the data.

Disaster Recovery

In the event of any level of service disruption, Rackspace ensures support, communications and infrastructure continuity to allow customers to maintain operational effectiveness.

- All offices contain personnel that are critical to the support of customer's hosted infrastructure
- A customer care call center is maintained and staffed 24/7/52
- Key personnel can be relocated and have the ability to support through VPN for secure remote access.
- Phone and email systems have been architected to provide redundancy and high availability in the event of disaster
- Data centers are equipped with the required components to remain operational such as:
 - ~ diesel generators to lessen the risk of long term utility power failures
 - ~ fire detection and suppression systems to appropriately contain the threat of fire
 - ~ heating ventilation air conditioning units to ensure consistent temperature and humidity.
- Periodic backups are performed to ensure customers meet their RTO. Offsite tape rotation is also offered.
- Fully redundant Cisco routing and switching equipment is utilized for its core networking infrastructure.

Snap WebHost service resistance to software threats

Prevention of unauthorized software access to the machine

The machine is behind a firewall which ensures that ports are protected.

Strong virus-protection software is used.

Permanent malware scanning is used.

Daily vulnerability scans are carried out.

Latest security updates are applied.

Security of data communication

The Snap hosted Snap WebHost server uses High-grade encryption on Internet connections.

All data uploads and downloads are carried out using SSL (https). All direct communication with Snap WebHost core service is carried out using SSL (https)

The Snap WebHost Security Policy

Security of researchers' passwords is dependent on the Snap WebHost installation. The Snap hosted Snap WebHost imposes strong password requirements.

Communication with respondents on the Snap hosted system is via SSL (https). Researchers can specify a login for data subjects to complete a specific survey. There are no Snap WebHost requirements on the security of this password.

Data integrity and availability

The Snap WebHost server is backed up nightly and stored in a secure facility in a separate location.

Electronic records are maintained until deleted by the client.

Records that have been deleted in error, overwritten or corrupted can be restored to the previous day's values within 24 hours.

Snap WebHost service is available 24/7. The hardware and supporting systems are monitored and service checked every 5 minutes. Snap WebHost software is checked every 10 minutes. In both cases, if a fault is identified, an engineer will be informed immediately.

References

Information security policy is covered by the standards: ISO/IEC 27000-series (equivalent to BS7799 in the UK)

See:

- <http://www.iwar.org.uk/comsec/resources/bs7799/works.htm>
- <http://security.practitioner.com/introduction/>
- http://en.wikipedia.org/wiki/ISO/IEC_27001
- WG3 standards:
 - 15408 Evaluation criteria for IT Security
 - 18045 Methodology for IT security evaluation

Both available via: <http://standards.iso.org/ittf/PubliclyAvailableStandards/index.html>

U.S. Acts that have applications in particular areas

Sarbanes-Oxley Act and Gramm-Leach-Bliley Act (Applies to US banking)

Full text of Sarbanes-Oxley Act at: <http://www.legalarchiver.org/soa.htm>

Appendix F: ISG Security Plan

Information Specialists Group, Inc. HIPAA Compliance Summary Statement

June, 2016

ISG controls and policies meet HIPAA compliance objectives as related to a business associate, following guidance of the National Institute of Standards and Technology (NIST), Risk Management Guide for implementing the HIPAA Security Rule, Special Publication 800-66, Revision 1 and the Department of Health and Human Services Offices of Civil Rights Audit Program Protocol.

Before detailing the measures ISG has taken to achieve HIPAA compliance, it is important to define the context with which we use personal health information (PHI) data. As a market research firm, ISG does not provide direct patient services for medical conditions of any type. Rather, we interact with a limited team within the client healthcare organization and deal with limited types of data for qualitative and quantitative study recruitment (typically telephone-based) and for analytical purposes – thereby minimizing potential risk of patient data privacy breaches and any subsequent adverse effect on the client healthcare organization or its patients.

With an ongoing commitment to protecting the PHI we receive, create, maintain or transmit, ISG has invested heavily in the infrastructure and operational practices of our organization. The following summarizes our levels of HIPAA compliance as it relates our physical office structure, technical resources, policies and administration. Adherence to and fulfillment of all policies is tracked documented, monitored, reviewed and revised as appropriate.

Physical Office Structure and Facility Access

ISG has a highly controllable office layout in a single location, single-floor and open floorplan. The building and office suite have 24-hour security measures in place, including cameras and key-coded suite and server room access.

Technical Resources

ISG employs data encryption and data segregation to protect PHI and ePHI. An SSL connection is used for PHI received via the ISG website to provide communication integrity and authentication using two-factor digital certificates. Individual workstations and laptops are protected by unique login credentials and 15-minute screen time-outs. All software is regularly updated, along with software to protect against viruses, malware and other security threats. ISG has an emergency plan to back-up, recover and restore material should ePHI systems become unavailable.

Information Access Management Policies and Procedures

Access to, use or transmission of PHI is limited to designated, authorized personnel only, using a unique user ID and password. Levels of access to PHI are determined by employee function and need to know. Survey team workstations do not hold ePHI. Patient identifying information is protected by assigning unique numeric codes to an individual, precluding use of names.

Administration and Workforce Security

Our designated a privacy officer manages all aspects of the HIPAA compliance program. All employees are trained and all sub-contractors engaging in applicable work must sign the sub-contractor agreement. Any breach or violation is documented, investigated and sanctioned as defined

in our human resources manual. ISG disables all points of access to PHI when an employee or sub-contractor relationship or project engagement terminates.

Glossary

Adult Foster Care: Individual waiver services provided to persons living in a home licensed as foster care. Foster care services are individualized and based on the individual needs of the person and service rates must be determined accordingly.

Advocate: Individual who has been designated by a person or a person's legal representative to speak on the person's behalf and help the person understand and make informed choices in matters related to identification of needs and choices of supports and services.

Blind: A condition in which affected individuals are totally blind and cannot see or are legally blind and have central visual acuity of 20/200 or less in the better eye with maximal correction, or a peripheral field of vision that is so contracted that its widest diameter subtends an angle no greater than 20 degrees.

Board and Lodge: Board and Lodge vary greatly in size, some resemble small homes and others are more like apartment buildings. They are licensed by the Minnesota Department of Health (or local health department). Board and lodges provide sleeping accommodations and meals to five or more adults for a period of one week or more. They offer private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities. Many offer a variety of supportive services (housekeeping or laundry) or home care services (assistance with bathing or medication administration) to residents.

Boarding Care: Boarding Care homes are licensed by the Minnesota Department of Health and are homes for persons needing minimal nursing care. They provide personal or custodial care and related services for five or more older adults or people with disabilities. They have private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities.

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 that provides specialized services for persons with BI, or who require the level of care provided in a neurobehavioral hospital

Center Based Employment: Programs that provide opportunities for individuals with disabilities to learn and practice work skills in a separate and supported environment. Participants may be involved in the program on a transitional or ongoing basis, and are paid for their work, generally under a piecework arrangement. The nature of the work and the types of disabilities represented in the workforce vary widely by program and by the area in which the organization is located.

Common Entry Point (CEP): Every county has a common entry point to take reports of suspected abuse and maltreatment of vulnerable adults (VA). The common entry point is available 24 hours a day.

Community Alternative Care (CAC) Waiver for chronically ill and medically fragile people who require the level of care provided in a hospital

Community Alternatives for Disability Inclusion (CADI) Waiver for people with disabilities who require the level of care provided in a nursing facility

Community Residential Setting (CRS): Community residential settings are licensed under 245D (245D-CRS). These are residential sites where one of the 245D services listed here is provided to all residents of the home and the license holder does not live in the home. The county agency performs some of the licensing functions for these sites.

Competitive Employment: Employment in which the employee is compensated at or above the minimum wage and is employed on a full - time or part - time basis in an integrated and competitive labor market.

County of Financial Responsibility (CFR): County responsible for payment of a person's social services. The CFR is typically the county of residence.

County of Service: County arranging for or providing social services to a person.

Customized Living: Package of regularly scheduled individualized health-related and supportive services provided to a person residing in a residential center (apartment buildings) or housing with services establishment.

Day Training and Habilitation (DT & H): Licensed supports to provide persons with help to develop and maintain life skills, participate in community life and engage in proactive and satisfying activities of their own choosing.

Deaf: Partial or complete hearing loss, generally in the severe to profound range, that is present at birth or occurs later in life. Functionally, individuals who are termed "deaf" are unable to hear well enough to rely on their hearing and use it as a means of processing information.

Deaf-Blind: A disability that is characterized by a combination of hearing and visual impairments.

Developmental Disabilities (DD) Waiver for persons 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)

Disability: Inability to engage in substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to last for a continuous period of not less than 12 months. To be eligible for one of the waiver programs, the Social Security Administration or the State Medical Review Team (SMRT) must certify the person as disabled.

Dual Diagnosis: A condition in which individuals have a diagnosed mental illness which interferes with their functioning in a substantial way in combination with a chemical dependency problem which aggravates their ability to become stabilized or recover.

Foster Care: Individual waiver services provided to persons living in a home licensed as foster care. Foster care services are individualized and based on the individual needs of the person and service rates must be determined accordingly.

Group Residential Housing (GRH): State-funded, income-supplement program that pays for room and board costs for low-income persons who have been placed in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.

Guardianship: Court-ordered or confirmed protective arrangement whereby an interested person or party is nominated and appointed as a guardian for an incapacitated person for the purpose of managing the personal care and affairs of a person.

Hard of Hearing: A mild to moderate hearing loss that may be congenital or occur in the prelingual period but is not of sufficient severity to preclude the development of some spoken language; or which is acquired later in life after speech has been developed. Functionally, individuals who are termed "hard of hearing" have some hearing, are able to use it for communication purposes, and feel reasonably comfortable doing so.

Home and Community-Based Services (HCBS) Waiver: Services not normally covered by MA, which are covered under a 1915 (c) federally funded waiver program or through state funds. HCBS waivers allow states flexibility to cover virtually all long-term care services that persons with disabilities need to live independently in home and community settings. States may operate several 1915 (c) HCBS waiver programs at once, each offering a distinct package of services and supports to a different group of persons.

Inclusion: When persons with disabilities are not only in the same place as persons without disabilities but also participate in the same activities at the same time. See also Community Inclusion.

Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD): Residential facility licensed as a health care institution and certified by the Minnesota Department of Health to provide health or rehabilitative services for persons with developmental disability or a related condition who require active treatment.

Lead agency is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

Least Restrictive Environment: Environment where services: Are delivered w, intrusion, disruption or departure from typical patterns of living available to persons without disabilities. Do not subject the person or others to unnecessary risks to health or safety and Maximize the person's level of independence, productivity and inclusion in the community

Legal Guardian: Person with legal authority and duty to act on behalf of the ward as a substitute decision-maker to care for personal and property interests of another person.

Legal Representative: Parent or parents of a person under 18 years of age, guardian, conservator, guardian ad litem (authorized by the court) or other representative legally authorized to act on behalf of a person, including the right to make decisions about services for the person.

Licensed Provider: Provider who chooses to participate in Minnesota Health Care Programs and who meets professional requirements and/or licensure requirements as set forth in applicable state and federal laws and regulations.

Nursing Facilities: Inpatient health care facilities that provide nursing and personal care over an extended period of time (usually more than 30 days) for people who require convalescent care at a level which is less than that provided in an acute facility and/or for chronically ill or frail elderly individuals or people with disabilities.

Olmstead Decision: 1999 decision by the U.S. Supreme Court concerning two women from Georgia that played a major role in the expansion of consumer-directed services in Minnesota as well as other states. Because of the decision, called *Olmstead vs. L.C.*, all public entities are required to administer their programs “in the most integrated setting appropriate to the needs of qualified persons with disabilities.”

Olmstead Implementation Office (OIO): The Olmstead Implementation Office (OIO) was created by the Olmstead Sub-Cabinet to assure the “Promise of Olmstead” becomes a reality. The OIO is responsible for making sure the vision, goals, and time-sensitive tasks of the plan are achieved. Overseeing the Quality of Life Survey is one of the OIO’s responsibilities. The OIO will report the survey progress and results to the Olmstead Sub-Cabinet.

Place of residence: Non-certified boarding care homes eligible for Group Residential Housing (GRH) room and board payments

Primary spoken languages: Languages other than English most commonly spoken by DHS clientele, as identified by the DHS’ methodology workgroup. Currently there are 10 primary languages: Arabic, Hmong, Khmer (Cambodian), Lao, Oromo, Russian, Serbo-Croatian (Bosnian), Somali, Spanish and Vietnamese.

Provider: Person, organization or entity that has entered into an agreement with DHS to provide health services including waiver services to Medical Assistance (MA) or Alternative Care (AC) eligible persons.

Self-Determination: Person, or his or her authorized representative, makes his/her own decisions, plans his/her own future, determines how money is spent for his/her supports and takes responsibility for the decision he/she makes. Self-Determination is a guiding principle behind Consumer-Directed Services.

Supervised Living Facility (SLF): Facility that provides supervision, lodging, meals, counseling, developmental habilitation or rehabilitation services under a Minnesota Department of Health license to five to more adults who are mentally retarded, chemically dependent, mentally ill or physically handicapped.

Vision Impairment: Eye, optic nerve or brain malfunctions which prevent affected individuals from seeing normally. Eye disorders that can lead to visual impairments include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders and infection.

Sources:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000801

https://www.minnesotahelp.net/public/taxonomy_glossary.aspx?code=YF-5000.2100

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Crisis Services
Workplan Activity	1A.1
Workplan Description	Report to the Subcabinet semi-annually on the status of crisis service reform implementation
Deadline	June 30, 2016 (semi-annually thereafter)
Agency Responsible	DHS
Date Reported to Subcabinet	June 27, 2016

OVERVIEW

There are three primary ways that the Department of Human Services (DHS) is pursuing the crisis goals of the Olmstead plan: preventing personal crisis, managing crisis situations, and accelerating a person's return to community after a crisis. Additionally DHS is working to increase the availability of crisis technical assistance in the community.

The following activities are efforts underway to reform the crisis system for people with disabilities:

PREVENTING CRISIS: Prevention-related initiatives are being undertaken to reduce the number of personal crises that can threaten people's ability to live, work and socially engage in their community.

- Implementation of Person-Centered Planning, Informed Choice and Transition Protocols, and Positive Supports
 - The Person-Centered Planning, Informed Choice and Transition Protocol can be used to develop individual crisis prevention and management plans to improve transitions as people move to more integrated home, work and school settings.
 - Use of positive supports can increase the capacity to serve people with challenging behaviors.
- Increase housing with supports funding for individuals with serious mental illness to help maintain housing
 - Housing with Support funding increased from \$1.5 M in 2015 to \$3.0 M in 2016 and \$4.55 M in 2017.
 - The number of persons targeted for Housing with Support services in 2015 was 459. The projected number of additional persons with the increased 2016 funding is 372.
- Increase access for children to mental health practitioners representing their cultural and ethnic minority community

[AGENDA ITEM 7a2]

- A Request for Proposal was published with proposals due on June 6, 2016. The response from the community was overwhelming and vastly exceeded available resources.

MANAGING CRISIS SITUATIONS: the focus of initiatives in this category relates to effective and timely response when a personal crisis does occur in order to prevent loss of placement/housing or a move to a more restrictive or segregated setting.

- Expand mobile mental health services to all 87 counties
 - More than \$13.6 million grants were awarded to local service providers. The goal is to offer the mobile mental health services 24hours per day in every county by 2018.
 - Grants to provide mobile crisis services have been awarded to the Leech Lake Band of Ojibwe and the Red Lake Nation.
 - White Earth Nation currently provides crisis services in partnership with Becker County.
- Expand Intensive Residential Treatment Services (IRTS) and Residential Crisis Stabilization programs
 - IRTS beds can divert many individuals from hospitalization and can provide a transition for adults with serious mental illness from hospitalization to community.
 - “Sustainability” grants are being finalized to support IRTS and Residential Crisis Stabilization programs. The grants are intended to address uncompensated room and board costs as well as support health and safety improvement projects including adding staff positions.
 - Work is underway with two providers to develop new intensive residential treatment services. Both providers intend to offer residential crisis stabilization services.
- Expand Residential stabilization services statewide
 - The crisis expansion grants are expected to result in approximately 14 beds statewide including 6 beds in rural Minnesota.
 - Develop children’s mental health crisis residential services that will allow for timely access without requiring county authorization or children welfare placement. Publishing RFP to contract with a vendor to develop recommendations in consultation with stakeholders on funding with anticipated selection of providers by July 1, 2016.
 - Identify the number, location and capacity of qualified providers able to provide in-home crisis respite services. A Request for Proposal was released on March 26, 2016 and are being accepted and reviewed on an ongoing basis until at least March 26, 2017.
- Single Point of Entry
 - Triage system currently focuses on persons with developmental disabilities who are in crisis and at risk of losing their community placement.
 - At this time the Single Point of Entry team is comprised of staff from three divisions in the Department of Human Services: Direct Care and Treatment, Mental Health and Disability Services.

[AGENDA ITEM 7a2]

- Meetings occur daily to review information regarding newly entered individual(s). The purpose of the review is to assign a lead DHS program for any internal coordination that needs to be initiated, to begin addressing immediate needs and to begin work addressing his or her housing placement crisis.
 - An individual will receive ongoing follow-up and escalation of services, if necessary, until the individual's crisis is resolved.
 - This will be expanding by the end of CY2016 to include persons with a mental illness.
- Increase access to psychiatric residential services for individuals under the age of 21.
 - A Request for Proposal was published on June 1, 2016 seeking providers qualified to provide the Psychiatric Residential Treatment Medicaid Benefit. Proposals were due June 13, 2016.

QUICKLY REINTEGRATE TO THE COMMUNITY FOLLOWING A CRISIS: The third category of initiatives reflect the goal for people to reintegrate to their community as quickly as possible following a crisis.

- Expand availability of short-term, residential crisis services in their community for people with intellectual or developmental disabilities.
 - A Request for Proposals was issued on April 18, 2016. Responses were due on May 26, 2016, with successful responders to be identified soon.
 - The expected outcome is the development of new licensed foster care homes adding licensed capacity to serve up to 40 people in community residential settings.
 - This service will provide people with disabilities in need of behavioral stabilization an option other than hospitalization or other segregated settings. The new service requires comprehensive stabilization and transition services to enable people to return to their homes or other integrated living and support environments as quickly as possible.
 - Targeted outreach was done to increase RFP responses from providers that serve diverse populations.
 - Upon release the RFP was shared for distribution with the Cultural and Ethnic Communities Leadership Council, The Minnesota Association of Centers for Independent Living, and internal DHS staff that work on multicultural outreach and work with multicultural populations.
 - The RFP was also shared with the University of Minnesota list serve, which posted the RFP to multiple listing groups focused on culture, diversity and disability. This list serve reaches the University of Minnesota sites throughout the state.

INCREASE AVAILABILITY OF CRISIS TECHNICAL ASSISTANCE (TA) IN THE COMMUNITY

- Department of Human Services has developed a schedule for TA visits to every team in the state. These visits have begun.
- Ensure crisis technical assistance services are available where they are needed statewide.

[AGENDA ITEM 7a2]

- Training around Intellectual and Developmental Disability/ Traumatic Brain Injury (IDD/TBI) started with a kick-off on April 1st with the next training scheduled for June 16th. Training and consultation planning continues, and many trainings and topics have already been identified and are in the process of being scheduled.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Crisis Services
Workplan Activity	3B.4
Workplan Description	Report to the Subcabinet semi-annually on the status of implementation of the Forensic Assertive Community Treatment (FACT)
Deadline	June 30, 2016 (semi-annually thereafter)
Agency Responsible	DHS/DOC
Date Reported to Subcabinet	June 27, 2016

OVERVIEW

Assertive Community Treatment allows a person with mental illness to receive services in the most integrated community setting, stay out of the hospital, supports competitive employment, and independent community living. Forensic Assertive Community Treatment (FACT) is a specialized program that will serve individuals with severe mental illnesses who are transitioning and re-entering the community from correctional facilities. This is a highly underserved population with complex challenges that require a high level of treatment, rehabilitation and services in order to more successfully re-integrate back into their communities.

The 2015 legislature allocated resources to pilot one FACT team, and it was determined jointly by Department of Human Services and the Department of Corrections to locate this pilot in a metro county. Since 2015, we have been working toward the creation of a FACT team. Below is a list of activities completed toward the goal of establishing a FACT team.

- July – October 2015:
 - Met with nationally recognized consultants on FACT
 - State agency and County staff met with consultants to review current resources and needs for successful FACT team implementation
 - Received support for FACT pilot from Hennepin and Ramsey County Service Directors
- February – April 2016:
 - Issued a Request for Proposals for a FACT Team provider in Hennepin and Ramsey Counties
 - Received and evaluated three proposals
- May – June 2016
 - Completed contract negotiations with South Metro Human Services
 - Fully executed FACT contract with South Metro Human Services

[AGENDA ITEM 7a4]

- Next Steps
 - Execute National FACT consultant contract: mid-June
 - FACT team with South Metro Human Services begin recruiting staff for a July 1, 2016 start date

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Positive Supports
Workplan Activity	1C.7
Workplan Description	Report to the Subcabinet semi-annually on the status of implementation of the Statewide Plan
Deadline	June 30, 2016 (semi-annually thereafter)
Agency Responsible	DHS
Date Reported to Subcabinet	June 27, 2016

OVERVIEW

Minnesota's Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports was approved by the Olmstead Subcabinet on February 9th, 2015. The Statewide Plan for Positive Supports (Statewide Plan) serves as a framework for implementing positive support practices statewide, with the primary focus for implementation on training and technical assistance. The Statewide Plan is a collaboration between the Department of Human Services (DHS) and the Department of Education (MDE) and will expand to Department of Employment and Economic Development (DEED) and the Department of Corrections (DOC) in the summer of 2016.

WORK OF THE STATEWIDE PLAN

The work of the Statewide Plan is carried out by several workgroups: Policy Inventory, Communications and Marketing, and Training and Technical Assistance. Below is an update on the progress of their work:

Policy Inventory

- Completed inventory of restrictive procedures used by the DHS and MDE
- Created a document of key terms related to positive supports and restrictive procedures
- Cross-walked key terms associated with positive practices and restrictive procedures in order to gain a clear picture of practices across agencies, and where consistencies and inconsistencies in terminology exists.

Communications and Marketing

- Launched MNPSP.org website on May 2, 2016
 - MNPSP.org offers positive supports resources, materials and information housed in one location and aimed at a variety of audiences
 - MNPSP.org serves as the home of the Positive Support Manual
 - Adding the website resource to current training documents
 - Providing information about MNPSP.org to internal and external audiences

[AGENDA ITEM 7a5]

- In conjunction with promoting MNPSP.org, the State is developing additional opportunities, such as conferences, stakeholder groups, webinars and promotional materials, to market and increase awareness of positive supports to people, their families and providers.

Training and Technical Assistance

- Designing a technical assistance infrastructure for positive supports in Minnesota with an initial focus on person-centered practices and positive behavior supports.
- Expanding the current trainings offered in Minnesota.
- Formed four associated subgroups and the progress of their work includes:
 1. Credentialing
 - Developed survey to identify person-centered service capacity in Minnesota
 - Compiled results and determining next steps
 - Proposed a credentialing system for person-centered facilitation certification
 - Proposed certification process currently under review by DHS
 2. Evaluation
 - Developed evaluation tools to pilot in the 2016 person centered/positive behavior supports combined training
 3. Infrastructure
 - Developing a regional training model that integrates both person-centered practices and positive behavior supports into combined training
 - First cohort of training began in June 2016
 4. Standards of Practice
 - Developed a standards of practice document for person-centered practices for use at both the individual and organizational level
 - Used as the basis for the Person-Centered, Informed Choice and Transition protocol

NEXT STEPS

- Expand collaboration by incorporating DOC and DEED
- Integrate the values of person-centered practices and equity throughout DHS agency operations
- Continue to involve stakeholders, particularly families, self-advocates and other community members in the work of the Statewide Plan.
- Expand training opportunities and technical assistance statewide in the area of person-centered practices and positive supports

Semi-Annual Olmstead Waiver Waiting List Report

Disability Services Division

May 2016

[AGENDA ITEM 7a6]

I. Introduction

Minnesota's Olmstead Plan is a roadmap to help people with disabilities live, learn, work and enjoy community life. Having access to the right services at the right time allows this vision to become a reality. Reforming how Minnesota manages disability waiver waiting lists is a critical component to realizing the promise of Olmstead and improving the ability for people to live in community settings.

The Department of Human Services has changed how it manages home and community based services to:

- Reduce and, when possible, eliminate waiting lists;
- Base waiver access on urgency of need and reasonable pace for waivers with waiting lists; and
- Inform people who are waiting of how long the wait for waiver services may be.

With these changes, supported by increased authority and funding by the 2015 legislature, the waiting list for the Community Access for Disability Inclusion (CADI) waiver is anticipated to be eliminated by October 2016, and the Developmental Disabilities (DD) waiver waiting list has been reduced. Those remaining on the DD waiting list will have more information about when they can expect to receive services.

This report is submitted to Minnesota's Olmstead Subcabinet pursuant to [Minnesota's Olmstead Plan Workplan \(PDF\)](#) (Waiting List activities 1F and 2C.2) to provide information about the status of the DD waiver waiting list reforms. It includes information required by Workplan activities 1F and 2C.2. This report is completed on a separate data schedule than the quarterly reports to the Subcabinet. Data contained in future quarterly reports will be updated from what is reported in this report.

A. Background

In Minnesota, waiver service waiting lists occur because waiver budgets are limited by:

- The number of people the federal government approves in the state waiver plans
- The amount of funding the legislature appropriates for the state share of the service costs.

Waiting lists are created when people who are eligible for the waiver service do not have immediate access to the service because of funding limits. Other services for people with disabilities may be provided while they are on the waiting list for waiver services. Minnesota's DD and CADI waivers have a waiting list.

Minnesota's Olmstead Plan seeks to improve access to home and community-based waiver services. The Plan establishes five waiver waiting list goals:

- **Goal One:** By October 1, 2016, the CADI waiver waiting list will be eliminated.
- **Goal Two:** By December 1, 2015, the DD waiver waiting list will move at a reasonable pace.

[AGENDA ITEM 7a6]

- **Goal Three:** By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with an immediate need as defined by Minnesota statute.
- **Goal Four:** By December 1, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.
- **Goal Five:** By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.

II. Components of CADI Waiver Waiting List Reform

Recently, the Minnesota Legislature appropriated sufficient funding to eliminate the CADI waiver waiting list. Accordingly, DHS directed lead agencies to eliminate their CADI waiting lists by October 1, 2016. In order to accomplish this goal, DHS has provided additional waiver financial resources and technical assistance to lead agencies that required it.

Because of these efforts, the CADI waiver waiting list has decreased significantly. The most recent quarterly report indicated that the CADI waiting list decreased from 1,428 people in March 2015 to 193 people in March 2016. DHS is on track to eliminate the CADI waiting list by October 1, 2016, as specified in Goal One.

[AGENDA ITEM 7a6]

III. Components of DD Waiver Waiting List Reform

The changes made to the DD waiver waiting list include two related components:

- Waiting list urgency of need categories
- Reasonable pace standards

Both of these components are described in Minnesota's Olmstead Plan and are based on Minnesota law.

A. Urgency of Need Categories

In the Olmstead Plan, four categories were established to organize the DD waiver waiting list. These categories are based on priorities in [Minnesota Statutes §256B.092, subdivision 12](#). The category that best defines a person's urgency of need for the DD waiver is based on information gathered during that person's assessment and document on a department-provided form. The lead agency notifies the assessed person of their urgency category.

Categories

The four urgency of need categories are:

- **Institutional exit:** This category includes people who currently reside in an institutional setting who indicate they are not opposed to leaving that setting. People in this category also would like to receive home and community-based services.
- **Immediate need:** This category includes people who meet prioritization criteria established in Minn. Stat. §256B.092, subd. 12. The applicable criteria include individuals 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 living arrangement
 - Require protection from confirmed abuse, neglect, or exploitation
 - Experience a sudden change in need that can no longer be met through state plan services or other funding resources alone.
- **Defined need:** This category includes people who have an assessed need for waiver services within one year of the date of assessment.
- **Future need:** This category includes people who do not have a current need for waiver services or who do not currently 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. We do 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 during the year. This may allow for their category to be updated to reflect this change in need.

[AGENDA ITEM 7a6]**B. Reasonable Pace Standards**

“Reasonable pace standards” are defined as the number of days a person can expect to wait between the date of their assessment and the date when the lead agency approves waiver funding. The department 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, the department contacts the lead agency to address the situation.

A person’s waiting list category determines the corresponding reasonable pace standard. The reasonable pace standards for the four urgency of need category 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 it is not a part of the waiting list

[AGENDA ITEM 7a6]**IV. Preliminary Data**

Beginning December 1, 2015, lead agencies must determine and assign categories for people placed on waiting lists. Following this date, people who do not start the DD waiver receive a waiting list category as they are assessed and/or reassessed. The department expects that all people on a DD waiting list will be reassessed and have a category by December 1, 2016.

This report uses data collected between December 1, 2015 and May 1, 2016.

A. Urgency of Need Categories

Since December 1, 2015, 520 people received a DD waiver waiting list category after their assessment. This does not include people who received an assessment and met the future need category. Of those 520 people, 314 of those people are currently on a waiting list and are waiting to be approved for funding, while 95 people have started the DD waiver after being on the waiting list (see Table 6). Table 1 shows how these 314 people are distributed among the three categories.

Table 1: Current Categories of the DD Waiver Waiting List

Category Name	Number of People Waiting for Funding	Proportion of Total
Institutional exit	29	9.2%
Immediate need	56	17.8%
Defined need	229	73%
Total	314	100%

The number of people who have met category criteria has grown since DHS began collecting it. Table 2 displays the number of people who met the criteria of a category, listed by month since implementation began. Please note, people who were approved for funding or left the waiting list for other reasons are included in this data. As a result, these numbers will not add to the data shown in Table 1.

Table 2: People Added to the DD Waiver Waiting List, by Month

Category	December	January	February	March
Institutional exit	5	9	10	16
Immediate need	26	39	38	49
Defined need	63	60	73	132
Total	94	108	121	197

People who meet the criteria of the future need category are not on a DD waiver waiting list. However, the department collects data for people in this category. Lead agencies may also view information about people with future needs using the shared web-based tool. Table 3 displays the number of people who were added to the future need category, each month since implementation began, who would have been on a DD waiver waiting list prior to December 1, 2015.

[AGENDA ITEM 7a6]**Table 3: People Added to Future Need Category,
by Month**

Month	Number of People
December	114
January	132
February	150
March	127
Total	453

The latest quarterly report to the Olmstead Subcabinet showed that the size of the historic DD waiver waiting list was 3,043 people. Five months into implementation of the DD waiver waiting list categories, 314 people are on a DD waiver waiting list and 453 people have met the criteria for the future need category. While many factors could change these distributions between this report and December 2016, the department anticipates the December 2016 waiting list will be smaller and more accurately reflect the statewide need for the DD waiver than the historic waiting list.

B. Reasonable Pace Standards

Minnesota lead agencies receive monthly information about whether people on their DD waiver waiting list are waiting for funding. Table 4 displays the number of people, by category, waiting for funding and the number of people who have been approved for funding, and are planning their waiver services, as of May 1, 2016.

Table 4: People Approved or Waiting for DD Waiver Funding

Category	Number of People Approved for Funding from Waiting List	Number of People Waiting for Funding on Waiting List	Total People Approved or Waiting
Institutional exit	8	29	37
Immediate need	47	56	103
Defined need	101	229	330
Total	156	314	470

Using a web-based tool, lead agencies may access daily updates on a person's category and the number of days since a person on a waiting list was assessed. Using this information, lead agencies must then approve waiver funding according to the applicable reasonable pace standard. DHS provides technical assistance to lead agencies that are unable to meet reasonable pace standards for people in the institutional exit or immediate need categories.

Table 5 provides more detail on the reasonable pace standards of the people detailed in table 4. The two leftmost columns of table 5 display the number of people who were approved for funding, and their relation to reasonable pace standards. The two rightmost columns display the number of people still waiting for funding, and their relation to reasonable pace standards.

[AGENDA ITEM 7a6]**Table 5: Reasonable Pace Standards for People who are not yet Receiving DD Waiver Services**

Category	Number of People Approved for Funding, Meeting Reasonable Pace Standard	Number of People Approved for Funding, Not Meeting Reasonable Pace Standard	Number of People Waiting for Funding Less than 45 days	Number of People Waiting for Funding Exceeding 45 days
Institutional exit	7	<5	10	19
Immediate need	30	17	22	34
Defined need ¹	83	18	89	140
Subtotal	120	36	121	193
Total	156		314	

Of the people who have been approved for funding, 120 (77%) were approved for funding within 45 days of their assessment. Within the categories, 7 (88%) people in the institutional exit category, 30 (64%) people in the immediate need category, and 83 (82%) people in the defined need category were approved for funding within 45 days.

Of the people who are waiting for funding, 121 (39%) have been waiting less than 45 days. Within the categories, 10 (35%) people in the institutional exit, 22 (39%) people in the immediate need, and 89 (39%) people in the defined need category had been waiting less than 45 days as of May 1, 2016.

The department has contacted the 13 lead agencies of the 53 people waiting for funding in the institutional exit and immediate need categories who have been waiting over 45 days. Lead agencies have been instructed to approve funding for these people or seek technical assistance regarding person-specific issues.

Lead agencies have been asked to contact DHS if they do not have sufficient capacity in their DD waiver budget to approve funding for people in the institutional exit or immediate need categories. DHS will then determine what actions can be taken to make funding available for people in these categories. Several lead agencies have used this process to obtain additional resources for persons in the institutional exit and immediate need categories.

Table 6 shows the number of people who have started DD waiver services after having a waiting list category.

Table 6: Reasonable Pace Standards for People who are Receiving DD Waiver Services

Category	Number of People Meeting Reasonable Pace Standard	Number of People Not Meeting Reasonable Pace Standard
Institutional exit	8	0
Immediate need	41	6
Defined need ²	25	14

¹ People in the defined need category may not meet a 45-day standard if funding is not available.

² People in the defined need category may not meet a 45-day standard if funding is not available.

[AGENDA ITEM 7a6]

Category	Number of People Meeting Reasonable Pace Standard	Number of People Not Meeting Reasonable Pace Standard
Total	75	20

Throughout implementation, lead agencies must also continue to approve funding for people who have not been categorized, but were on the DD waiver waiting list prior to December 1, 2015. The department is determining methods of ensuring that these people have an urgency of need that would result in waiver access had they otherwise been categorized. However, after December 1, 2016, people outside of the three waiting list categories will be recognized as meeting future need criteria.

Lead agencies must also anticipate that a person in the institutional exit or immediate need categories may enter their waiting list later this budget year. Accordingly, lead agencies may decide to approve funding for people in the defined need category later this year when they have determined whether funding is available to serve all people in the institutional exit and immediate need categories.

[AGENDA ITEM 7a6]

V. Cost to Eliminate the Waiting List

Through these categories, there will be more accurate information on the number and level of need for people on the waiting list. This will allow the department to provide an improved cost estimate in the future. Meanwhile, quarterly reports will be submitted to the Olmstead Subcabinet with information on DD waiver waiting list categories and reasonable pace standards.

The department completed an estimate of the cost to eliminate the waiver waiting lists in a December 2014 report to the Legislature, titled [Report on Program Waiting Lists \(PDF\)](#). An updated estimate of the cost to eliminate the DD waiver waiting list will be available when more data is available and included in the December 2016 report.

[AGENDA ITEM 7a6]

VI. People on Other Waivers who are Eligible for the DD Waiver

The department is currently assessing methodologies to determine who is on another waiver and may be served more appropriately by the DD waiver. Making a definitive determination of the number of people who may be underserved by their current waiver services is challenging given currently available data.

The department continues to analyze this issue and will provide more information in future reports.

VII. Workplan for the Analysis of Baseline Data

The department continues to collect DD waiting list category data in order to establish a baseline. In coming months, DHS will develop a workplan to analyze baseline data, which will include:

- 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
- The funding required to eliminate the waiting list
- Recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings.

A summary of this planned analysis will be included in future reports.

This workplan, plus the reported on activities in this report, all will help achieve the vision of individuals who qualify for home and community base waiver serves being approved at reasonable pace so that they may live successfully in the community.

Additional Handouts

Olmstead Subcabinet Meeting

June 27, 2016

CONTENTS

DHS News Release3

Crisis Services Goals 4 and 5 - Blackline version.....5

Quality of Life Survey Administration Plan PowerPoint.....13

Health Care and Healthy Living PowerPoint.....19



DHS News Release - Statewide hotline takes reports of vulnerable adult abuse

Minnesota Department of Human Services sent this bulletin at 06/16/2016 11:36 AM CDT

June 16, 2016

Contact:

Katie Everist
Communications
651-431-5605
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Statewide hotline takes reports of vulnerable adult abuse

Public awareness campaign launched on World Elder Abuse Awareness Day

Starting this summer, Minnesotans will be reminded that they could make the difference in stopping maltreatment of vulnerable adults.

Human Services Commissioner Emily Piper this week introduced a public awareness campaign promoting the Minnesota Adult Abuse Reporting Center, the state's single toll-free hotline to report suspected maltreatment of vulnerable adults, including older adults and individuals with disabilities. The new center consolidates 169 county phone numbers into one toll-free number, 1-844-880-1574, that any Minnesotan can call 24 hours a day, seven days a week to report abuse.

"This single statewide hotline serves as an important line of defense against the abuse, neglect and financial exploitation of some of our most vulnerable neighbors, friends, and family members," said Piper. "I encourage all Minnesotans who suspect abuse of vulnerable adults to use this hotline."

The public awareness campaign, "The Power of Could," publicizes the hotline by depicting signs of possible maltreatment, prompting questions of whether the situation "could be nothing" or "could be maltreatment," and highlighting how reporting abuse could make a big difference for a vulnerable adult. Radio ads, videos, social media and print materials will carry the message. Examples are on the [Adult Protection resources page](#).

Piper made the announcement Wednesday, June 15, at the annual World Elder Abuse Awareness Conference at the University of Minnesota Continuing Education Center in St. Paul and read a [proclamation from Gov. Mark Dayton](#) declaring June 15 World Elder Abuse Awareness Day in Minnesota.

"Older adults and people with disabilities are at a higher risk of abuse than the general adult population, and maltreatment of these individuals is underreported," Piper said. "Data collected by the Minnesota Adult Abuse Reporting Center over time will help focus future prevention efforts to improve safety and quality of life for people with disabilities and older adults."

The Minnesota Adult Abuse Reporting Center currently receives about 1,000 reports of suspected maltreatment a week. It assesses reports for immediate risks, makes all necessary referrals and promptly submits reports to the appropriate investigative agency. Mandated reporters, including health care professionals and law enforcement, can now also make reports at a single web location.

Many vulnerable adults are reluctant to report and, when asked about it directly, may even deny that they have been harmed. Abuse can occur anywhere, from a person's own home to a nursing home or another place where they receive services or spend time. Maltreatment takes many forms, including caregiver neglect and self-neglect, which are the most commonly reported forms of abuse in Minnesota. The more than 40,000 cases of maltreatment reported in Minnesota in 2015 also included financial exploitation and physical, sexual, emotional and mental abuse.

Signs of abuse

Warning signs of abuse can include bruises, black eyes, broken bones, burns or cuts, internal injuries, infections, changes in mental functioning or behavior or injuries that are unexplained or are not consistent with the explanation given. Signs of neglect can include dehydration, weight loss, malnutrition, pressure sores, poor hygiene, depression, repeated falls, incontinence and isolation.

Financial exploitation can be indicated by bills going unpaid, individuals losing access to their own money or being asked to sign unfamiliar documents, changes being made in a will, transfer or sale of assets and missing personal property, such as cash, checks, credit cards, jewelry and furniture.

More information is available at mn.gov/dhs/adult-protection.

Proposed Baselines and Measurable Goals

Crisis Services 4 and 5

The Court's order of 9-29-15 adopted the Olmstead Plan. In the Plan there are two remaining measurable goals that lacked sufficient data to set baselines and annual goals. The Plan required these to be set at points in the future. The attached document includes the two proposed baselines and annual goals.

These will be presented to the Subcabinet for review and provisional approval at the June 27th meeting.

These provisionally approved goals and baselines will be incorporated in the Plan modification process beginning in December of 2016.

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[AGENDA ITEM 6a]

CRISIS SERVICES GOAL FOUR: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

Annual Goal

- By February, 2016 a baseline and annual goals will be established
-

This measure represents the percent of people on Medical Assistance (MA) who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, what percent of people were housed, not housed or in a treatment facility.

Because these are two distinct data points, it makes sense to establish separate goals for each.

PROPOSED GOAL A

Proposed Baseline A: In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.

Proposed Goal A: Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.

PROPOSED GOAL B

Proposed Baseline B: In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.

Proposed Goal B: Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.

[AGENDA ITEM 6a]**Additional Background Information:**

Fiscal Year	# of people who went to a hospital due to crisis and discharged	#/percent who received community services within 30-days after discharge		Number/Percent housed within 5 months after hospital discharge						
				Housed [±]	Not Housed	Treatment Facility	Not using public programs	Deceased	Unable to Determine <u>type of Housing</u> [±]	Total
2014	14,891	13,187	88.56%	12,052	1,036	832	546	116	309	14,891
				80.94%	6.96%	5.59%	3.67%	0.78%	2.07%	
2015	13,786	12,298	89.21%	11,290	893	672	517	99	315	13,786
				81.89%	6.48%	4.87%	3.75%	0.72%	2.29%	

Rationale:

- This measure represents the percent of people who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, the percent of people housed, not housed or in a treatment facility.
- Once the analysis of the data for this goal area was underway it was determined that this goal requires measuring two distinct data points: (A) people who received services in the community after a discharge from the hospital and, (B) those who are housed after a discharge from the hospital.
- DHS looked at the trend data for the past four fiscal years (2012 – 2015) in order to establish the first goal for this measure (Number/Percent who received community services within 30-days). Trend data from fiscal years 2014 and 2015 was used to establish the goal for the second part of the measure (Number/Percent housed within 5 months after hospital discharge).
- The department is not able to obtain person level detail information from hospitals about individuals who no longer meet the hospital level of care, but are not able to discharged because there is no place to discharge to. Without having person level detail data, the department is unable to track all the components of this measure over time. Additionally, there is no current definition of what permanent, stable housing means and no way to systematically track that within any existing systems.

Data Limitations**Overall Limitations**

- This is a diverse population who are served by a variety of the department's programs. Some of the people included in this measure receive several services through the department over long periods of time through programs like the waivers or group residential housing. In these cases, there is quite a lot of data available about them. Others

[±]-Housed numbers include results based on the random sample task. Please see the Data Development section for more detail on the process.

[AGENDA ITEM 6a]

receive more limited services or only use services for a short time. As a result, there is less data available on the types of supports and housing they use.

- The data used to identify where people live come from two different data systems: MMIS and MAXIS. People may have addresses or living situations identified in either or both. Since the systems are used for different purposes and updated at different times, some of the information is conflicting and difficult to interpret.
- Additional data from fiscal years 2012 and 2013 is needed to look at data trends in these areas in order to establish future goals.

Housing Data Limitations

- DHS is most confident in the housing data when it is provided through a DHS program in either MAXIS or MMIS. Information is more limited when the department is not the payor.
- A housing type field does not exist in either system, so it is often not possible to distinguish details of living situations, such as whether they are permanent or temporary, based on an address.
- Facility information may be different than the resident address in MAXIS or MMIS
- DHS does not have a comprehensive list of facilities where people receive services or reside. In cases where DHS is not paying for services, it may not be possible to distinguish a facility determine if someone is housed or not from an individual’s home address. Therefore, this group falls into the “unable to determine” category.
- Addresses are not standardized when they are entered into the data systems. This is currently a manual process for standardizing addresses across systems and many are not yet defined.
- In some cases, a variety of different types of services are provided under one address (e.g. supportive housing and emergency shelter). For example, one person may be receiving treatment while another person may be only using temporary shelter at the same location. Some people are no longer using services through the department five months after their hospital discharge, so it is not possible to identify where they are living.

Explanation of Data for Community services:

- Follow-up services include mental health services, home and community-based waiver services, home care, physician services, pharmacy, and chemical dependency treatment.
- Trend data from the past four fiscal years to support the 1% increase:

Fiscal Year	Number of people who went to a hospital due to crisis and discharged	Number/percent who received community services within 30-days		Percent change
2012	13,533	11,930	88.15%	
2013	13,638	11,990	87.92%	-0.23%
2014	14,891	13,187	88.56%	0.64%
2015	13,786	12,298	89.21%	0.65%

[AGENDA ITEM 6a]

Explanation of Data for Housing Outcomes:

● **Housed:**

- Obtain facility lists and match to addresses in DHS systems to build database to automate for future reporting on housing across multiple measures (e.g. other segregated settings, transitions, integrated, etc.)
- Trend data from the last two fiscal years to support the 1% increase:

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Housed %	Percent Change
2014	4,409	7,952	4,100	12,052	80.93%	-
2015	4,501	7,104	4,186	11,290	81.89%	0.96%

● **Unable to determine**

- After further analysis the team used a random sampling method to determine how many of the unknown addresses belong to a permanent home (single family home, townhome, mobile home, or apartment). Based on the result of the random sampling task, the team discovered that about 93% of the addresses fall under the housed category. The remaining 7% of the addresses could not be assigned a category based on the available data.

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Net Unknown
2014	4,409	7,952	4,100	12,052	309
2015	4,501	7,104	4,186	11,290	315

Settings considered as Housed:

- Housed is defined as a setting in the community where DHS pays for services including ICF/DDs, Single Family homes, town homes, apartments, or mobile homes.

NOTE: For this measure, settings were not considered as integrated or segregated.

Settings considered as Not Housed:

- Not Housed is defined as homeless, correction facilities, halfway house or shelter.

Settings Considered as Treatment Facility:

- Treatment facility is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICF/DDs.

[AGENDA ITEM 6a]

CRISIS SERVICES GOAL FIVE: By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

Annual Goal

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.
-

Proposed Baseline: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days

Proposed Interim Goal:

- By June 30, 2017, decrease the average length of a crisis episode to **79** days.
- By June 30, 2018, decrease the average length of a crisis episode to **77** days.
- By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

Rationale:

Most of the data needed to accurately capture the initiation of crisis services and crisis interventions is collected by other community partners and providers. At this time, the data is not collected systematically or consistently by external partners and providers, so it is not available as a baseline.

As a result, the department proposes to use an interim measure. The interim measure represents a specific group of people who are referred to DHS because they are in crisis. Generally, this group includes people who have not been able to find other community resources because of their challenging needs, so they are a key target population for the Olmstead Plan. Also, since the department is helping to serve or coordinate care for them, it is possible to provide consistent, reliable data on the crisis response.

This interim measure focuses on people who are referred to crisis services using the Single Point of Entry (SPE). DHS has established the Single Point of Entry as part of a continuous improvement project to improve DHS's ability to better respond to requests for assistance in supporting people with disabilities in crisis and to track the coordination of care. Initially, this project is focusing on people with developmental or intellectual disabilities who are in crisis and at risk of losing their current placement.

Additional Background information

- **Who is included in the measure?**
This measure represents people who have been referred because they are in crisis. All of the people included have an intellectual or developmental disability and are at risk of losing their current placement.
- **How many people are impacted by this measure?**
Between September 1, 2015 and January 31, 2016, 26 people were discharged because their crisis was resolved.

[AGENDA ITEM 6a]

- **What does it mean?**

This measure represents the average length of time it takes to help people who are in crisis to get into a stable situation. Some people may be admitted to a state program while others may be served in the community.

- **How is the data collected?**

This measure is collected in CareManager, a system that is being used by department programs to improve collaboration and coordination of assistance for people with disabilities in crisis. DHS programs Minnesota Life Bridge, Community Support Services, Successful Life Project, and the Disability Services Division Community Capacity Building Team use Care Manager to share information about care coordination, services, and responses for people in crisis.

Interim Measure Description

People discharged through CareManager who meet the single point of entry criteria September 2015 – January 2016			
Reason for discharge	Number of episodes	Average length of episode (days)	Number of people
Crisis Resolved	29	81.3	26

Data Limitations:

- CareManager is a new system that was implemented in August 2015. As a result, the data may still be in flux as staff continue to learn the system and new protocols and procedures for information entry continue to evolve.
- Data for this interim measure is not available prior to August 18, 2015.
- Data on service initiation is limited to individuals served by Direct Care and Treatment crisis programs.
- Currently, it is not possible to directly measure access to services and placement within 10 days within CareManager. People who are referred to the Single Point of Entry receive a range of services; from direct services provided by a DHS program to care coordination with county case managers. Much of this information, especially about services people receive from other providers, is captured in manually entered case notes. At this time, it is not possible to capture it in a consistent format. DHS continues to work with the software vendor to improve the system to capture more refined data for reporting.

1

QUALITY OF LIFE: SURVEY ADMINISTRATION PLAN

Subcabinet Meeting

June 27, 2016

2

Goals for Today

1. Review QOL Administration Plan developed by The Improve Group.
2. Approve Quality of Life Administration Plan
3. Identify next steps for Administration of QOL Survey

Research Questions

1. How well are people with disabilities who receive services in potentially segregated settings integrated into and engaged with their community?
2. How much autonomy do people with disabilities who receive services in potentially segregated settings have in day-to-day decision making.
3. Are people with disabilities who receive services in potentially segregated settings working and living in the most integrated setting that they choose?
 - What are the potential settings or sub-populations that require more focused attention in future QOL Survey administrations?

Refer to Page 4- Survey Administration Plan

Target Population

The intent of this survey is to include people who will be most impacted by the state's efforts to provide services in the most integrated setting appropriate to the individual.

- People with many different disabilities
- All ages
- Authorized to receive state-paid services through DHS and DEED
- Receive services in potentially segregated settings

* Refer to Page 4 – Survey Administration Plan

5

Survey Sampling Method

Simple random sampling

“A randomly selected sample from a larger sample or population, giving all the individuals in the sample an equal chance to be chosen. In a simple random sample, individuals are chosen at random and not more than once to prevent a bias that would negatively affect the validity of the result of the experiment.”

- Straightforward, easy to replicate
- Flexible approach to accommodate changes in settings
- Maximizes chances for inclusion
- Requires additional monitoring for survey administration

* Refer to Page 6 – Survey Administration Plan

6

Agency Responsibilities

DHS communicates to:

- Service providers
- Lead agencies
- Internal audiences
- Send updates as needed (electronic only)

DEED directly:

- Obtains first consent
- Notifies internal audiences
- Sends updates as needed (electronic only)

Survey Administration

- **What modes of survey?**
 - In-person
 - Web-based survey
 - Phone

Complete survey criteria:

75% of the first module is completed.

Measurement and Analysis:

Measures:

1. Community Integration and Engagement
2. Autonomy Over Daily Life
3. Perceived Qualities of Life
4. Elements of the Person-Centered Planning Process

Analysis of Potential Subgroups:

1. Setting
2. Disability type
3. Geographic region
4. County of financial responsibility
5. Guardianship status
6. Race/ethnicity/language
7. Age
8. Incarcerated/previously incarcerated*
9. People experiencing homelessness*

**Exploratory*

9

Abuse and Neglect Protocols

Documentation/ Reporting (MAARC)

- At time of incident
- Within 24 hours of incident
- Within 72 hours of incident

Training

- DHS Vulnerable Adults Mandated Reporting Training
- Study specific requirements
- Reporting child abuse and neglect (if applicable)

10

Data Security

- The Improve Group Staff Policy
- Network and Architecture
- Physical and Electronic Data Security
- Consistent with DHS Policy

Healthcare and Healthy Living

**Olmstead Subcabinet Meeting
June 27, 2016**



Healthcare and Healthy Living Vision Statement

People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.

Healthcare Goal #1: Preventive Care

By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care, focusing specifically on cervical cancer screening, and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

Annual Goals:

- **By December 31, 2016 increase by 205 over baseline**
- **By December 31, 2017 increase by 518 over baseline**
- **By December 31, 2018 increase by 833 over baseline**

3

Healthcare Goal #2: Child Dental

By December 31, 2018, the number of children with disabilities and/or serious mental illness accessing dental care will increase by 1,229 over baseline.

Annual Goals :

- **By December 31, 2016 increase by 410 over baseline**
- **By December 31, 2017 increase by 820 over baseline**
- **By December 31, 2018 increase by 1,229 over baseline**

4

Healthcare Goal #2: Adult Dental

By December 31, 2018, the number of adults with disabilities and/or serious mental illness accessing dental care will increase by 1,055 adults over baseline.

Annual Goals :

- **By December 31, 2016 increase by 335 over baseline**
- **By December 31, 2017 increase by 670 over baseline**
- **By December 31, 2018 increase by 1,055 over baseline**

5

Oral Health Minnesota Health Care Program (MHCP) Activities

- **Implemented statutory increase to Minnesota Health Care Program dental rates by January 2016**
- **Imposed health plan financial penalty for failure to increase dental utilization rates**
- **Dental performance improvement collaborative for managed care plans for adults with disabilities**
- **Flouride varnish application by primary care providers for children**

6

Preventive Care Minnesota Health Care Program (MHCP) Activities

- **Consultation with health plan clinical directors**
- **Cervical cancer screening literature review**
- **Behavioral Health Homes implementation**

7

Olmstead Plan Strategy: Expand the use of Health Care Homes and Behavioral Health Homes

Health Home overview

- **Medicaid State Plan Option under Affordable Care Act**
- **Better integration and coordination of primary, acute, behavioral health and long-term services and social and community supports for persons with chronic illness**
- **Delivery of a set of six services in a holistic model of care**
 1. **Comprehensive care management, using team-based strategies**
 2. **Care coordination**
 3. **Health and wellness promotion**
 4. **Comprehensive transitional care**
 5. **Individual and family support**
 6. **Referral to community and social support services**

8

Behavioral Health Home Services

Guiding principles

- Behavioral Health Home services are distinguished by the presence of a multi-disciplinary team that shares information and collaborates to deliver a holistic, coordinated plan of care.
- Behavioral Health Homes services create an opportunity to meet the needs of individuals experiencing serious mental illness and their families by addressing the individual's goals for physical health, mental health, substance use, and wellness.

9

Behavioral Health Home Services

Guiding principles

- Providers will deliver Behavioral Health Home services using a strength based approach and will respect, assess, and use the cultural values, strengths, languages, and practices of the consumer and family in supporting the individual's health and wellness goals.
- Providers will deliver Behavioral Health Home services with a person-centered ecological perspective, considering the varying social factors that ultimately impact a person's health, and will engage and respect the individual and family in their health care and recovery and resiliency.

10

Behavioral Health Home Services

Behavioral Health Home services are built off the success of the MN Patient Center Medical Home Model, Health Care Homes.

Health Homes	Medical Health Homes/ Health Care Homes
For specific populations with chronic conditions.	Not population specific.
Behavioral Health Homes <ul style="list-style-type: none"> • Adults with SMI or SPMI • children and youth with SED 	Made for the general population.
Medicaid only.	All payer system.

11

Health Care Homes (HCH)

Approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic or complex health conditions.

12

Health Care Homes - Goals

- **Continue building a strong primary care foundation to ensure all Minnesotans have the opportunity to receive team-based, coordinated, patient-centered care.**
- **Increase care coordination and collaboration between primary care providers and community resources to facilitate the broader goals of improving population health and health equity.**
- **Improve the quality and the individual experience of care, while lowering health care costs.**

13

Certification of Primary Care Clinics in Minnesota

- **55% of Minnesota clinics are certified**
- **Ongoing outreach by nurse planners to assist uncertified clinics**
- **Ongoing learning collaborative**

14

Health Care Homes Evaluation Results

The five year independent evaluation of the Minnesota Health Care Homes program showed:

- Health care costs and utilization in the areas of inpatient hospital admissions, hospital outpatient visits, and pharmacy use, were reduced
- Health Care Homes scored higher on quality of care measures.
- Decreasing levels of health care disparities in certified Health Care Homes compared to non-Health Care Homes clinics.

15

Olmstead Plan Strategy: Improve access to health care for people with disabilities

Cardiovascular activities:

Mission: To improve cardiovascular health & reduce the burden of heart disease and stroke for all people living in Minnesota

- **Attention to disparate populations:** African American, American Indian, Geographic
- **CDC funding: focus on hypertension**
 - Aim: increase awareness of hypertension and assure appropriate care
 - All people, including those with disabilities, can participate
 - Goals: healthy eating, active living, quality care delivered, partner engagement

16

Cardiovascular-related Activities

- [Website](#)
- **Training for health care professionals**
 - High blood pressure prevention and control
 - Provider and patient communication
- **Measure for hypertension control reported nationally and for the state**

17

Cervical Cancer Activities

MDH Sage Screening Program – works to increase cervical cancer screening among underserved populations of the state, including the disabled

- Uses media to promote cancer awareness and connect unscreened populations to cancer screening services
- Houses a call center that provides patient navigation services, including appointment scheduling, to both insured and uninsured callers who respond to media campaigns and other Sage activities

18

Cervical Cancer Activities

Dates implemented	Activity	Reach (Impressions)	Callers receiving assistance from patient navigator*	Scheduled appointments for Pap tests*
05/2015, 10/2015, 02/2016, 03/2016, 05/2016	Direct mail campaigns	76,073	166	116
10/2015, 06/2016	Spanish radio campaigns	---	16	8
01/2016, 05/2016	Internet radio (Pandora) campaigns	561,002	20	12
01/2016	Star Tribune web ad campaign	380,000	No data yet	No data yet
06/2016	Gas station, restaurant, and salon ad campaign	1,014,760	No data yet	No data yet

* Preliminary data; additionally, Sage does not collect disability status and therefore is unable to report percent disabled

19

Transitioning Youth to Adult Healthcare

- More children and youth with special health care needs (CYSHN) are living well into adulthood due to advances in medicine
- Less than half (41.7 %) of Minnesota youth with special health needs (YSHN) receive adequate transition services
- Pediatric and adult providers often lack knowledge and skills in transition planning

20

Transitioning Youth to Adult Health Care Strategies

- Promote transitions in health care online tool kit
- Partner with MDE, DEED and DHS in an Interagency Coordination Model pilot
- Expand the availability of health providers accepting youth with complex medical needs

21

Questions?

22

THANK YOU

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23