



Minnesota Department of Human Services
Commissioner's Office
P.O. Box 64998
St. Paul, MN 55164-0998

May 30, 2017

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

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
May 2017 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the May 22, 2017 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through April 30, 2017. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544) and the Court's Order dated June 21, 2016 (Doc. No. 578).

This report was approved by the Olmstead Subcabinet on May 22, 2017 and is filed by the Department on its behalf. By filing this report, the Department does not waive its previously raised objections regarding ongoing court jurisdiction and monitoring in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'C. E. Johnson', written over a horizontal line.

Charles E. Johnson
Deputy Commissioner

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

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through April 30, 2017

DATE APPROVED BY SUBCABINET

May 22, 2017

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I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through April 30, 2017. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. Reports are also filed with the Court in accordance with Court Orders.ⁱ

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals and status of workplans.

EXECUTIVE SUMMARY

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

Status of Goals - May 2017 Quarterly Report	Number of Goals
Met annual goal	3
On track to meet annual goal	6
Not on track to meet annual goal	5
Did not meet annual goal	1
In Process	7
Goals Reported	22

Three annual goals were reported as met this quarter. These include: Person-Centered Planning Goal Two A and B to increase the number of people reporting they have input into major life decisions and everyday decisions. In addition, a baseline was established for Preventing Abuse and Neglect Goal Two. For Waiting list Goal One, monitoring of the CADI waiver services continues to show that no one is on the waiting list.

Goals reported this quarter that need improvement include: Transition Services Goal Two to decrease the percentage of people at Anoka Metro Regional Treatment Center awaiting discharge; Transition Services Goal Three to increase the number of individuals leaving Minnesota Security Hospital to a more integrated setting; Positive Supports Goal Three A to decrease the number of reports of mechanical restraints.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July – Sept 2016	34
• Nursing Facilities	July – Sept 2016	201
• Other segregated settings	July – Sept 2016	245
• Anoka Metro Regional Treatment Center (AMRTC)	Jan - Mar 2017	18 ¹
• Minnesota Security Hospital (MSH)	Jan - Mar 2017	20
Net number who moved from segregated to integrated settings		518

More detailed information for each specific goal is included below. The information includes the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

¹ Beginning with this report, this number includes only individuals at AMRTC under mental health commitment as a result of a February 2017 amendment to this measurable goal.

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

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

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

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

2017 goal

- For the year ending June 30, 2017 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**

Baseline: January - December 2014 = 72

RESULTS:

The goal is on track to meet the 2017 goal of 84.

Time Period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015*	138	18	62	58
July 2015 – June 2016*	180	27	72	81
Quarter 1 (July – September 2016)	51	8	9	34

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

ANALYSIS OF DATA:

From July – September 2016, the number of people who moved from an ICF/DD to a more integrated setting was 34. This is 7 more than in the previous quarter.

COMMENT ON PERFORMANCE:

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the

next 12 months. Some individuals who expressed an interest in moving changed their minds. Rather than moving within a 12-month timeframe, the move might occur later.

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

A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017. Work is being completed to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so, as well as different services that are available to support people as they move from an ICF/DD to an integrated setting.

Several private providers and Minnesota State Operated Community Services (MSOCS) have expressed an interest in voluntary closures of ICFs/DD. Providers are currently working on closing 18 facilities for a reduction of 124 beds affecting 106 people. Eight closures have been completed to date, for 48 beds closed since February 2017. DHS is working to support the planning process for integrated community service development. These closures would permanently reduce bed capacity.

MSOCS has converted 6 ICFs/DD to 4-bed adult foster care community residential settings in the following locations: Rochester (Olmsted County); Hershey (Dakota County); Pine City (Pine County); Swan Lake (St. Louis County); Virginia (St. Louis County); and Redwood Falls (Redwood County).

As of April 1, 2017, the first in a set of planned closures of MSOCS ICF/DD was completed. Individuals living in that facility went through person-centered planning and a MnCHOICES assessment and chose to receive services through the DD waiver and to retain MSOCS as their service provider. The process of closing the remaining state operated facilities continues to move forward. Private providers have provided lead agencies and DHS with specific planning information on other facilities.

Beginning in December 2015, Section 811 rent subsidies became available to some individuals moving from institutional settings. DHS expects to be able to offer as many as 5 additional units in Brooklyn Park beginning the summer of 2017. In addition, DHS is working with Hennepin County for several units that have recently come on line.

TIMELINESS OF DATA:

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

B) NURSING FACILITIES**2017 goal**

- For the year ending June 30, 2017, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**

Baseline: January - December 2014 = 707

RESULTS:

The goal is **on track** to meet the 2017 goal of 740.

Time Period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015*	1,043	70	224	749
July 2015 – June 2016*	1,018	91	198	729
Quarter 1 (July – September 2016)	283	29	53	201

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

ANALYSIS OF DATA:

From July – September 2016, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 201. This is 29 more than in the previous quarter.

COMMENT ON PERFORMANCE:

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

Beginning in December 2015, Section 811 rent subsidies became available to some individuals moving from institutional settings. DHS expects to be able to offer as many as five additional units in Brooklyn Park beginning the summer of 2017.

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

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING

2017 goal

- For the year ending June 30, 2017, the number of people who have moved from other segregated housing to a more integrated setting will be **400**.

INTERIM BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting. A standardized informed choice process is being implemented. When data from this process is deemed reliable and valid, baseline and goals will be re-evaluated and revised as appropriate.

RESULTS:

The goal is **on track** to meet the 2017 goal of 400.

Time Period	Total moves	Receiving Medical Assistance (MA)			
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
July 2014 – June 2015	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
July 2015 – June 2016	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
July 2016 – Sept 2016	1,254	245 (19.5%)	99 (7.9%)	790 (63%)	120 (9.6%)

ANALYSIS OF DATA:

From July – September 2016, of the 1,254 individuals moving from segregated housing, 245 individuals (19.5%) moved to a more integrated setting. This is approximately 61% of the annual goal of 400.

COMMENT ON PERFORMANCE:

Among the moves that can be identified there were significantly more individuals who moved to more integrated settings (19.5%) than who moved to congregate settings (7.9%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large number (63%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

No Longer on MA: Not currently open on public programs in MAXIS or MMIS.

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

Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family's home and are not in a congregate setting.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^v will be reduced to 30% (based on daily average). [Revised in February 2017]

2017 goal

- By June 30, 2017, the percent of people at AMRTC awaiting discharge will be $\leq 33\%$

Baseline: From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.²

RESULTS:

This goal is not on track to meet the 2017 goal of $\leq 33\%$.

Time Period	Percent awaiting discharge (daily average)	
July 2015 – June 2016	Daily Average = 42.5% ³	
	Mental health commitment	Restore to competency
Quarter 1 (July – September 2016)*	40.5%	33.0%
Quarter 2 (October – December 2016)*	44.0%	35.1%
Quarter 3 (January – March 2017)	50.9%	28.8%

*Data for July – December 2016 was previously reported as a combined percentage for individuals under mental health commitment and under restore to competency. The goal was revised in February 2017 to include only those under mental health commitment. The data is now being reported separately for each group.

ANALYSIS OF DATA:

From January – March 2017, the average percent of people under mental health commitment at AMRTC awaiting discharge was 50.9% compared to 44.0% in the previous quarter. If this trend continues, the 2017 goal of 33% will not be met.

² The baseline included individuals at AMRTC under mental health commitment and restore to competency.

³ The data for July 2015 - June 2016 included individuals at AMRTC under mental health commitment and restore to competency.

During January-March 2017, 18 individuals at AMRTC under restore to competency left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and under restore to competency who moved to integrated settings.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Restore to competency
Quarter 1 (July - Sept 2016)	61	27	0	34	5	29
Quarter 2 (Oct - Dec 2016)	57	38	1	18	7	11
Quarter 3 (Jan - Mar 2017)	81	53	1	27	18	9

COMMENT ON PERFORMANCE:

AMRTC continues to serve large numbers of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge. There is a higher percentage of individuals awaiting discharge under mental health commitment (50.9%) than those who are at AMRTC under restore to competency (28.8%). It is unclear why the percentage is higher for those under mental health commitment, but it is likely due to this subpopulation of individuals having higher barriers to housing in the community.

Individuals under mental health commitment have more complex mental health and behavioral support needs when they move to the community, which may require 24 hour per day staffing or 1:1 or 2:1 staffing. A lack of housing vacancies and closed waiting lists for housing is another common barrier that can result in delayed discharges for those at AMRTC.

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

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

In order to meet timely discharge, individual treatment planning is necessary for patients under mental health commitment who no longer need hospital level of care. This can involve the development of customized living situations to meet their individualized needs which is almost always a very lengthy process.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.
[Revised in February 2017]

2017 goal

- For year ending December 31, 2017 the average monthly number of discharges will increase to ≥ 8

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

RESULTS:

The goal is **not on track** to meet the 2017 goal of 8.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
January – December 2016	184	97	3	84 Average = 7.0
Quarter 1 (January – March 2017)	45	22	3	20 Average = 6.7

ANALYSIS OF DATA:

From January – March 2017, the average monthly number of individuals leaving MSH to a more integrated setting was 6.7. The average monthly number of discharges in the previous quarter was 8.3. If this trend continues, the 2017 average monthly goal of 8 will not be met.

The table below provides detailed information regarding individuals leaving MSH, including the number of individuals who moved to integrated settings (under restore to competency, Mentally Ill and Dangerous (MI&D) committed, and other committed).

Time Period	Type	Total Moves	Transfers	Deaths	Moves to integrated
January – December 2015	Restore to competency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	188	107	8	(Avg. 6.1) 73
January – December 2016	Restore to competency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	187	100	3	(Avg. 7) 84
Quarter 1 (Jan – March 2017)	Restore to competency	23	15	1	7
	MI&D committed	19	7	1	11
	Other committed	3	0	1	2
	Total	45	22	3	(Avg. 6.7) 20

COMMENT ON PERFORMANCE:

Beginning January 2017, MSH has categorized discharge data into 3 areas: restore to competency, MI&D committed, and other committed, in the effort to refine analysis surrounding continued barriers to discharge.

- The majority of individuals under restore to competency have come to MSH under treat to competency orders.
- It should be noted that MSH has expanded programming to individuals under treat to competency, by opening a Community Competency Restoration Program in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to MSH's Competency Restoration Programs, are determined to no longer require hospital-level care.

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

- Collaboration with county partners to identify those individuals at MSH who have reached maximum benefit from treatment.
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of MSOCS).
- Utilization of the Forensic Review Panel, an internal administrative group at MSH, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting.
 - The Forensic Review Panel also serves to offer treatment recommendations that could assist the individuals' growth/skill development, when necessary, to aid in preparing for community reintegration.
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for person's transitioning (Whatever It Takes, Licensing Division, and Waiver Division).
- Continued barriers to transition include those:
 - With Level 3 predatory offender designation,
 - Over the age of 65 who required either adult foster care, skilled nursing, or nursing home level care,
 - With DD/ID with high behavioral acuity, and
 - Undocumented citizens.

DHS efforts continue to expand community capacity. In addition, MSH continues to work towards the mission of Olmstead through identifying individuals who could be served in more integrated settings. While MSH serves individuals throughout Minnesota under a variety of civil commitments, the program is the State's primary provider in addressing treatment needs for those civilly committed as MI&D. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approvals for community-based placement (Minnesota Stat. 253B.18).

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR: By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person-centered planning process that adheres to transition protocols that meet the principles of person-centered planning and informed choice.

A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017. When people express an interest and are making a transition, lead agency staff are required to apply the protocol.

The first time data became available for this goal was for the quarter beginning July 2016. A new baseline was established and approved by the Subcabinet on February 27, 2017 and is included below.

2017 Goal

- By June 30, 2017, the percent of those choosing to move to a more integrated setting who have a plan that adheres to transition protocols that meet the principles of person-centered planning and informed choice will increase to 30%.

Baseline: From July – September 2016, of the 31 transition cases reviewed, four cases (12.9%) adhered to transition protocols that meet the principles of person-centered planning and informed choice.

RESULTS:

This goal is **in process**.

Time Period	Total Number of Cases Reviewed (Disability Waivers)	Number of Transition Cases Reviewed (Disability Waivers)	Number of Cases Meeting Protocols	Percent of Cases Meeting Protocols
Quarter 1 July – Sept 2016	289	31	4	12.9%
Quarter 2 Oct – Dec 2016	311	23	6	26%

ANALYSIS OF DATA:

The DHS Lead Agency Review implemented case file review protocols beginning July 2016 to monitor lead agencies implementation of the Person-Centered, Informed Choice and Transition Protocol. A sample of people who have been identified as having a transition in their living setting were added to the case file review.

DHS reviewed 311 case files through the lead agency review process to determine the percent of people choosing to move to a more integrated setting who have a plan that “adheres to transition protocols that meet the principles of person-centered planning and informed choice”. Of these case files, 23 indicated a transition had occurred. Six cases (26%) of the 23 case files met the criteria of person-centered planning and informed choice.

COMMENT ON PERFORMANCE:

The Person-Centered, Informed Choice and Transition Protocols were initiated with lead agencies in July of 2016. DHS will monitor implementation and between July 2016 and March 2017 provide lead agencies feedback on each file reviewed. Lead agencies will be provided technical assistance and training to ensure the protocol is applied effectively.

Beginning in January 2018, DHS will begin to take corrective action and require individual remediation when lead agencies do not comply with the person-centered protocols.

If all eight items below are present in the plan during a case file review, the plan is considered to meet the person-centered protocols:

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

If all ten items below are present in the plan during a case file review, the plan is considered to meet the transition protocols:

1. Where the person is moving
2. Date and time the move will occur
3. Who will help the person prepare for the move
4. Who will help with adjustment during and after the move
5. Who will take the person to new residence
6. How the person will get his or her belongings
7. Medications and medication schedule
8. Upcoming appointments
9. Who will be providing support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis

TIMELINESS OF DATA:

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

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community-based services waiting lists. A new urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories.

WAITING LIST GOAL ONE: By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.

Baseline: As of May 30, 2015, the CADI waiver waiting list was 1,420 individuals.

RESULTS:

The CADI waiting list remains at zero and is on track to stay at zero. CADI waiver services continues to show that no one is on the waiting list.

Time period	Number on CADI waiver waiting list at end of quarter	Change from previous quarter
April – June 2015	1,254	<174>
July – September 2015	932	<322>
October – December 2015	477	<455>
January – March 2016	193	<284>
April – June 2016	7	<186>
July – September 2016	0	<7>
October – December 2016	0	0
January – March 2017	0	0

ANALYSIS OF DATA:

As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated. As of March 1, 2017 the CADI waiver waiting list remains at zero.

COMMENT ON PERFORMANCE:

DHS will continue to monitor and report quarterly on any occurrence of individuals being placed on the CADI waiver waiting list.

DHS will continue to monitor data and work with lead agencies to ensure that eligible individuals are allocated the CADI waiver and do not end up on the waiting list.

TIMELINESS OF DATA:

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

WAITING LIST GOAL TWO: By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.

A new baseline was established and approved by the Subcabinet on May 22, 2017 and is included below. This is the first quarterly report using the baseline.

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

Assessments between January – December 2016

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

RESULTS: This goal is in process.

Reporting Period: January – March 2016

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Still on waiting list at end of period
Institutional Exit	14	6 (43%)	7 (50%)	1 (7%)
Immediate Need	93	53 (57%)	30 (32%)	10 (11%)
Defined Need	217	72 (33%)	71 (33%)	74 (34%)
Totals	324	131 (41%)	108 (33%)	85 (26%)

Reporting Period: April – June 2016

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Still on waiting list at end of period
Institutional Exit	31	9 (29%)	13 (42%)	9 (29%)
Immediate Need	126	82 (65%)	34 (27%)	10 (8%)
Defined Need	323	121 (37%)	100 (31%)	102 (32%)
Totals	480	212 (44%)	147 (31%)	121 (25%)

Reporting Period: July – September 2016

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Still on waiting list at end of period
Institutional Exit	20	8 (40%)	5 (25%)	7 (35%)
Immediate Need	100	56 (56%)	30 (30%)	14 (14%)
Defined Need	285	125 (44%)	72 (25%)	88 (31%)
Totals	405	189 (47%)	107 (26%)	109 (27%)

Reporting Period: October – December 2016

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Still on waiting list at end of period
Institutional Exit	29	14 (48%)	10 (35%)	5 (17%)
Immediate Need	89	59 (66%)	23 (26%)	7 (8%)
Defined Need	257	114 (45%)	78 (30%)	65 (25%)
Totals	375	187 (50%)	111 (30%)	77 (20%)

ANALYSIS OF DATA:

From October – December 2016, of the 375 individuals assessed for the Developmental Disabilities (DD) waiver, 187 individuals (50%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 405 individuals assessed, 189 individuals (47%) had funding approved within 45 days of assessment. There has been overall improvement in the percent of individuals moving off the waiting list at a reasonable pace.

COMMENT ON PERFORMANCE:

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

In this quarter, DHS worked with lead agencies to use remaining available 2016 resources to approve funding for persons on a DD waiver waiting list. This technical assistance resulted in 34 lead agencies and 6 agency alliances approving funding for all persons who had been on a waiting list since 2016. Fifteen additional lead agencies met statutory spending targets by using more funding to increase waiver enrollment.

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

Below is a summary table with the number of people still on the waiting list as of April 1, 2017. Also included is the average days waiting, and median days waiting of those individuals who are still on the waiting list. The average days and median days information was collected since December 1, 2015 through April 1, 2017. This data does not include those individuals who moved off the waiting list within the 45 days reasonable pace goal.

Waiting List Status as of April 1, 2017

Category	# of people on waiting list	Average days on waiting list	Median days on waiting list
Institutional Exit	13	91	82
Immediate Need	16	130	93
Defined Need	172	193	173
Total	201		

TIMELINESS OF DATA:

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

WAITING LIST GOAL THREE: By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).

RESULTS: This goal is in process.

INSTITUTIONAL EXIT CATEGORY

Time Period	Number of people assessed	Still on waiting list at end of period
January – March 2016	14	1 (7%)
April – June 2016	31	9 (29%)
July – September 2016	20	7 (35%)
October – December 2016	29	5 (17%)

IMMEDIATE NEED CATEGORY

Time Period	Number of people assessed	Still on waiting list at end of period
January – March 2016	93	10 (11%)
April – June 2016	126	10 (8%)
July – September 2016	100	14 (14%)
October – December 2016	89	7 (8%)

ANALYSIS OF DATA:

From October – December 2016, for persons in the Institutional Exit category, five individuals (17%) remained on the DD waiver waiting list at the end of the reporting period. For persons in the Immediate Need category, seven individuals (8%) remained on the DD waiver waiting list at the end of the reporting period.

COMMENT ON PERFORMANCE:

DHS focuses its technical assistance on approving waiver funding for persons in the Institutional Exit and Immediate Need categories. DHS directly contacts lead agencies if people in these categories have been waiting longer than 45 days. If this goal is not met, DHS continues to provide technical assistance to the lead agency to approve funding for persons in these categories.

During October – December 2016, DHS worked with lead agencies to use remaining available 2016 resources to approve funding for persons on a DD waiver waiting list. As a result, the number of people still on a waiting list decreased in both categories, compared to the previous quarter.

TIMELINESS OF DATA:

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

WAITING LIST GOAL FIVE: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.

RESULTS: This goal is **in process**.

DEFINED NEED CATEGORY

Time Period	Number of people assessed	Still on waiting list
January – March 2016	217	74 (34%)
April – June 2016	323	102 (32%)
July – September 2016	285	88 (31%)
October – December 2016	257	65 (25%)

ANALYSIS OF DATA:

From October – December 2016, for persons in the Defined Need category, 65 people (25%) out of 257 people remained on the Developmental Disabilities waiver waiting list.

COMMENT ON PERFORMANCE:

DHS encourages lead agencies to approve funding for persons in the Defined Need category following approval of persons in the Institutional Exit and Immediate Need categories and as waiver budget capacity allows. If a lead agency makes a determination that it does not have sufficient capacity to approve funding for persons in the Defined Need category, DHS expects the lead agency to maintain a budget reserve of 3% or less, pursuant to Minnesota statute. In 2016, only 5 lead agencies failed to meet these requirements. As a result, DHS is developing corrective action with these agencies to improve waiver access in 2017. When necessary to align resources with need, DHS will reallocate funding among lead agencies. If sufficient funding is unavailable to serve all people in the Defined Need category, DHS may use this information to determine the level of funding required for elimination of the DD waiver waiting list. The number of people still on a waiting list decreased, compared to the previous quarter.

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

The 2015 National Core Indicators (NCI) survey results were reported in the May 2016 Quarterly Report. Although the Minnesota data is available to report for Person-Centered Planning Goal Two, the national results of the 2016 NCI survey results are not yet available. They will be reported as they become available.

The Quality of Life survey process has been reviewed and approved by the Institutional Review Board (IRB). The Olmstead Implementation Office (OIO) issued an RFP on August 8, 2016 for the next phase of the survey process. The Improve Group was selected and a contract was entered into on October 6, 2016. The Quality of Life Survey Administration Plan is currently being implemented by The Improve Group. The survey is expected to include 2,000 surveys.

The Improve Group:

- Continues to receive sample data sets from DHS and the Department of Employment and Economic Development (DEED)
- Continues to conduct analysis of data sets to determine readiness and appropriateness for survey implementation
- Continues to conduct consent releases and schedule appointments
- Maintains communications with lead agencies and service providers and coordinated communications with OIO and the agencies
- Conducted outreach efforts to recruit and train interviewers and trained all interviewers
- Continues to interview individuals for the Quality of Life Survey

Data as of April 30, 2017:

- 420 interviews have been completed
- 157 interviews have been scheduled
- 6,285 total calls have been made

The OIO and the Improve Group are meeting weekly to provide support, troubleshoot problems, and monitor survey implementation.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report.

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

A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017.

2017 goal

- By June 30, 2017, the percent of plans that meet the required protocols will increase to 50%.

Baseline: From July – September 2016, 289 cases were reviewed. Of those cases, 47 (16.3%) were identified as having plans that met the person-centered protocols. During the period July 2014 – June 2015, there were 38,550 people served by disability home and community based services.

RESULTS:

This goal is **not on track**.

Time Period	Total Number of Cases (Disability Waivers)	Sample of Cases Reviewed (Disability Waivers)	Number of Cases Meeting Protocols	Percent of Cases Meeting Protocols
Quarter 1 July – Sept 2016	1,682	289	47	16.3%
Quarter 2 Oct – Dec 2016	2,030	311	57	18.3%

ANALYSIS OF DATA:

From October - December 2016, 311 files were reviewed. Of those files, 57 (18.3%) were identified as having plans that were person-centered. Although the numbers and percentages are moving in the right direction, the goal is not on track to meet the 2017 goal.

The DHS Lead Agency Review implemented new person-centered case file review protocols beginning July 2016 to monitor lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol. Though lead agencies are responsible to ensure each person has a support plan that includes all required person-centered elements, the Lead Agency Review is focusing on key areas of the protocol.

Twenty-five person-centered items were added to the case file review protocols for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)). Of those twenty-five items, eight were identified as being cornerstones of a person-centered plan. If all eight items are present, the plan is considered to meet the person-centered protocols.

The eight key areas include:

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

The Lead Agency Review looks at documentation dated up to 364 days prior to the site visit. Many support plans reviewed will not be in compliance with the Person-Centered, Informed Choice, and Transition Protocol because they were written prior to the implementation of the protocol. By March 1, 2018, it is expected that 100% of plans will have been developed using the protocol.

Counties Participating in Audits*

July – Sept 2015	Oct – Dec 2015	January – March 2016	April – June 2016	July – Sept 2016	Oct – Dec 2016
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville	30. Hubbard	38. Cook
2. Itasca	8. Faribault	14. Carver	20. Traverse	31. Cass	39. Fillmore
3. Wadena	9. Martin	15. Wright	21. Douglas	32. Nobles	40. Houston
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope	33. Becker	41. Lake
5. Mahnommen	11. Isanti	17. Wabasha	23. Stevens	34. Clearwater	42. SW Alliance ⁴
6. Norman	12. Olmsted	18. Crow Wing	24. Grant	35. Polk	43. Washington
			25. Freeborn	36. Clay	
			26. Mower	37. Aitkin	
			27. Lac Qui Parle		
			28. Chippewa		
			29. Ottertail		

*Agencies visited are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

COMMENT ON PERFORMANCE:

During July 2016 – December 2017, the review team will provide feedback to the lead agencies on each person-centered item in every file reviewed. This will assist in identifying the need for technical assistance and training to ensure that everyone is able to apply the protocol in its entirety.

In January 2018, DHS will begin to take corrective action and require remediation when lead agencies do not comply with the person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections must be made within 60 days of the Lead Agency Review site visits.

⁴ The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

Of the agencies reviewed in this reporting period, all have received recommendations relating to person-centered planning and thinking. The recommendations encourage lead agencies to set expectations for the quality and content of support plans as well as to seek out training for their staff on providing person-centered services. This may involve changes in agency practices as well as changes to how agencies work with their community partners.

TIMELINESS OF DATA:

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

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

2017 Goal

- By June 30, 2017, the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 49 individuals

Annual Baseline: In 2014 the number of individuals who experienced a restrictive procedure was 1,076.

RESULTS:

This goal is in process.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
Quarter 1 (July - September 2016)	297 (duplicated)	N/A- quarterly status of annual goal
Quarter 2 (October – December 2016)	280 (duplicated)	NA – quarterly status of annual goal

ANALYSIS OF DATA:

From October to December 2016, the number of individuals who experienced a restrictive procedure was 280, compared to 297 in the previous quarter. Although the decrease is small, it is moving in the right direction.

COMMENT ON PERFORMANCE:

There were 280 individuals who experienced a restrictive procedure this quarter:

- 249 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 31 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. It is anticipated the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.

TIMELINESS OF DATA:

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

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

Annual Goals

- By June 30, 2017, the number of reports of restrictive procedures will be reduced by 388.

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

RESULTS:

This goal is in process.

Time period	Number of BIRF Reports	Reduction from previous year
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
Quarter 1 (July – September 2016)	960	N/A – quarterly status of annual goal
Quarter 2 (October – December 2016)	802	N/A – quarterly status of annual goal

ANALYSIS OF DATA:

From October to December 2016, the number of BIRF reports was 802 compared to 960 in the previous quarter, with a downward trend continuing.

COMMENT ON PERFORMANCE:

There were 802 reports of restrictive procedures this quarter.

- 657 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary. Under the Positive Supports Rule, the External Program Review Committee has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work helps to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
- 145 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures other than EUMRs. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.

TIMELINESS OF DATA:

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

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

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

2017 Goal

- By June 30, 2017, reduce mechanical restraints to no more than
 (A) **277** reports of mechanical restraint
 (B) **19** individuals approved for emergency use of mechanical restraint

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

RESULTS:

- (A) The goal for number of reports is **not on track** to meet the 2017 goal.
 (B) The goal for number of individuals is **on track** to meet the 2017 goal.

Time period	(A) Number of Reports during the time period	(B) Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
Quarter 1 (July – September 2016)	161	13
Quarter 2 (October – December 2016)	133	16

ANALYSIS OF DATA:

This goal has two measures. One of the measures is on track to meet the 2017 goal, and the other is not on track to meet the goal.

From October to December 2016, the number of reports of mechanical restraint was 133. Although the number of reports decreased from 161 in the previous quarter, the goal is not on track to meet the 2017 annual goal.

From October to December 2016, the number of individuals for whom the EUMR was approved was 16. Although the number of individuals approved increased from 13 in the previous quarter, the goal is on track to meet the 2017 annual goal.

COMMENT ON PERFORMANCE:

Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use. These requests have been reviewed by the Interim Review Panel (IRP) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The IRP consisted of members with knowledge and expertise in the use of positive supports strategies. The IRP has sent its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. With all approvals by the Commissioner, the IRP included a written list of person-specific recommendations to assist the provider to reduce the need for use of mechanical restraints. In situations where the IRP felt a license holder needs more intensive technical assistance, phone and/or in-person consultation was provided by panel members.

As of February 2017, the IRP has concluded and its functions and duties have been taken on by the External Program Review Committee (EPRC), per the requirements of the Positive Supports Rule.

Of the 133 BIRFs reporting use of mechanical restraint:

- 71 reports involved 10 of the 16 people with review by the IRP and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter. Six people under this approval had no reported uses of mechanical restraint during this period.
- 20 reports involving 3 people, were submitted by providers whose use is within the 11-month phase out period.
- 16 reports were submitted for 2 people who have been determined by the IRP to apply and use a restraint device on themselves voluntarily and independently. The IRP continues to monitor this case although the devices are not used against them as a restraint.

- 13 reports, involving 5 people, included the unapproved use of mechanical restraint.
 - 9 of these reports involved 2 people with existing IRP/Commissioner's approval for their 245D provider. The 245A-licensed providers required technical assistance to seek approval and come into compliance with Positive Supports Rule requirements.
 - 1 report involving 1 person was from a provider who had implemented restraint post-phase out and prior to gaining approval from the IRP/Commissioner. Technical assistance was provided to ensure the provider and team were able to submit all necessary information to allow action by the IRP/Commissioner on the team's request for approved use of restraint.
 - 3 reports, involving 2 people, came from providers who had identified the use as unauthorized prior to technical assistance from DHS and taken corrective action (staff retraining, revising behavior intervention protocols) to prevent reoccurrence.
- 12 reports, involving 5 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 1 report involving 1 person, was inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

TIMELINESS OF DATA:

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

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

2017 Goal

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

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

RESULTS:

The goal is in process.

Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)
Quarter 1 (July – September 2016)	16 (duplicated)

ANALYSIS OF DATA:

From July – September 2016, the number of people who discontinued disability waiver services after a crisis was 16. The quarterly numbers are duplicated counts. People may discontinue and resume disability waiver services after a crisis in multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters.

COMMENT ON PERFORMANCE:

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

Of the 16 people who discontinued waiver services because of a behavior crisis in this reporting period:

- 11 people have since reopened to waiver services
- 2 people remain in nursing facilities
 - 1 person has plans to move as soon as he finds an apartment
 - 1 person turned 65 years old in December 2016, wishes to stay in the nursing facility and has declined to review options presented by the relocation service coordinator
- 1 person is at Anoka Metro Regional Treatment Center
- 1 person moved out of state
- 1 person passed away

In December 2016, DHS funded license capacity to serve 38 more people at any given time in out-of-home crisis respite services. This will increase the system's ability to provide crisis stabilization services for people on a waiver in a home and community-based services environment, rather than in more segregated settings. The first license became effective April 1, 2017, with more capacity to follow in the coming months.

This is in addition to ongoing efforts under other Olmstead workplan activities to establish and expand training for providers, lead agencies, people with disabilities and those who support them on implementing positive support and person-centered practices.

TIMELINESS OF DATA:

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

SEMI-ANNUAL AND ANNUAL GOALS

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

PERSON CENTERED PLANNING GOAL TWO: By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

	2014 Baseline	2015 Goal	2016 Goal	2017 Goal
(A) Major life decisions	40%	45% or greater	50% or greater	55% or greater
(B) Everyday decisions	79%	84% or greater	85% or greater	85% or greater
(C) Always in charge of their service and supports	65%	70% or greater	75% or greater	80% or greater

(A) INPUT INTO MAJOR LIFE DECISIONS

2016 Goal

- By 2016, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions will increase to 50% or higher

Baseline: In the 2014 NCI Survey, 40% reported they had input into major life decisions

RESULTS:

The 2016 goal was **met**.

Time Period	Number Surveyed	Percent reporting they have input into major life decisions
2015 survey	400	44.3%
2016 survey	427	64%

ANALYSIS OF DATA:

The 2016 NCI survey results indicated that 64% of people reported they have input into major life decisions. The 2016 goal of 50% or higher was met.

COMMENT ON PERFORMANCE:

Significant gains were made regardless of what setting people live in (ICF/DD, community group residential setting, own home or parent/family home). That said, people living in ICFs/DD (61%) or community group residential setting (50%) were significantly less likely than those in their own (80%) or parent/family home (77%) to report having input into major life decisions.

The population surveyed in the 2016 survey included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service.

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available once the results are determined to be accurate and verifiable.

(B) INPUT INTO EVERYDAY DECISIONS**2016 Goal**

- By 2016, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input in everyday decisions to 85% or higher

Baseline: In the 2014 NCI Survey, 79% reported they had input into everyday decisions

RESULTS:

The 2016 goal was **met**.

Time Period	Number Surveyed	Percent reporting they have input in everyday decisions
2015 survey	400	84.9%
2016 survey	427	87%

ANALYSIS OF DATA:

The 2016 NCI survey results indicated that 87% of people reported they have input in everyday decisions. The 2016 goal of 85% or greater was met.

COMMENT ON PERFORMANCE:

The 2016 goal of 85% or greater was achieved regardless of living arrangement. People living with parents/family were the least likely to report control over everyday decisions (86%) compared with 92% of people who live in their own home or apartment. Eighty-eight percent of the people living in ICFs/DD and 89% of those living in community-based group residential settings report having input into everyday decisions. The population surveyed in the 2016 survey included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service.

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available from the national vendor once the results are determined to be reliable and valid.

(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS**2016 Goal**

- By 2016, increase the percent of people with disabilities other than I/DD who are always in charge of their services and supports to 75% or higher

Baseline: In the 2014 NCI Survey, 65% reported they were always in charge of their services and supports.

RESULTS:

The 2016 goal was not met.

Time Period	Number Surveyed	Percent reporting they are always in charge of their services and supports
2016 survey	1,962	72%

ANALYSIS OF DATA:

The 2016 NCI survey results indicated that 72% of people reported they are always in charge of their services and supports. The 2016 goal of 75% or greater was not met.

COMMENT ON PERFORMANCE:

The population surveyed in the 2016 survey included adults with a physical disability as identified on a long-term services and supports assessment for Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI) waivers, Home Care services or Developmental Disability screening document and who receive case management and at least one other service.

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available from the national vendor once the results are determined to be reliable and valid.

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

2017 Goal

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%

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

RESULTS:

The goal is on track to meet the 2017 goal of 83%.

Time period	Total Episodes	Community	Treatment	Other
Annual Goal (6 months data) January – June 2016	1,302	1,085 (83.3%)	172 (13.2%)	45 (3.5%)
Semi-annual July – December 2016	998	825 (82.7%)	119 (11.9%)	54 (5.4%)

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

ANALYSIS OF DATA:

From July to December 2016, of the 998 crisis episodes, the child remained in their community after the crisis 825 times or 82.7% of the time.

The 2014 baseline measure included people from age 18 to 21. Under the new reporting system, the measure includes children ages birth to 17. People from age 18 to 21 are now included in the Crisis Services Goal 2 measure for adults.

COMMENT ON PERFORMANCE:

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

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more. [Revised in February 2017]

2017 Goal

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%

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

RESULTS:

The goal is not on track to meet the 2017 goal of 60%.

Time period	Total Episodes	Community	Treatment	Other
Annual Goal (6 months data) January – June 2016	5,206	3,008 (57.8%)	1,463 (28.1%)	735 (14.1%)
Semi-annual July – December 2016	4,859	2,661 (55%)	1,497 (31%)	701 (14%)

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

ANALYSIS OF DATA:

From July to December 2016, of the 4,859 episodes, the person remained in their community 2,661 times or 55% of the time. This is a decrease from the baseline.

COMMENT ON PERFORMANCE:

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

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

TIMELINESS OF DATA:

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

PROPOSED BASELINES AND MEASURABLE GOALS

Preventing Abuse and Neglect Goal Two provides that by January 31, 2017, a baseline and annual goals for the number of emergency room (ER) visits and hospitalizations due to abuse and neglect will be established.

A new baseline was established and approved by the Subcabinet at the May 22, 2017 meeting and is included below. This is the first Quarterly Report using the baseline.

PREVENTING ABUSE AND NEGLECT GOAL TWO: 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.

ANNUAL GOALS:

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.
 - By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
 - By January 31, 2019, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline
 - By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 50% compared to baseline
-

2017 Goal

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

RESULTS:

The 2017 goal to establish a baseline was **met**.

Baseline:

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

Annual Goals:

The annual goals that were previously established for 2018, 2019, and 2020 can remain as they are with no revisions.

ANALYSIS OF DATA:

Hospital data was divided into the 11 different Economic Development Regions (EDR) to conduct a regional analysis. While over half of Minnesota's population lives in the 7 county metro area, the most cases were located in the South Central region. The South Central EDR contains the following counties:

⁵ After this report was approved by the Subcabinet, it was discovered that the baseline was improperly calculated using a span of four years rather than the actual five year span. This resulted in the Subcabinet approving a baseline of 50. The corrected baseline of 40 is included in this report and will be brought back to the Subcabinet for ratification in June 2017.

Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan, for a total population of 231,683. Though the population of the 7 county metro is over 23 times larger than that of the South Central EDR, 114 of the total 199 (57%) hospital visits were located in the South Central EDR. The next two highest regions included the 7 county metro area with a total of 45 (23%), and the Arrowhead EDR, with a total of 17 (9%). Information about Minnesota's EDR's can be found here:

<https://apps.deed.state.mn.us/assets/lmi/areamap/edr.shtml>

This data is provided annually from the Minnesota Hospital Association (MHA) to the Division of Health Promotion and Chronic Disease (HPCD) at Minnesota Department of Health (MDH). HPCD then provides only the data relevant to this Preventing Abuse and Neglect goal to the Health Regulation Division at MDH in an aggregate level, as to not allow any providers or individuals to be identified. However, this data is self-reported information from the hospitals and so it relies on hospital staff coding information consistently across the state. MDH has no reason to believe the data is not reliable and valid, but acknowledges the limitations of self-reported data.

Since the South Central EDR is comprised of nine different counties, it is not possible that this outlier is the result of one staff person or even one hospital coding more completely or consistently than staff at other hospitals across the state; although it could be evidence of more robust reporting from one hospital system. It is also possible that the reporting in other areas of the state is not as robust as it is in the South Central EDR. Based on our analysis of the baseline data, we will treat the South Central EDR as an area to concentrate our public campaign efforts on, but will also be mindful that there may be other discrepancies at play that could be causing the higher incidence of reporting in this area.

Therefore, while it currently appears that this outlier is reflecting a region where abuse and neglect of individuals with disabilities is occurring at a higher rate than the rest of the state, MDH intends to monitor this outlier over time. We also intend to look at collateral data, such as licensing and/or certification survey data, to help validate or refute the results of the MHA baseline data.

COMMENT ON PERFORMANCE:

Progress toward the goal is determined to be on track for meeting the goal. The public education campaign targeted to providers who serve individuals with disabilities, individuals with disabilities, families, and advocates is set to be initiated July 1, 2017. Targeted prevention efforts will also be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

TIMELINESS OF DATA:

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and the mid-year reviews completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

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

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

The summary of those reviews are below.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015	67	41	19	7	0
January 2016	49	18	25	6	0
February 2016	42	24	10	8	0
March 2016	34	19	10	5	0
April 2016	30	13	15	2	0
May 2016	28	15	13	0	0
June 2016	25	19	5	1	0
July 2016	53	47	4	2	0
August 2016	30	23	6	1	0
September 2016	15	8	6	1	0
October 2016	16	10	5	1	0
November 2016	25	21	4	0	0
December 2016	14	11	3	0	0
January 2017	40	35	2	3	0
February 2017	24	18	6	0	0
March 2017	15	10	4	1	1
April 2017	15	12	3	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff will complete a mid-year review of all measurable goals that are reported on an annual basis to monitor progress, verify accuracy, completeness and timeliness, and identify risk areas. The OIO Compliance staff will report any concerns identified through these reviews to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet will be included in the quarterly report following the action.

There were no mid-year reviews completed during this quarter.

VII. ADDENDUM

DATA DISCREPANCIES FOR TRANSITION SERVICES GOAL ONE A/B

Transition Services Goal One in the Olmstead Plan measures the number of people who moved from segregated settings to more integrated settings.

In the February 2017 Quarterly Report process, DHS and Olmstead Implementation Office (OIO) Compliance staff identified an issue with the data that was used to measure moves from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) and Nursing Facilities (NF). The February 2017 Quarterly Report flagged the potential data issue and noted that: "OIO Compliance staff will conduct a verification review with DHS and report the findings and recommendations to the Subcabinet in March 2017."

A verification review was conducted with DHS and OIO Compliance. Results of the verification review and recommendations were presented to the Olmstead Subcabinet Executive Committee on March 13, 2017. The findings determined that in compiling the data for July 2014 – June 2016, data definitions for living arrangements and deaths were different than when Medical Assistance (MA) claims data is used. DHS determined that MA claims data provides more accurate data definitions for living arrangements and deaths.

The Olmstead Subcabinet Executive Committee agreed with DHS recommendations that future reports will use MA claims data to measure progress on Transition Services Goals One A and One B. DHS also committed to review the previously reported data and provide updated information using the MA claims data.

The tables below provide information showing the data that was reported for the 2015 and 2016 annual goals in previous reports as well as the adjusted reporting using the MA claims data.

Transition Services One A – Number of people who moved from ICFs/DD to a more integrated setting.

Previously Reported

The 2015 goal of 84 was **not met**.

The 2016 goal of 84 was **met**.

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	158	24	63	71
July 2015 – June 2016	214	34	79	101

Adjusted Reporting (using MA Claims data)

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	138	18	62	58
July 2015 – June 2016	180	27	72	81

The 2015 goal of 84 was **not met**.

The 2016 goal of 84 was **not met**.

The results for the period of July 2014 – June 2016 indicate:

- total number of individuals leaving overreported by 54
- transfers overreported by 13
- deaths overreported by 8
- net moved to integrated settings overreported by 33
- 2016 goal previously reported as met, was not met using MA claims data

Transition Services One B – Number of people who moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting.

Previously Reported

The 2015 goal of 740 was met.

The 2016 goal of 740 was met.

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	779
July 2015 – June 2016	1,554	130	657	767

Adjusted Reporting (using MA Claims data)

The 2015 goal of 740 was met.

The 2016 goal of 740 was not met.

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	1,043	70	224	749
July 2015 – June 2016	1,018	91	198	729

The results for the period of July 2014 – June 2016 indicate:

- total number of individuals leaving overreported by 1,002
- transfers overreported by 172
- deaths overreported by 762
- net moved to integrated settings overreported by 68
- 2016 goal previously reported as met, was not met using MA claims data

ENDNOTES

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

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

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

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

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

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

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

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

VERIFICATION OF MICHAEL TESSNEER

Minnesota Department of Human
Services, et al.,

Defendants.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, May 22, 2017" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:



Michael Tessneer
Director of Compliance
Olmstead Implementation Office

May 30, 2017

Subscribed and sworn to before me on

May 30, 2017

Danielle L. Strickland
NOTARY PUBLIC

