

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2016

DATE APPROVED BY SUBCABINET

November 21, 2016

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I. PURPOSE OF REPORT

This quarterly report to the Court and the public provides the status of work being done by state agencies to implement the Olmstead Plan. As directed by the Court, 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 of November 21, 2016 includes data acquired through October 31, 2016. Progress on each measurable goal will be reported either quarterly, semi-annually, or annually in accordance with the Court Orders issued on February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578).ⁱ

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

EXECUTIVE SUMMARY

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

Status of Goals November 2016 Quarterly Report	Number of Goals
Met annual goal	7
On track to meet annual goal	3
In Process	5
Not on track to meet annual goal	1
Did not meet annual goal	3
Goals Reported	19

During this quarter, two Olmstead Plan milestones were reached: (1) the CADI waiver waiting list was eliminated and (2) the number of individuals approved for emergency use of mechanical restraint was reduced to 13, an all-time low. Additionally there are two goals reported on this quarter that need work to improve progress. One goal relates to reducing the number of reports of the use of mechanical restraints. Another goal relates to increasing the number of passenger trips using public transportation in Greater Minnesota.

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)	Jan – Mar 2016	34
• Nursing Facilities	Jan – Mar 2016	185
• Other segregated settings	Next report Feb 2017	Next report Feb 2017
• Anoka Metro Regional Treatment Center (AMRTC)	July – Sept 2016	34
• Minnesota Security Hospital (MSH)	July – Sept 2016	23
Net number who moved from segregated to integrated settings		276

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.

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:

	Baseline Calendar year 2014	June 30, 2015 Goal	June 30, 2016 Goal
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740
C) Segregated housing other than listed above	Not Available ^{iv}	50	250
Total		874	1,074

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

2016 goal

- For the year ending June 30, 2016 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 2016 goal of 84.

Time Period	Total number of individuals leaving	Transfers ^v (-)	Deaths (-)	Net moved to integrated setting
July 2014 - June 2015	158	24	63	71
Quarter 1 (July – September 2015)	37	7	14	16
Quarter 2 (October – December 2015)	57	11	23	23
Quarter 3 (January – March 2016)	63	5	24	34
Totals Q1 + Q2 + Q3	157	23	61	73

ANALYSIS OF DATA:

From January – March 2016, the number of people moving from an ICF/DD to a more integrated setting was 34, which is eleven more than the previous quarter. In the past three quarters, a total of 73 people moved from an ICF/DD to a more integrated setting. This is approximately 84% of the annual goal of 84.

COMMENT ON PERFORMANCE:

The Department of Human Services (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. The agency is finding that some individuals who expressed an interest in moving are declining to begin planning or move in that 12-month timeframe.

All individuals living in ICFs/DD will be reassessed by December 2016, to determine if they would choose to move to an integrated setting, if they are not opposed to moving to an integrated setting or choose to remain in a segregated setting. DHS will provide technical assistance to lead agencies, to identify and resolve barriers to achieve movement to integrated settings.

For those leaving an institutional setting such as an ICF/DD, the new reasonable pace standard 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 introduced in February 2016. Work is being done 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 providers have expressed an interest in voluntary closures of ICFs/DD. DHS is working to support the planning process for integrated community service development, and firm up timelines for transitions. These closures would permanently reduce bed capacity.

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

2016 goal

- For the year ending June 30, 2016 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:

This goal is **on track** to meet the 2016 goal of 740.

Time Period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	779
Quarter 1 (July – September 2015)	374	23	171	180
Quarter 2 (October – December 2015)	511	59	221	231
Quarter 3 (January – March 2016)	370	26	159	185
Totals Q1 + Q2 + Q3	1,255	108	551	596

ANALYSIS OF DATA:

From January – March 2016, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 185, compared to 231 people in the previous quarter. 596 people under the age of 65 have moved to more integrated settings in the past three quarters. This is 80% of the annual goal. If moves continue at approximately the same rate, the 2016 goal of 740 is expected to be met.

COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who have not refused or opposed 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 rental subsidies became available to some individuals moving from institutional settings. Forty-five individuals with a disability, including 11 who have moved from institutional settings, have been housed in Section 811 units to date.

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, 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

2016 goal

- For the year ending June 30, 2016 the number of people who have moved from other segregated housing to a more integrated setting will be **250**.

RESULTS:

The data development for this goal area was not available for the November 2016 Quarterly Report due to limited information technology resources and competing data priorities for other goal areas. OIO Compliance staff are working with DHS to ensure the agency puts the necessary processes and timelines in place so that the data will be collected and verified. It is expected that baseline data and reliable, verified measurements will be reported in the February 2017 Quarterly Report.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people 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^{vi} will be reduced to 30% (based on daily average).

2017 goal

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

Baseline: During the period from July 2014 – June 2015, a change in utilization of AMRTC caused an increase in the percent of the target population to 36%.

RESULTS:

This goal is **on track** to meet the 2017 goal of $\leq 33\%$.

Time Period	Total number of individuals leaving	Transfers ^v (-)	Deaths (-)	Net moved to integrated setting	% awaiting discharge
July 2015 – June 2016	281	167	0	114	Avg = 42.5%
Quarter 1 (July – September 2016)	61	27	0	34	Avg = 37.0%

ANALYSIS OF DATA:

From July – September 2016, the average percent of people at AMRTC awaiting discharge was 37.0% compared to 38.4% in the previous quarter. There has been a downward trend over the last two quarters. If this continues at the same rate, this goal is on track to meet the 2017 goal.

COMMENT ON PERFORMANCE:

When an individual is accused of committing a crime, but is deemed mentally unfit to stand trial, the State of Minnesota sends that person to a mental health facility to receive treatment before eventually standing trial. Today, many of these individuals are cared for in secure treatment centers or at a hospital level of care at Anoka Metro Regional Treatment Center (AMRTC), though they could be served in a less-intensive setting. Having these individuals at AMRTC detracts from the target population and the work of getting more people out of AMRTC.

In order to make progress on this goal, structural and systemic changes in the mental health system and housing access need to be made. These changes will ensure that individuals exiting AMRTC have integrated living options, and receive timely care.

Common barriers which result in delayed discharges for those at AMRTC include:

- A lack of housing vacancies and closed waiting lists for housing.
- Community providers that do not feel they can meet the needs of individuals referred due to behaviors that can be common among AMRTC clients:
 - 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);
 - Low reimbursement rates for patients over the age of 65 due to the limits of Elderly Waiver per diem rates; and
 - Not being willing to take medication in the community.

DHS, lead agencies and providers work with individuals facing these barriers to develop plans that lead to discharge.

Activities that may have an impact on this goal include:

- Under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations are expected in November 2016.
- The creation of a Competency Restoration Program for individuals who do not require hospital level of care will help reduce the number of individuals at AMRTC.
- DHS has developed a plan to realign mental health and chemical dependency treatment facilities in St. Peter with the following anticipated transition timeline:
 - October 1, 2016 – Stop admissions to the St. Peter Community Behavioral Health Hospital (CBHH) in preparation for closing the facility.
 - November 7, 2016 – Transfer all remaining patients at St. Peter's CBHH to one of the six other CBHHs throughout the state.
 - November 30, 2016 – Move all Community Addiction Recovery Enterprise (C.A.R.E) patients to the former CBHH facility.
 - Early 2017 – Open new Competency Restoration Program in the former C.A.R.E. facility.

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 will increase to 14 individuals per month.

2016 goal

- For year ending December 31, 2016 the average monthly number of discharges will increase to ≥ 11

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) was 9 individuals per month.

RESULTS:

The goal is **not on track** to meet the 2016 goal.

Time period	Total number of individuals leaving	Transfers ^v (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
Quarter 1 (January – March 2016)	40	23	1	16 Average = 5.3
Quarter 2 (April – June 2016)	47	26	1	20 Average = 6.7
Quarter 3 (July – September 2016)	45	21	1	23 Average = 7.7
Totals Q1 + Q2 + Q3	132	70	3	59 Average = 6.6

ANALYSIS OF DATA:

From July – September 2016, the monthly average number of discharges from MSH to a more integrated setting was 7.7, compared to 6.7 in the previous quarter. In the past three quarters, there has been an increase in the net number of people moving to integrated settings.

COMMENT ON PERFORMANCE:

To increase the number of individuals leaving MSH, staff conducted the following activities:

Current efforts to increase the number of transitions include working with the counties to increase the number of providers that are willing and able to serve individuals transitioning into the community from MSH. MSH continues to participate in collaboration meetings with Hennepin County every two months, and with Dakota and Ramsey County, as needed. The focus is on identifying individuals who are able to be served in more integrated settings, while working to expand community capacity.

MSH continues to partner with Whatever It Takes grant recipients to create more opportunities to successfully transition individuals from MSH to the community. The grantees include selected counties and providers.

MSH has consulted with a variety of DHS divisions to implement newer practices, in an effort to expand re-integration options for individuals served.

Examples include:

- Consulted with DHS Licensing for newly created, and customized homes, developed by private community-based providers.
- Considered developing customized living arrangement for individual, who would receive state-provided staffing (due to unique needs).
- Considered options for individuals over the age of 65, who only qualify for Elderly Waiver.

To make a significant impact on the timely re-integration of individuals at MSH to integrated settings requires structural and larger systemic changes.

In addition to the activities noted above, under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations are expected in November 2016.

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.

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 standards have been established for each of these categories.

Data was available from the new urgency categorization system beginning in June 2016 and first included in the August 2016 quarterly report. The baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be included in the February 2017 quarterly report.

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 October 1, 2016 goal to eliminate the CADI waiting list was **met**.

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>

ANALYSIS OF DATA:

As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list has been eliminated.

COMMENT ON PERFORMANCE:

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

Baseline: In April 2015, there were 3,586 individuals on the DD waiver waiting list.

(The 2015 baseline was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. A new baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be reported in the February 2017 quarterly report.)

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
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
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%)

ANALYSIS OF DATA:

From April – June 2016, of the 480 individuals on the Developmental Disabilities (DD) waiver waiting list, 212 individuals (44%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 324 individuals assessed, 131 individuals (41%) had funding approved within 45 days of assessment.

COMMENT ON PERFORMANCE:

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

Some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

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.

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
January – March 2016	14	1 (7%)
April – June 2016	31	9 (29%)

IMMEDIATE NEED CATEGORY

Time Period	Number of people assessed	Still on waiting list
January – March 2016	93	10 (11%)
April – June 2016	126	10 (8%)

ANALYSIS OF DATA:

From April – June 2016, for persons in the institutional exit category, 9 individuals remained on the DD waiver waiting list at the end of the reporting period. For persons in the immediate need category, 10 individuals remained on the DD waiver waiting list at the end of the reporting period.

COMMENT ON PERFORMANCE:

DHS focuses a large amount of waitlist 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 work with the lead agency to approve funding for persons in these categories.

Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year. We will continue to monitor.

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.

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%)

ANALYSIS OF DATA:

From April – June 2016, for persons in defined need category, 102 people out of 323 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 and Immediate 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. 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. Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

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. The 2016 NCI survey results 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. A vendor was selected and a contract was entered into with The Improve Group on October 6, 2016. The OIO is meeting with The Improve Group on a weekly basis to implement the survey through the Quality of Life Survey Administration Plan.

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.

Baseline: During the period July 2014 – June 2015, 38,550 people were served by disability home and community based services. However, a baseline for the current percentage of plans that meet the principles of person centered planning and informed choice needs to be established.

RESULTS:

This goal is **in process**. The Person Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. The audit process to measure progress is in place. The first year's data will be used to set a baseline. This baseline will be presented to the Subcabinet at the February 2017 meeting.

Interim quarterly reporting began in May 2016 and includes the total number of cases, the number of cases reviewed, and identification of the counties participating in the audit.

Audit Sample

Time Period	Total Number of Cases (Disability Waivers)	Sample of Cases Reviewed ^{vii} (Disability Waivers)
July – September 2015	617	155
October – December 2015	3,005	432
January – March 2016	9,375	556
April – June 2016	1,762	323
July – September 2016	1,682	289
Totals	16,441	1,755

Counties Participating in the Audit*

July – September 2015	October – December 2015	January – March 2016	April – June 2016	July – September 2016
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville	30. Hubbard
2. Itasca	8. Faribault	14. Carver	20. Traverse	31. Cass
3. Wadena	9. Martin	15. Wright	21. Douglas	32. Nobles
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope	33. Becker
5. Mahnomen	11. Isanti	17. Wabasha	23. Stevens	34. Clearwater
6. Norman	12. Olmsted	18. Crow Wing	24. Grant	35. Polk
			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)

ANALYSIS OF DATA:

From July 2015 through September 2016, a total of 1,755 case files have been reviewed throughout the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)) across 37 lead agencies. Lead agencies include counties and tribes.

COMMENT ON PERFORMANCE:

The review process uses multiple methods to gather and review data, such as Medicaid Management Information Systems (MMIS) downloads, review of case files, interviews with agency leadership, and focus groups with agency staff. Part of the onsite activities is case file review, where a sample of case files from each program is reviewed using a sampling strategy prescribed and approved by the Center for Medicare and Medicaid Service (CMS). This sampling methodology allows us to determine the presence or absence of compliance within and across all programs. The purpose of the case file review is to identify areas of non-compliance with technical requirements and to identify tools and practices used by the lead agency that contribute to both strong technical compliance and improved outcomes for individuals, including person-centered practices. The results of case file review are reported to CMS.

As a result of new regulations such as CMS Home and Community-Based Services (HCBS) Settings Rule, an increased focus has been placed on person-centered practices during this round of Lead Agency Reviews including those required in the person-centered informed choice and transition protocols. There have been changes and updates to Lead Agency Review protocols to respond to person-centered requirements in order to assure consistent practices across all lead agencies. This includes the evaluation of items in individuals' care plans such as strengths, dreams and aspirations, a person's preference for working, living, and learning and documentation of their satisfaction with services and supports. Once the final analysis is complete, a report is prepared for each lead agency and recommendations are given.

Of the 8 agencies reviewed this quarter, all have received recommendations relating to person-centered planning and thinking. Recommendations include:

- Encourage lead agencies to set expectations for the quality and content of support plans.
- Train staff on providing person-centered services.
- Encourage changes in agency practices.
- Encourage changes to how agencies work with community partners.

TIMELINESS OF DATA:

During the interim, data will be reported one month after the end of the reporting period, in order to be reliable and valid. Beginning in February 2017, in order for this data to be reliable and valid, it will be reported five 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.

2016 Goal

- By June 30, 2016 the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 51 individuals**

Annual Baseline: In 2014 the number of individuals who experienced a restrictive procedure was 1,076.
In 2015 the number of individuals who experienced a restrictive procedure was 867.

RESULTS:

This 2016 goal to reduce by 51 individuals was **met**.

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 2015)	299 (duplicated)	N/A- quarterly status of annual goal
Quarter 2 (October - December 2015)	297 (duplicated)	N/A - quarterly status of annual goal
Quarter 3 (January – March 2016)	348 (duplicated)	N/A– quarterly status of annual goal
Quarter 4 (April – June 2016)	316 (duplicated)	N/A - quarterly status of annual goal

ANALYSIS OF DATA:

The 2016 annual goal to reduce the number of people experiencing restrictive procedures by 5% from the previous year or 51 individuals was met. From July 2015 to June 2016 the number of individuals who experienced a restrictive procedure was 761 (a reduction of 106 (12.2%) from the previous year).

COMMENT ON PERFORMANCE:

There were 316 individuals who experienced a restrictive procedure this quarter:

- 281 individuals were only subject to Emergency Use of Manual Restraint (EUMR). Such emergency restraints are not prohibited and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 35 individuals experienced 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* 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 3).

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

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, 2016 the number of reports of restrictive procedures will be reduced by **409**.

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

RESULTS:

The 2016 goal to reduce the number of reports by 409 was **met**.

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 2015)	907	N/A – quarterly status of annual goal
Quarter 2 (October – December 2015)	1,019	N/A – quarterly status of annual goal
Quarter 3 (January – March 2016)	1,039	N/A – quarterly status of annual goal
Quarter 4 (April – June 2016)	1,006	NA – quarterly status of annual goal
Total (Q1 + Q2 + Q3 + Q4)	3,971	N/A – quarterly status of annual goal

*The annual total of 4,008 is greater than the sum of the four quarters or 3,971. This is due to late submission of 37 BIRF reports of restrictive procedures throughout the four quarters.

ANALYSIS OF DATA:

The 2016 annual goal to reduce the number of reports by 409 was met; the number of reports was reduced by 1,116. From April to June 2016, the number of BIRF reports was 1,006 compared to 1,039 in the previous quarter, with a downward trend continuing.

COMMENT ON PERFORMANCE:

There were 1006 reports of restrictive procedure this quarter.

- 799 reports were for emergency use of manual restraint (EUMR). Such EUMRs are not prohibited 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 (convening in March 2017) will have the duty to review and respond to BIRF reports involving EUMRs. It is anticipated the Committee’s work will help reduce the larger number of people who experience emergency restraints (see Positive Supports Goal 1) and the number of EUMR reports through the guidance they will provide to license holders regarding specific uses of EUMRs.

- 207 reports involved 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 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 3.

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^{viii}, 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 ≤ 93 reports and ≤ 7 individuals.
-

2016 Goal

- By June 30, 2016, reduce mechanical restraints to no more than
 - 369 reports of mechanical restraint
 - 25 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:

The 2016 goal to reduce the number of reports to 369 was **not met**.

The 2016 goal to reduce the number of individuals to 25 was **met**.

Time period	Number of Reports during the time period	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 2015)	144	19
Quarter 2 (October – December 2015)	178	16
Quarter 3 (January – March 2016)	168	16
Quarter 4 (April – June 2016)	184	13
Total (Q1 + Q2 + Q3 + Q4)	674	---

* The annual total of 691 is greater than the sum of the four quarters or 674. This is due to late submission of 17 BIRF reports of mechanical restraints throughout the four quarters.

ANALYSIS OF DATA:

This goal has two measures. One of the measures met the 2016 goal, and the other did not.

From July 2015 to June 2016, the number of reports of mechanical restraint was 691. Although the number of reports decreased by 221 from 2015, the 2016 annual goal to reduce to 369 reports was not met.

At the end of the reporting period (July 2015 to June 2016), the number of individuals for whom the emergency use of mechanical restraint was approved was 13. The 2016 goal of no more than 25 individuals was met.

During Quarter 4 (April to June 2016), the number of reports increased to 184, compared to 168 in the previous quarter. More information regarding the 184 reports is provided below.

During Quarter 4 (April to June 2016), the number of individuals approved for use of mechanical restraint decreased to 13 individuals compared to the 16 individuals in the previous quarter.

COMMENT ON PERFORMANCE:

On August 31, 2015, the Positive Supports Rule went into effect for 245A licensed services when the services are provided to an individual with a developmental disability. This increased the number of DHS licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) by more than 16,000. In situations where mechanical restraints have been in use, these providers are required to develop a Positive Support Transition Plan within 30 days of the implementation of the Positive Supports Rule, and to phase out the use of mechanical restraints by August 31, 2016.

To continue the use of mechanical restraints beyond the phase out period, a provider must submit a request for the emergency use of these procedures. These requests are 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 consists of members with knowledge and expertise in the use of positive supports strategies. The IRP sends 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 includes a written list of person-specific recommendations to assist the provider reduce the need for use of mechanical restraints. In situations where the IRP feels a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members.

Of the 184 BIRFs reporting use of mechanical restraint:

- 110 reports involved the 13 people with review by the IRP and approval by the Commissioner for the emergency use of mechanical restraints.
- 57 reports* involving 10 people, were submitted by providers whose use is within the phase out period.
- 16 reports* were submitted for two 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.
- 1 report* involving 1 person, was inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

*DHS staff follows up on these reports with a phone call to the license holder to review the reported intervention and provide technical assistance.

With the phase out period coming to an end for providers required to submit BIRFs beginning August 31, 2015, we expect there may be new requests for the emergency use of mechanical restraints by or shortly after September 1, 2016. This may cause the number of people with approvals to increase over the next few reporting periods.

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 and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

2016 Goal

- By June 30, 2016, the number will decrease to **no more than 55 people** (percent will adjust in relation to total number served in FY 16).

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:

This goal is **in process**. The results on the annual goal will be reported in May 2017.

Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
Quarter 1 (July 2015 – September 2015)	26 (duplicated)
Quarter 2 (October – December 2015)	20 (duplicated)

ANALYSIS OF DATA:

From October to December 2015, the number of people who discontinued disability waiver services after a crisis was 20. The quarterly numbers are duplicated counts. People may discontinue 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:

DHS will continue to monitor and may recommend changing the measure to accurately reflect progress toward the reduction of people who leave community based services after a crisis.

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 on semi-annually or annually as the goal becomes due. 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.

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

2016 Goal

- By June 30, 2016 the number of individuals living in the most integrated housing with a signed lease will increase by 1,580 over baseline to 7,597 (about a 26% increase)

Baseline: From July 2013 – June 2014, there were an estimated 38,079 people living in segregated settings. Over the 10 year period ending June 30, 2014, 6,017 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing. Therefore, 6,017 is the baseline for this measure.

RESULTS:

The 2016 annual goal to increase by 1,580 over baseline was **met**.

Time period	People in integrated housing	Change from previous year	Increase over baseline
2015 Annual - July 2014 – June 2015	6,920	+903	903 (15%)
2016 Annual – July 2015 – June 2016	7,608	+688	1,591 (26.4%)

ANALYSIS OF DATA:

From July 2015 through June 2016 the number of people living in integrated housing increased by 1,591 (26.4%) over baseline to 7,608. The 2016 annual goal of an increase of 1,580 over baseline to 7,597 was met. The increase in the number of people living in integrated housing from July 2015 to June 2016 was 688 compared to an increase of 903 in the previous year.

COMMENT ON PERFORMANCE:

Although the 2016 annual goal was met, the growth was not as large as in the previous year. One contributing factor is that a housing program included in this measure is no longer accepting new participants. Other housing programs experienced a slower start due to a very tight housing market and landlords being unwilling to rent to individuals with criminal background and poor credit history.

If performance slows, this trend will be brought to the attention of the OIO and the Olmstead Subcabinet.

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.

TRANSPORTATION GOAL TWO: By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).

2015 Goal

- By 2015 the annual number of passenger trips will increase to 13,129,593.

Baseline: In 2014 the annual number of passenger trips was 12,543,553

RESULTS:

The 2015 annual goal was **not met**.

Time period	Number of passenger trips	Change from baseline
2015 Annual (January – December 2015)	12,044,074	<499,479>

ANALYSIS OF DATA:

Ridership in Greater Minnesota has decreased by 499,479 from 2014 to 2015. The number of passenger trips is 1,085,519 rides short of the 2015 goal. While in many areas of Greater Minnesota ridership has increased, most notably the rural areas, the reduction of ridership in Greater Minnesota metropolitan areas by 139,376 has offset the rural gains.

COMMENT ON PERFORMANCE:

The ridership decrease is occurring during a period of decreased gasoline prices, without any accompanying reduction in the level of transit service.

Service improvements have been identified in the MnDOT Greater Minnesota Transit Investment Plan, 2017 to improve the quality of urban service, notably span of service, frequency and coverage. Recent research^{ix} indicates that there are seven internal factors, which transit managers and operators have control over, which may have significant impacts on transit travel demand by bus mode. Those seven internal factors include: transit supply; transit fare; average headway; transit coverage; service intensity; revenue hours; and safety. There has not been a significant change to the internal factors to account for the change in ridership.

The research also finds there is one external variable, gas prices, which may have significant impacts on transit travel demand by bus mode. It is believed that the low gas prices are a contributing factor to the decrease in ridership.

Using ridership to measure progress has proven susceptible to external variables, such as gas prices. A more effective metric for measuring the availability of transit services in Greater Minnesota would be the use of service (revenue) hours rather than ridership.

During the verification process the 2014 baseline was found to be lower than expected. The actual 2014 baseline has been verified as 12,067,482. With the adjusted baseline, the reduction in trips compared to the actual baseline was 23,408. A baseline and annual goal adjustment may be recommended during the Olmstead Plan amendment process in December 2016.

TIMELINESS OF DATA:

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

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

2016 Goal

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 81%

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

RESULTS:

The 2016 annual goal was **met** (based on six months of data).

Time period	Total Episodes	Community	Treatment	Other
January – June 2016	1,302	1,085 (83.3%)	172 (13.2%)	45 (3.5%)

- 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 January to June 2016, of the 1,302 episodes, the child remained in their community after the crisis 1,085 times or 83.3% 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:

Effective January 1, 2016, Children's Mental Health Crisis Providers were required to report the disposition after a crisis event into the Mental Health Information System (MHIS). The 2016 goal to increase the percent of children who receive mental health crisis services and remain in their community was met based on six months of data.

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.

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, 2018, 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 89% or more.

2016 Goal

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 84%

Baseline: In State Fiscal Year 2014 of 5,051 episodes, the person remained in their community 82% of the time.

RESULTS:

The 2016 annual goal was **not met** (based on six months data).

Time period	Total Episodes	Community	Treatment	Other
January – June 2016	5,206	3,008 (57.8%)	1,463 (28.1%)	735 (14.1%)

- 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 January to June 2016, of the 5,206 episodes, the person remained in their community 3,008 times or 57.8% of the time. This measure includes persons over the age of 18.

The 2014 baseline counted only Medical Assistance (MA) recipients. Under the new reporting system, DHS counts the number of all people who remained in the community during the reporting period, regardless of the payment source.

COMMENT ON PERFORMANCE:

Effective January 1, 2016, Adult Mental Health Crisis Providers were required to report the location of residence after a crisis event into the Mental Health Information System (MHIS). Prior to January 1, 2016, mental health providers only reported if the individual was admitted to an inpatient psychiatric unit.

During the verification process, the data reporting method was defined to truly reflect the goal's intention. A baseline and annual goal adjustment during the Olmstead Plan amendment process in December 2016 may be recommended.

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.

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.

PREVENTING ABUSE AND NEGLECT GOAL ONE: 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, and which includes at least the following elements:

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major “Stop Abuse” campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters.

Annual goals will be established based on the timetable set forth in the abuse prevention plan.

RESULTS:

The goal was **met**. The [Abuse and Prevention Plan](#) was approved by the Olmstead Subcabinet on September 28, 2016. One of the recommendations in the Plan is the appointment of a Specialty Committee to oversee the Abuse and Prevention Plan. A charter for the Specialty Committee was reviewed and conceptually approved by the Olmstead Subcabinet on October 24, 2016. The charter clarifies which of the Plan recommendations will be the responsibility of the Specialty Committee, and which will be the responsibility of the state agencies.

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.^x

The first review of workplan activities occurred in December 2015 and included activities with deadlines through November 30, 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

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

There is no addendum to this quarterly report.

ENDNOTES

ⁱ As required by the Court's June 21, 2016 Order (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. In light of that Order, Employment Goal One will be reported in the February 2017 quarterly report.

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} A baseline is not available because there is no standardized informed choice process currently in place to determine how many individuals in segregated settings would choose or not oppose moving to an integrated setting. Once this baseline is established, the goals will be re-evaluated and revised as appropriate.

^v 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.

^{vi} 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.

^{vii} The sampling strategy is based upon requirements approved by CMS.

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

^{ix} MTI Report 12-30: Investigating the Determining Factors for Transit Travel Demand by Bus Mode in US Metropolitan Statistical Areas, Mineta Transportation Institute, 2015.

^x 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.