

Public Comments Received for Amend and Extend the Olmstead Plan 2017-2018

Round One

December 20, 2017 – January 31, 2018

(Including rescheduled session on February 5, 2018)

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Please note that personal information has been redacted.

Comments Received

12/20/17 through 12/27/17

1) Online Input Form #62922584: Female, 40-59, Central Region, Family member, Caucasian or White

- Overall Plan Comments

I intend to take a longer look at the plan revisions and make more comments later, however am taking the time now to comment on what seems to me to be a big hole in the plan when it come to implementation.

That 'HOLE', or rather 'loophole' is a situation that I have run into recently.....one in which there is a 'professional' guardian hand-picked by the county human services agency to replace a private guardian, with no complaints registered about the services provided by the private guardian. The county, in the proceedings, is represented by the county attorney. The ward is represented by a court appointed attorney...and that attorney seemingly is the 'go to' attorney for the courts. The sitting guardian is not offered representation. The hand-picked professional guardian is offered a court appointed attorney.....also the single 'go-to' firm used by the courts.

In the course of the pre-hearing proceedings the sitting private guardian is advised by the 'go-to' appointed counsel for the ward that (1) Professional guardians are able to do a better and more objective job than parents or family members. (2) even though the ward presently lives in what most would call the peak of independence, short of getting her own apartment, 'moving her to a group home setting can be a forward move as 'most people who live in those group situations tend to look at the others in the group as family at some point down the line.' (3) 'Olmstead does not support least restrictive in terms of private guardianship; in fact , and Olmstead does not support decisions made by people closest to the person. Decisions need to be made by objective people.'

So, so far in this scenario, there is legal counsel for everyone other than the person who is in the position to know the ward best. The county hand-picks the guardian (translation: The Professional guardian relies upon the county agency for referrals and for his/her livelihood) Conflict of Interest, in my opinion, which can cloud the objectivity of the professional guardian.

THEN, lets look at the 'go-to' counsel for the hand-picked guardian. Professional guardians also rely upon referrals from attorneys placed in the role of representing vulnerable people. CONFLICT of Interest - my book.

Now there are four important players walking in lock-step;; county agency, counsel for the ward, counsel for the professional guardian. Where is the objectivity.

Next piece of the puzzle: In the wake of Olmstead, there is a likelihood that people are finding ways to leave some group living situations or at least are on the move to find the least restrictive setting with least paid supports....and that likely this push comes from having a private guardian driving the push....looking out for best interests of the person.

The group settings cannot maintain financially if there is an opening.

With the situation such that four 'professional' people of authority now walk in lock step and have demonstrated how easily they can elbow out those that dare to disagree, is it any wonder that people are left vulnerable to being shuttled into the vacancies left in group homes....whether that placement is in the best interest or not.

According to one present situation, the ward is being target for a move from an independent living situation in a private home, in the city of her birth and where all present supports exists. The intended site, described by the professional powers, is to a town 20 miles away, and into a group home with three women, for the purpose of 'increasing her skills of independence.'

This is just nuts.....my opinion. And any challenge to these authorities, on behalf of the ward, including a request for an independent GAL to be appointed....is met with a congressing of the professionals already involved, and their legal counsel....with advise to the advocate to stop trying to upset the plan.

I will add more later. Just had to get this out for now.

2) Online Input Form #62957671: Male, 40-59, Metro, Family member, Caucasian or White

- Person centered planning

I always find it humorous that we attempt to invoke Person Centered Planning and at the same time someone - the Olmsted Plan being the impetus - has decided that 'more integrated settings' are best for persons with disabilities.

What if the person or the family WANTS a less integrated setting for living, working, or educating? Are we going to force them into a more integrated setting to meet a goal or allow them to choose under the principles of Person Centered Planning?

- Housing and services

Housing is a very personal choice. The fact that it is 'more integrated' is NOT necessarily the best option for all people with disabilities. Just because people who do not have disabilities are around, doesn't make it a great place to live.

- Employment

The unintended consequences of pushing people toward competitive employment is many who are leaving any type of work at all. My daughter is a good example. I'd rather have her get through her day in a positive manner rather than spending time and energy working toward a goal that she's never going to achieve. She doesn't want to work for a competitive wage, she doesn't care what she makes. She was happy getting a small paycheck and now that's not going to be possible in the setting she's moving into.

- Waiting lists

This has been an area of positive change as far as waived services go. The waiting lists are shrinking or staying at zero.

However, in other areas such as Day Training and Habilitation (DTH) programs, the waiting lists are off the charts. My daughter waited over 2 years to get into a program that met her needs. My clients wait 6 months to 2 years to get into programs that meet their needs. This is all because someone - the Olmsted Plan being the impetus - wants them in 'more integrated settings.'

- **Preventing abuse and neglect**

The decrease in use of serious interventions such as mechanical restraints is a wonderful thing. However, the pendulum has swung too far. Staff in many situations - schools, work programs, etc. either have no ability to 'restrain' an individual or do not have any effective tools to prevent an individual from harming themselves or others.

Taking away effective and safe uses of physical interventions has actually caused harm to others. It is in essence letting the 'inmates run the asylum.'

- **Overall plan comments**

The initial intent of the Olmsted decision was a good one, but it's gone too far. There are so many things that contradict each other in the implementation of this plan.

If the first and foremost idea was indeed the betterment of the individual and the principles of Person Centered Planning, then many of the specific areas being addressed in this plan would not be here at all.

No one who's lived with disability (like my 4 adult children with DD diagnoses), would agree that a 'more integrated setting' is the right thing for 100% of the population. There are so many reasons to offer a menu of options that meets all needs, but we've swung the pendulum so far toward the 'more integrated setting' idea that many who do not benefit from that are being harmed.

My oldest daughter is the best example. She will never accomplish certain things in her life - work being one of them. But forcing services around her to be 'more integrated' has delayed her ability to participate in a program and has actually caused her to be more isolated for a time.

Sadly, the Olmsted ship has sailed and I really doubt that anything will be done to realize some of the errors of our ways and to offer true and meaningful choice across a spectrum of services that truly follows the Person Centered concept.

Putting all of the measurable goals address in this plan does only one thing. It shows where or not people with disabilities are moving from point A (less integrated) to point B (more integrated) settings. The goals do absolutely nothing to address the quality of life of the individuals in those settings. Sure they may hang out with more people who do not have disabilities, but if they are less happy or more anxious then what have we really accomplished?

- **Amendment: Waiting Lists Goals One-Five**

This is one of the few areas where things are being done right. Giving people services such as HCB waivers is the absolute best way to offer someone choice and access to services that will meet their

preferences and their needs. Without waivers and more specifically the CDCS option, people would continue in situations where they had less control and less choice.

12/28/17 through 1/3/18

No comments were received during this time.

1/4/18 through 1/10/18

3) **Online Input Form # 63146158:** Female, 60+, Does not identify as a person with a disability, Caucasian or White

- **Overall plan comments**

People with disabilities that connect with [redacted text] assert: “As people with disabilities, we have the right to make choices about our lives.” When asked what stops them from getting what they want out of life, the response is overwhelmingly related to a power-over dynamic with service providers, parents and guardians. As one self-advocate said, “You know, my life would be pretty good if it weren’t for my staff and parents.” It is a tough road for self-advocates to carry the message of disability as a human and civil rights issue to those who see their primary role as keeping their loved one or client safe and away harm’s way. We all agree that being safe is a good thing. But when safety is the lens from which life decisions are made, it can limit options and create a narrow view of what is possible.

Service providers, families and guardians are the gate-keepers to opportunity. These gate-keepers often have a world-view that does not include disability as a human and civil rights issue. Many of them stand in the way of allowing self-advocates to rise to a higher level of liberation.

As more people with developmental disabilities learn about and begin to advocate for their rights, it is becoming increasingly important that gate-keepers change. Minnesota's Olmstead Plan should include goals and methods for gatekeepers to learn more about the tenets of human and civil rights and to start building knowledge and skills to support people to achieve more integration. The Olmstead Plan could include changing the frame within which gatekeepers view their authority to give the thumbs up or down to the dreams and goals of the people they love/work with.

4) **Online Input Form # 63220489:** information not provided

- **Overall plan comments**

Whereas, in *Olmstead v. L. C.*, 527 U.S. 581 (1999), the United States Supreme Court interpreted Title II of the ADA to require states to place individuals with disabilities in community settings, rather than institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities;

5) **Online Input Form # 63249469:** Female, 60+, Does not identify as a person with a disability, Caucasian or White

- **Person centered planning**

At [redacted text], we are seeing that persons participating in Person Centered Planning meetings include (many times exclusively) those with a financial interest in the provision of services. The Minnesota Olmstead Plan could address this conflict of interest. The Olmstead Plan could model after MNChoices Assessment statute 256.0911(Subd 3A) “... Persons participating in the assessment may not be a provider of service or have any financial interest in the provision of services.”

6) **Email comment:** information not provided

- **Employment**

I'm writing to provide our families strong support to continue to provide the option for center based work. Not all adults are comfortable or capable of handling a community based work assignment.

The comfort and confidence of knowing the work environment and the security of working with a caring, stable workforce at the center should not be underestimated.

For our son it is the appropriate choice and in both his and our families best interests!

We strongly encourage you to support this option, this choice, where the client and their family believes in and desires the option of center based work.

Thank you!

7) **Email comment:** information not provided

- **Person centered planning**

[redacted text], Below is the rule that prohibits paid providers from being part of the MN Choice Assessment. The suggestion that I sent via the listing session on-line form today relates to prohibiting people with a financial interest from being part of Person-Centered Planning. In my view much of what is happening now is provider-centered planning.

It is my hope that Minnesota can do something to prohibit providers from being part of the planning process. It's just such a huge conflict of interest. I'm sending you the language used to prohibit providers per MN Choices thinking you might want as a point of reference.

Thanks, [redacted text]

256B.0911 Subd 3A

Subpart (d) The assessment must be conducted in a face-to-face interview with the person being assessed and the person's legal representative. At the request of the person, other individuals may

participate in the assessment to provide information on the needs, strengths, and preferences of the person necessary to develop a community support plan that ensures the person's health and safety. Except for legal representatives or family members invited by the person, persons participating in the assessment may not be a provider of service or have any financial interest in the provision of services. For persons who are to be assessed for elderly waiver customized living services under section 256B.0915, with the permission of the person being assessed or the person's designated or legal representative, the client's current or proposed provider of services may submit a copy of the provider's nursing assessment or written report outlining its recommendations regarding the client's care needs. The person conducting the assessment must notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment prior to the assessment. For a person who is to be assessed for waiver services under section 256B.092 or 256B.49, with the permission of the person being assessed or the person's designated legal representative, the person's current provider of services may submit a written report outlining recommendations regarding the person's care needs prepared by a direct service employee with at least 20 hours of service to that client. The person conducting the assessment or reassessment must notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment and the person or the person's legal representative, and must be considered prior to the finalization of the assessment or reassessment.

Targeted Outreach Group: Minnesota Consortium for Citizens with Disabilities (MNCDD) Employment Workgroup on 1/10/18 [25 attendees, 15 who provided comments]

- Community Engagement
 - o There needs to be more buy-in from different communities.
 - o There needs to be better engagement with employers for competitive integrated employment because they do not have the tools or knowledge for working with people with disabilities.
- Communication
 - o Specifically with parents
 - Parents “heads are spinning” and there is great difficulty in keeping up with what is going on.
 - Many families and parents feel that choices are being taken away.
 - o With counties
 - Incorporate more communications with the county level
- Accountability and authority
 - o It is difficult to track who is accountable and who has authority within the Olmstead Plan.
- A concern was raised regarding DTS programs and their future and whether they will be in business much longer.
- The Employment First policy

- Is viewed that what is “integrated” is actually taking away choices and flexibility from individuals and their families.
- Majority of ID/DD depend on center based employment and would like to continue to do so.
- There are safety concerns with vulnerable adults in/entering integrated employment.
- Others felt that Employment First was a good policy because people can choose to stay or leave CBS, DTH, etc.
- We should restructure opportunities that already exist, incorporate transferable skills that lead people to competitive integrated employment
- System capacity: more and more people with disabilities are coming to Goodwill Easter Seals looking for work and the system’s resources will not be able to handle the numbers.
- People need to be listened to and there needs to be informed choice.
 - “Address people, not just numbers”
- The number one barrier for employment is transportation.
 - Are there strategies that tie into both of these? Cross agency goals and strategies?
- There needs to be an increase in transparency with competitive employment numbers.
 - Break apart numbers for CADI, DD, mental health waivers for employment
- Support families of people who are going toward competitive integrated employment
 - Family centered planning?

1/11/18 through 1/17/18

- 8) **Online Input Form # 63345529:** Female, 40-59, Metro, Does not identify as a person with a disability, Caucasian or White
- **Employment**

As a provider of employment services, I would like to say:

1. Transition Youth: there is a wide gap in in-school transition school work experience and competitive employment. Typically, when a transition age youth is referred to placement services directly from in-school transition school work experience, there are oftentimes extreme differences in expectations from the in-school work experience and competitive jobs. Prior competitive work experience, such as in an OJE or EDS service would help with basic soft skills needed for every job to support them to be more successful.

2. Transition Youth: there is a wide gap in understanding between transition schools (family members, providers often too) and needs of an employer and what is (and how to discuss) a reasonable accommodation of a person with a disability. This causes the employer to be less willing to hire and work with the person. A training on how to interact with employers would be helpful.

3. VRS: VRS is referring more people with more significant disabilities/barriers to employment services without adequate support financially or, as needed, with job coaches. There are too few job coaches and not enough funding.

4. VRS: Where are the people who haven't been in sheltered employment or who aren't transition youth? There are lots of people with disabilities who do not fit into those categories and who want to work but who don't seem to be served at this time by VRS with the same voracity.

5. VRS: goal to get more people in competitive jobs is leading to VRS referring people directly to placement who are not prepared for competitive work (have not been evaluated for accommodation needs, have never held a competitive job in the past so don't know expectations and have never had to follow them, etc.) Utilizing OJE/EDS services could help them be more successful in a future competitive job.

9) **Online Input Form # 63402887:** Female, 60+, South Central, Family member, Caucasian or White
- **Person-centered planning**

This is a letter/email submitted to the state in March 2017, I share it again because the problems/issues continue:

To whom it may concern: I would like to share personal experiences our family has encountered based on Minnesota's Olmstead plan that guides state agencies to ensure that all people having the right to make choices: where to live, to have a satisfying job, to attend classes and to be part of the community. While the success stories paint a very pretty picture I would suggest they are pie in the sky. My brother's scenario has been the opposite and has nearly cost him his life. These success stories paint a sweet feel-good story that makes everyone involved feel very noble rescuing people from sheltered workshops. We have a very different story. I also feel compelled to communicate as I read the Star Tribune article published on (3/22/2017: In-home services face new scrutiny) and the comments by Rep Diane Loeffler and assistance DHS Commissioner Claire Wilson.

My brother had been a long term employee of MRCI located in Mankato Minnesota. I have worked to support him in all his decisions over the past many years and the most stable part of his life has been when he has had the skilled support of the staff at this facility. Over the years when there has been the opportunity for him to work in the community, the MRCI staff helped him take advantage of those opportunities but MRCI was always the safety net. He had a secure social network, assist of competent staff to keep him in a stable work schedule, oversight for his general wellbeing; my brother appreciated and understood the help he got from MRCI was crucial to his ongoing well-being.

In the last year it was decided that these "sheltered workshops" that pay staff less than minimum wage are not in the best interest of people like my brother. First of all, money is not an issue for my brother, while he made more money when in a temporary community job placement, it all really balanced out with the financial support he received. When he learned he would lose his job at MRCI again the help of the staff he was trained to apply for jobs, looked for some basic skills they could quickly teach him, etc. in order to try and place him in the community in a job.

Since this has all been put in place he has lost one job as the employer outsourced the work, was fired from another because he was caught stealing money from a charity jar. He is currently unemployed. While unemployed he became depressed, quit socializing, gained a large amount of weight – with his

weight already being a problem and basically spent his time lying in his bed in his group home. Well, it was his personal choice to live this way and two weeks before Christmas he nearly died from an out of control infection which required emergency surgery, ICU stay and subsequent nursing home care. He may be able to return to his group home in the next few weeks though now he is weak, walks with a walker and will continue to need daily nursing care and supervision for insulin administration, etc. His group home room had deteriorated to a garbage room because he chose not to clean it up and staff did not feel they could intervene; only prompt. He became so ill that he nearly died. If we had not happened to be scheduled for a regular staffing meeting he would have continued in this state and his ER doctors said if he had waited another day to seek medical care he may have died—the infection could have killed him. Staff felt their hands were tied, they prompted but he chose not to respond, they were respecting his person center care.

We have always supported him to make his own decisions and there have been times over the years when he has made bad decisions and we have been there to pick up the pieces. The group home staff felt they could only make suggestions to him to get out of bed, take a shower, eat better/less, take his meds, check his blood sugar, exercise, clean up his room, etc. He chose to do none of these and almost lost his life. My brother would like nothing better than to return to MRCI. He has lost his social connections, his job, his routine, and his income.

Our communities are not equipped to provide enough employment opportunities for people like my brother. The current competitive environment does not look kindly on supportive employment—it costs money to support employees like my brother and I would suggest that most employers are not interested. Rather than close the “sheltered workshops” I would much rather see resources spent on making these workshops places that do support the people who work there and pay minimum wage. There are special skills that staff at these facilities provides that help the employees be successful. I realize that businesses have brought work to organizations like MRCI, how could we build on that and market this opportunity to employers? Was any thought given to improving these workshops so that they could be a viable source of employment? I can only imagine the dollars that have been spent for my brother in the last year, I would venture to guess it is close to a quarter of a million dollars considering the ongoing support of group home staff, work counselors, social services, medical expenses (including an ED visit, emergency surgery, ICU and 10 day hospital stay and 2 month nursing home stay, and ongoing nursing care in the group home).

We also submitted a vulnerable adult report to the state. And can I say how frustrated and worried we, his family, are? My brother had a life that he was happy with, he was independent, he had a job, he had friends, he had a social network, and he had a stable life. That’s gone. What’s next? We don’t know. Person centered care is naïve. When you have been in the trenches helping a person like my brother, picking up the pieces when he has been taken advantage of, when he is not capable of managing his medical care, when his does not have the discipline or insight to make safe choices person centered care allows individual (who don’t have the knowledge, maturity, discipline, ability) to make choices that endanger them and can lead to some very bad consequences. I am a registered nurse, my sister is a social worker, and another sister is an occupational therapist. We have been closely involved with our

brother's life over the years and he depends on us for support when things go bad. We have done our best to support our brother over the years; person centered care has caused our brother's world to come crashing down and we are left to pick up the pieces.

- **Employment**

My brother is no longer employable. since MRCI in Mankato has basically been closed, he has lost any opportunity to work in the sheltered workshop which was his "safety net" when he either exhausted community placed jobs or lost them due to his inability to hold the jobs. He is 57 years old and now spends his time laying in bed watching TV. He is getting more and more physically debilitated and more and more isolated. His social network that was part of his work network is all gone. The community is not ready to employ people like my brother and he now feels even more worthless since he has no job, no social life.

- **Lifelong Learning and Education**

My brother has no interest in this...he has lost his life.

- **Healthcare and Healthy Living**

My brother's group home allows him to make decisions based on person centered care. He is allowed to stay in bed all day, not attend any house or community functions, not maintain any personal hygiene. His room in the group home is full of garbage, food containers, soiled clothing and he is not required to clean it up. the house staff suggests he gets up, exercises, attends activities but since he makes his own decisions he lays in his filth. He is morbidly obese and is a risk for falls and has fallen a number of times in the group home. I would not be surprised is he is eventually unable to get out of his bed and room. But I guess that would be his person centered choice.

- **Community Engagement**

Since my brother chooses not to take advantage of the many community opportunities offered he has no community engagement. That again is his person centered choice.

- **Preventing abuse and neglect**

We have filed complaints about caregiver neglect and self neglect. No changes have been made.

- **Overall Plan Comments**

As noted in my original email/letter, my brother almost died a year ago. I expect my brother to die soon, he will have a stroke or a heart attack or a recurrent infection problem. He is able to make choices, decisions that he does not have the mental skills, discipline or maturity to make. He has had the support systems that supported him over the years taken away from him and now he is left with nothing. I don't know how the group home will get an ambulance stretcher into his room in the event of a medical emergency. He weighs over 360 pounds....no one will be able to help him should he have a medical

emergency in his bedroom in his group home. Family will again be left to pick up the pieces when person centered care fails him. Person centered care is responsible for the decline in his quality of life.

10) **Online Input Form # 63424243:** Female, 40-59, Metro, Family member, Caucasian or White

- **Person-centered planning**

Providers and families inability to hire and retain competent direct support staff for people with disabilities is at a critical point. My son has a Person Centered Plan that is not being met because there are not people to fully staff his residence in a ratio that is reasonable - the turnover is horrendous and those employees there work short-staffed as often as not. The hiring crisis needs to be addressed for any of this to be meaningful.

- **Housing and Services**

We attempted to create an IHO for our son in 2016 but the provider pulled out of planning because they were having difficulty meeting the staffing needs for those persons they were already committed to (corporate foster care, IHOs). So he was fortunate enough to secure a 'spot' in a setting with a provider of good reputation, but in direct opposition to Olmstead goals, it is not where he'd like to live, it is not with whom he'd like to live, and he is not an active member of his community because those endeavors, although part of his Person Centered Plan, are not accomplished due to the lack of staffing.

- **Community Engagement**

Although our son has community engagement items as part of his Person Centered Plan, he is not able to realize them and has not for many weeks, due to the inability of the provider at his corporate foster care setting to meet staffing demands. The PCP is worthless without competent and available staff to support it.

- **Overall Plan Comments**

I will repeat what so many of the comments you received a year ago stated: 'without improvements to these workforce issues, improvement in the topic areas was unlikely'.

Not only that, the direct support staff hiring crisis is likely to get worse.

People with disabilities, including my son, cannot pursue chosen living situations if there are no opportunities; they cannot participate in their communities if they don't have staff to support them in doing so; they aren't afforded the dignity of meeting basic health and well being standards without people to support them. All of this is married to Minnesota dedicating itself to providing people with disabilities with a valued and adequately paid work force. Otherwise, it is a waste of time.

*I liken it to a restaurant...there are an awful lot of people recognizing the need to revitalize and improve the menu and a lot of effort and meetings going into doing just that, but if you can't hire waitstaff and cooks and managers, you have nothing to offer your patrons. That is our personal reality.

St. Paul Listening Session 1/11/18 – Summary of comments
[10 attendees, 8 who provided comments]

- **Transportation**
 - o Improve safety on public transit.
 - o Metro Mobility
 - Drivers are too reliant on their GPS systems and don't use common sense to get from place to place.
 - Geographic locations should be broadened to help people get to work.
 - Increased availability for nights and weekends helps youth, people who live in suburbs or inner city access to jobs in outer suburbs.
- **Communication**
 - o There needs to be more visibility to disabilities within communities.
 - o There is an immense lack of knowledge about the resources that are available to people with disabilities.
- **Housing and Services**
 - o Informed choice and person centered planning must be fostered for all people, regardless of their disabilities.
 - o Informed choice is critical for helping individuals learn about what choices there are and how they can gain access to housing of their choice, not just a group home. This is also closely connected to employment and transportation. Where one lives directly impacts where they work and how they get to work.
- **Lifelong Learning and Education**
 - o Education is the key element, especially with younger generation, because there are now different expectations of what your life prospects can be as a person with a disability.
 - o A great area of concern is the increase of segregated special education settings.
 - Specifically, the concern is with level four settings, where an entire building is students with disabilities. This is legal, but runs counter to the push for integration. Case studies find that these settings don't lead to more integrated outcomes for employment, adult activities, or living situations.
 - o There needs to be greater education for people who are newly diagnosed or were not born with a disability about their opportunities and resources.
 - o Higher education
 - There is no assistance for students with disabilities who want to pursue higher education.
 - Within schools, special education typically encourages students with disabilities to learn a trade instead of pursuing higher education. Students with disabilities need to know that higher education is a possibility and an opportunity for them.
- **Community Engagement**
 - o There needs to be more engagement with communities of color and diverse communities.

- There is an immense lack of knowledge about the resources that are available to people with disabilities.
 - **Employment**
 - Informed and person centered planning must be fostered for all people, regardless of their disabilities.
 - Informed choice is critical for helping individuals learn about what choices there are and how they can gain access to employment of their choice, not just a DTH program. This is also closely connected to housing and transportation. Where one works directly impacts where they can live and how they get to work.
 - It is encouraging that Employment First is the accepted policy for the State of Minnesota.
 - There are quite a few gaps in services between transitional schools and employment that must be addressed.
 - There is a wide gap between the work-based experiences during school and what an employer in the community actually expects from the student.
 - Employers might not view the participant's needs as reasonable accommodations and they need to be educated and supported.
 - Transitional schools have not done a good job of preparing students for the realities of competitive employment.
 - The more that VRS is unwilling to provide or fund referrals to services for better transition (i.e. job coaching or specialists), students with disabilities are stuck in competitive jobs and expected to do competitive employment that they are not ready for.
 - There is a need for more funding or knowledge for steps between transitional school experiences and competitive employment.
 - There needs to be more education for employers and the public about working with peers who have disabilities and providing the support they need.
 - There are immense needs for increased resources and job coaches.
 - There needs to be more collaboration between transitional schools, workforce centers, and VRS. Co-location of these groups has proven to be beneficial.
 - There needs to be more assistance for graduates who have disabilities become employed.
 - **General comments**
 - There has been huge progress in many areas, and the Olmstead Plan is a critical building block for pushing community integration for people with all kinds of disabilities. There are also many areas for improvements.
 - All aspects of Olmstead and integration are very closely linked together. Stop discussing Olmstead topics as silos—they are all interdependent.
-

Minneapolis Listening Session 1/17/18 – Summary of comments
[17 attendees, 11 provided comments]

- **Employment**
 - o Employers need to take more time to meet with employees when an accommodation request is made.
 - o The waiting list for VRS is too high and people are not receiving services
 - o Connect 700 is a great program, but the number of people using this service is still too low.
 - o There is no specific details or supports for employers, and there should be
 - o State agencies need better supports for employees with disabilities or medical conditions to maintain their job, perhaps using the VR system?
- **Person-centered planning**
 - o Person-centered plans can only be effective if there are staff available to implement the plan.
- **Housing and Services**
 - o Workforce shortage has had a negative impact on getting into an Independent Housing Option.
 - o People with disabilities want to be able to live where they want and with whom they want.
 - o There needs to be maintenance and updates for public housing specifically to help people with disabilities.
 - o More affordable housing—costs are still too high for people.
 - o For those adults with disabilities who currently live with their parents, there is a need to be more independent housing options available in preparation for someday when parents are no longer able to support or house them.
 - o There is a need for more independent housing options for adults with disabilities whose parents will someday not be able to provide
 - o The direct care staff problem is directly impacting housing options for people with disabilities: providers are not able to take more clients because of the staff shortages.
- **Transportation**
 - o There is difficulty getting around and getting to legislators to advocate
- **Communications**
 - o Make the Olmstead Plan documents and website more accessible for individuals who use screen readers.
- **General**
 - o There is no staff to support people going into the community and doing what they want to do
 - o GoTo Meeting is not an accessible option for some people.
 - o The MN Human Rights Act should be updated and strengthened.
 - o Develop a program for people to tell and share their stories in a safe way.

- Develop a program for people to share their stories and network with others across the state
 - More listening options and/or dialogues: listening followed by intentional action
 - Direct support care staff problem: think about what it means to have someone's life in your hands, or to have your life in someone's hands
-

1/18/18 through 1/24/18

No comments were received during this time.

**Brainerd Listening Session 1/22/18 – Summary of comments
[15 attendees, 12 who provided comments]**

- **Crisis Services**
 - Question: what services are available for pre-crisis services?
 - There needs to be preventative care before the crisis actually occurs.
- **Healthcare and Healthy Living**
 - There needs to be a greater conversation about mental health and mental illnesses and stigma reduction around these health issues.
- **Waiting Lists**
 - There has been a moratorium on beds in adult foster homes for way too long—people need to be getting into group homes.
- **Employment**
 - Organizations need to go out in the community and approach businesses and employers to advocate for positions and incentivize businesses to offer positions to people with disabilities.
 - The VRS waiting list is not helping anyone.
 - There needs to be more creative approaches to employment opportunities, even volunteer positions that people have an interest in and can benefit the community they live in.
 - There needs to be better job coaching and job shadowing, particularly job coaches need to be able to know and understand the person they are working with. Many job coaches do not see who people are and what they can handle. This is tied into person-centered planning.
 - Sheltered workshops provide social settings and many benefits to people.
 - VRS does not live up to its expectations—it does not help you find a job, but places the burden on you. VRS should set people up with employers and act as a liaison or facilitator like they say they do.
 - There needs to be a place of balance between competitive jobs and transitional work.

- There needs to be better supports for steps towards independent employment.
 - **Person-centered planning**
 - Help people to explore all choices and the range of choices out there.
 - Include an education on self-advocacy as part of person centered planning.
 - Increase informed choice making in schools that includes both the student and the parents. Small choices make a big difference.
 - Person centered planning is still not understood well by providers and county social services.
 - There needs to be a better way to teach person centered planning.
 - Person centered planning trainings and planners have to jump through too many hoops and prevent people from practicing.
 - There needs to be better quality of trainings and people need to actually utilize and understand the material, not just check the box.
 - Better promote the true mission of person centered planning.
 - The person should be involved and at the center of the planning process. This is not always the case.
 - **Transportation**
 - Greater MN transportation, especially on the weekends, is difficult for those who work on weekends and lose money paying for alternative transportation to get to work, which is often more expensive than what they make on one shift.
 - Increase the number of days and availability for transportation in Greater MN.
 - **Community engagement**
 - There is still a great amount of ignorance surrounding Olmstead.
 - State communications must improve.
 - Reach out to school districts and counties.
 - Reach out to the mental health community.
 - There needs to be better information for children and youth so they can begin to advocate for themselves.
 - There needs to be widespread awareness of Olmstead: billboards, commercials, and overall better advertising.
 - Use more effective ways to get the word out.
 - Increase accessibility and awareness of Olmstead.
 - **General**
 - 39 goals is way too ambitious and bound to fail.
 - Help people to explore all choices and the range of choices out there.
 - Olmstead needs to encompass all ages, including services for elderly with disabilities.
-

Duluth Listening Session 1/24/18 – Summary of comments
[17 attendees, 14 who provided comments]

- **Person centered planning**
 - Person centered planning is not consistently implemented. Audits of county practices is a good start. Counties need technical support on how to change the system to respond to individual choices
 - My brother developed a person centered plan that we loved but the county said they were not able to find sufficient supports
 - Set some standards on person centered plans. Some county staff tell people that you must do a person centered plan or your services will stop
 - Person centered practices is becoming watered down because there are no standards that facilitators must meet. The state should adopt standards.
- **Crisis Services**
 - There is too much reliance on 911 because providers and counties do not know what else they can do
- **Transportation**
 - Transportation has improved but more is necessary
 - We need expanded transportation hours and weekends to make employment and social activities possible
 - There is a need to have better street lighting and signals at intersections.
 - Often times public transport is not able to accommodate people who use wheel chairs.
 - Transport options after 5pm and on holidays charge \$30 per ride which unless it is a reimbursable medical appointment is too expensive for social events or a trip for groceries
 - These transports must be scheduled a week in advance which is inconvenient for impromptu social events
 - Some public building doors are not wheel chair accessible
 - Some buildings in down town only have wheel chair access through the skyway so if the skyway is closed there is not access
 - People need flexible transportation to support access to employment and medical care
- **Waiting Lists**
 - We have seen positive changes in the waiver waiting list, thank you and in people being able to access competitive employment
 - A big barrier for people accessing integrated life is the waiver rate system. The state should operate the rate system without the counties
- **Employment**
 - We have seen positive changes in the waiver waiting list, thank you and in people being able to access competitive employment
 - We need more expertise in how to get people into the job market and how to get employers to want to do this
 - There is a disincentive to getting competitive employment. When some people find the job they want they cannot take it without losing housing benefits
 - Some people are required to test out employment options even when they say they want to stay at the DTH. People should be able to choose.

- Find a job that works for a person is difficult but it works. More work should be done with employers to get them to welcome people with disabilities to apply
- Some employers use the support staff to complete work unrelated to the work the person they are supporting is assigned to do
- There are some limits on salary and hours worked in order to maintain other benefits
- Educate employers on how to relate to people with disabilities as employees
- Some people have to work multiple jobs to get enough hours and pay to pay their bills. They need more access to full time work
- **Community Engagement**
 - Educate the city of Duluth on how to plan and execute accessible events
 - This listening session should include people from the city and county to listen to our concerns
 - City of Duluth human rights staff invited attendees to come to city planning meetings and express their concerns
- **Housing and Services**
 - some people with their own lease for housing are being required to have their home licensed by DHS
 - In many communities there are limited options due to limited affordable housing stock
 - There are some communities that are resisting the movement of people with disabilities due to increased use of 911 for assistance/they do not know what else to do other than limit access

General

- Integration options (employment, education, housing) should apply to all who choose them
- In NE MN there is crisis need to interpretive services in hospital emergency departments.
- *Accessibility*
 - Some public building doors are not wheel chair accessible
 - Some buildings in down town only have wheel chair access through the skyway so if the skyway is closed there is not access
 - Rural communities need to have access to computer bandwidth sufficient to improve computer access

1/25/18 through 1/31/18

11) Online Input Form # 63838474: Male, 60+, Central, Family member, Caucasian or White

- Overall Plan Comments

Overall, the Minnesota Olmstead Plan is quite good. My comments will relate mainly to the housing and employment areas of the plan. Increasing the number of people who are living in their own place with supports is great, as is the effort to find meaningful employment at minimum wage for those who are capable.

In her cover letter of 2016, Mary Tingerthal wrote "This plan is about choice, not about closure". She reiterated that in her letter of February 28, 2017. In this latest letter she also stated that the success of the plan will be based on the increase in the number of people with disabilities who have the

opportunity to live close to friends and family, work in competitive, integrated employment, be educated in integrated schools settings, and fully participate in community life – all based on their abilities and preferences. Appendix C, the Vision and Goals of the Minnesota Olmstead Plan stated that people will have choices for competitive, meaningful, and sustained employment in the “most integrated setting”. It also stated they have the opportunity to engage in their community in ways that are meaningful and “aligned with their personal choices and desires”. According to your plan, “most integrated setting” as defined by Congress means one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible”. The fullest extent possible will differ depending on that persons disabilities.

In stakeholder feedback of 2016 it expressed by several that a “one size fits all” plan would not work and that an array of options needs to be funded. The Olmstead decision directed states to implement a plan to “increase the number of people with disabilities receiving services that best meet their individual needs in the most integrated setting”. It further states on page 21 that entities are required to: “Administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities”. That is where the “Person Centered Planning” comes in. The services provides to each individual are to be based on the needs and preferences of that individual. On page 36, in the “Definition of Person-Centered Planning”, it states “Person-centered Plans must identify what is important to a person (e.g. rituals, routines, relationships, life choice, status and control in areas that are meaningful to the person to lead to satisfaction, opportunity, comfort, and fulfillment) and what is important for the person (e.g. health, safety, compliance with laws and general social norms). What is important for the person must be addressed in the context of his or her life, goals and recovery.”

On page 51, in the Stakeholder Comments, Margie Sillery says “it needs to be recognized that some individuals cannot and/or choose not to be competitively employed and need center- based employment as a vocational option.” In my opinion, the same logic applies to housing. Some individuals will never be able to live in their own apartment, home or private setting.

Increasing the number of people working and competitive employment is great, as is increasing the number living independently or at least in their own place with some supports. As I stated above, I generally agree with what the plan says, but somewhere along to line the intent of the plan and what is actually happening became different. I would like to tell you about our situation.

My wife and I are the grandparents of a 29 year old male. We call him [redacted text]. We raised [redacted text] from the time he was 7 month old until he was 21. He has lived in group homes for the past 8 years. [redacted text] is Autistic and non- verbal. He also has other developmental delays and functions at about a 4-5 year level. He is able to feed himself, dress himself, although not always correctly, is fully ambulatory and communicates with a wristband and other devices on a very basic level. He has worked in several workshop settings and at one enclave in a manufacturing business. He has always been a good worker in that environment, and never made more than \$60 a week. He often was much more productive than others working beside him. [redacted text] does have some behaviors and some OCD concerns, and it the past, staff has dealt with them satisfactorily and there had never been any mention of eliminating him from any site. However, in July of 2016 we moved [redacted text] to a different group home. This home was in a city where he had lived for 5 years earlier and worked at a sheltered workshop. When we tried to get [redacted text] re-admitted to the same workshop, we were told that due to the push for competitive employment by the Olmstead Plan they were under

pressure to phase out their sheltered workshop and would not admit any new clients. So today [redacted text] goes to the an Adult Life Program which is nothing more than an adult sitting service that taxpayers are paying for so that client can get out of the group home for a few hours a day. [redacted text] has the capability and the desire to work, but he will never make minimum wage. The money is not important to him. He needs a reason feel useful and have something minimally constructive to do. Commensurate pay is great for [redacted text]. If a non-disabled person can assemble 50 widgets in an hour, why can [redacted text] not get paid the same for those 50 widgets regardless of how long it takes? What employer is going to pay [redacted text] minimum wage if it takes him 3 times as long to do the same work as a non-disabled person?

Again, I feel that what is in the Olmstead Plan is good, but it seems to be driven by people who may be disabled, but are the higher functioning population of the disabled. The progress being made is good, but is it being accomplished for the higher functioning population at the expense of the lower functioning population. Autism particularly has a very wide spectrum from very high functioning doctors, professors, etc. to the very low functioning who cannot even feed themselves. I am asking you to make sure that you consider all levels of disabilities as you move forward. There are many who will never be able to attain competitive integrated employment, or live in a fully integrated community setting. Consider that many with autism do not like changes in their routine, but do take what others say literally. Many on the spectrum would be much more comfortable with their disabled peers than in the community with non-disabled people. Person centered planning needs to recognize and address the level of disabilities of all and provide options based on the individual abilities.

Thank you for reading this, and I hope that appropriate services will be available to all the disabled. I would welcome any opportunity to talk to anyone from the Olmstead Subcabinet or the Human Services Department for 15-20 minutes. [redacted text]

12) **Online Input Form # 63930230:** Female, 40-59, Metro, does not identify a person with a disability or family member, Caucasian or white

- **Person centered planning**
 - o One of the primary focuses of person centered planning relates to choice. Somehow as Olmstead moves forward there needs to be recognition that with choice and increased independence comes associated responsibility and assumed risk. Until we can connect these things it will be challenging to fully implement this aspect of the Olmstead Plan.
- **Housing and Services**
 - o The goal to have an increased number of people with their own signed lease and resources to pay for housing will need a significant amount of attention to assure that there is an adequate supply of affordable housing. HCBS providers currently provide a tremendous amount of support in this area by co-signing, leasing to or subsidizing housing. There should be data collected on this issue. Providers do not want to be landlords, but take on the role as it is the only way to get housing for people so that they can receive services. If these supports were not in place many more people would literally be homeless or living in segregated settings.
- **Crisis Services**
 - o Goal 5 in this area will require a significant amount of increased resources. Providers of HCBS services more often than not do not have the appropriate resources to deal with a

crisis and do the best that they can to serve someone, while not always having support to deal with the issues necessary to resolve the crisis in a timely manner.

- **Community Engagement**
 - o Many individuals need significant support in order to truly be engaged in and with their community. With the current workforce crisis, the opportunity to support people to develop meaningful roles and relationships is significantly reduced. While I only mention it here, many of the goals within the plan will not be able to be met without addressing the workforce issues we currently face, expected to only get worse.
- **Assistive Technology**
 - o We would hope that the term "assistive" in regards to technology does not limit what is included when looking at technology. Some of what would be considered "monitoring" technology becomes "assistive", but when we use these terms there sometimes is misinterpretation.

13) **Email** from self-advocate, 1/31/18

I recommend that the Minnesota Olmstead Plan be amended to include ...

RECOMMENDATION: Include a separate overarching goal category for workforce development.

REASONING: Minnesota's severe shortage of home- and community-based support workers and professionals significantly decreases the ability of people with disabilities throughout Minnesota to perform activities related to many, if not all, of the goals outlined in the Plan — to live, work, and play in the most inclusive and least restrictive settings in their chosen communities. Therefore, workforce development should not be misclassified as simply pertaining to person-centered planning strategies. Our quickly growing and likely prolonged workforce shortage – and subsequent impact upon our communities — is likely the number 1 risk facing Minnesota's Olmstead Plan. Addressing these risks requires separate evaluation, strategies, and goals. A dashboard of metrics should be created, including historic and projected utilization; workforce vacancies plus turnover across occupations (PCA, CNA/HHA, LPN, RN, LSW, etc.) and support/industry areas (in-home, group home, day program, transportation, etc.); quality measures including admissions to less inclusive and more restrictive settings (PCA to group home, group home to nursing home) plus vulnerable adult reporting and outcomes (reports received, reports dismissed due to low priority given limited resources, reports investigated, reports substantiated, convictions), and so on.

RECOMMENDATION: Assist people with disabilities, support workers, and families throughout Minnesota to share their stories, challenges, and successes related to Plan goals.

REASONING: This will help Minnesota gather and document the stories at the heart of the Plan. It will help reduce actual and perceived isolation by helping to build community around shared stories. Finally, it will help policymakers to better understand the importance, existing challenges, and progress from a person-centered perspective.

RECOMMENDATION: Empower people with disabilities, support workers, and families throughout Minnesota by helping us to periodically connect with each other in-person or electronically so we can share our stories, challenges, strategies, and solutions.

REASONING: This will help Minnesota reduce actual and perceived isolation by helping to build community around shared experiences. Finally, it will help reduce challenges through increased community innovation by helping to gather and develop civic capacity.

RECOMMENDATION: Empower people with disabilities, support workers, and families throughout Minnesota to support the goals of the Plan — how to participate in policymaking by contributing feedback, input, and leadership in collaboration with their elected officials and agencies — from a citizenship perspective ("I'm here to work with you to improve our communities"), not necessarily an advocacy perspective ("As elected officials, agencies, and community organizations, you have an obligation to improve our communities by doing X, Y, and Z.").

REASONING: This will help Minnesota reduce actual and perceived isolation by helping to build community around shared experiences. Finally, it will help reduce challenges through increased community innovation by helping to gather and develop civic capacity.

RECOMMENDATION: Include the following strategies to address our workforce shortage:

- Establish Accountability
 - Federal, Statewide, Regional, and Local
 - Executive, Legislative, and Judicial
- Invest and Align Sufficient Resources
 - Establish Workforce Development Councils — Statewide and Regional
 - Complete Periodic Evaluation and Reporting
 - Workforce Strengths and Challenges
 - HCBS Strengths and Challenges
 - Collaborate in Multi-Industry Entry-Level and Near-Entry-Level Occupational Immigration Initiative — Domestic and Foreign
 - Increase Awareness — Workforce Importance and Opportunities
 - Perform Recruiting: Career-Builders, Purpose-Seekers, and Job-Searchers
 - Implement Career Pathways
 - Competitive and Livable Compensation — Wages and Benefits
 - Respectful and Meaningful Interactions
 - Applicable Training and Development
 - Worthwhile Opportunity Lattices
 - Improve Workforce Efficiency
 - Connect Employers ↔ Local, Qualified, Available, and Compatible Workers
 - Flexible and Effective Scheduling
 - Innovative Delivery Models
 - Technological Assistance

14) **Online Input Form #63931637:** Female, 40-59, Metro, Identifies as an individual with a disability, Caucasian or white

- Overall Plan Comments
 - As this plan continues to evolve I would like to see more involvement of the counties in the implementation of the plan. They are vital in terms of getting going the plans and keeping them going. And also the utilization if the Centers for Independent living too.

15) Email 1/31/18
January 30, 2018

RE: comments on Amendments to Minnesota's Olmstead Plan To the Olmstead Implementation Office:

[redacted text] provides services to individuals with intellectual and developmental disabilities residing in the seven county Twin Cities metro area. For over 70 years, [redacted text] Minnesota has been assisting people with intellectual and developmental disabilities and their families to address and overcome challenges in order to thrive in community life. We assist individuals and families over their lifetime to gain information and address issues around early intervention, education, healthcare, housing, employment, guardianship, accessing government services, and more. [redacted text] is changing attitudes by helping the community realize the many ways that people with disabilities enhance our lives and add to the rich texture of our community. We welcome the opportunity to comment on the proposed amendments to the measurable goals in the Olmstead Plan and on the plan in general. We would like to provide comments on goals found in the follow topic areas of the Olmstead Plan:

Person-Centered Planning

Goal One

- While having required protocols that must be included in every person-centered plan is important, protocols alone do not guarantee the quality of the plan and its content. Plans may not always involve the person at the center at every step and/or may end up sitting in a file when completed with no progress toward goals. How will the Department of Human Services monitor the quality of these plans, ensure the voice of the person is involved in every step, and encourage follow through with implementing action steps towards helping the individual meet their goals?
- How are cases selected for review by the lead agency review team? Are those selected representative of all people receiving services?

Transition Services

Goal One

- Now that a baseline for the number of people moving out of "segregated housing other than listed above" into more integrated settings has been established, why are the annual goals not being adjusted accordingly? The annual goals are significantly lower than the baseline (50, 250, 400, and 500 vs. 1121), so it seems the annual goals should be raised.

Goal Four

- Considering lead agency staffs are required to apply the Person-Centered Planning, Informed Choice, and Transition Protocol whenever a person expresses an interest and are making a transition, a goal of only 50% compliance by June 30, 2018, seems low. Given the established baseline for July-December 2016 was only 12.9% compliance, we are concerned about how few people moving to more integrated housing are engaging in the person-centered planning process.

Lifelong Learning and Education

Goal 2

- For this goal, we believe it may be beneficial to include a breakdown of how many students are enrolling in integrated postsecondary education settings based on their documented disability. We are concerned that in order to meet the goals put forth in the Olmstead Plan, schools will focus on helping students with disabilities who more traditionally have attended integrated postsecondary education settings rather than those who have not (such as those with developmental and cognitive disabilities or autism spectrum disorders). Showing this breakdown in the data may bring attention to groups that are not receiving the extra support they need to further their education.

Goal 3

- We question the use of only 28 student IEPs to determine a baseline for this goal. Can this incredibly small sample really provide a representative understanding of how AT is considered in IEPs across the state?
- We are concerned that the language of this goal solely mentions the consideration of AT during a student's IEP meeting. What exactly does "active consideration" mean? Consideration does not necessarily mean incorporation into the IEP. In the full Olmstead Plan, one of the strategies to execute this goal is to "develop protocols for consideration of AT that includes documentation to record the four potential outcomes and to demonstrate that AT consideration was effective." Has any progress been made in developing this protocol? This past fall, the Minnesota Department of Education conducted a survey called Assistive Technology in the Classroom: A Survey for Districts. Did the subcommittee consider using insight from the survey to inform goals concerning AT??

Waiting List

Goal 1

- This goal only addresses pace of approval for funding and not amount of funding. How will it be ensured that people are moving off waitlists at a reasonable pace AND receiving full funding for the services and supports they need. We are concerned that in an effort free up funds to reduce waitlists, those receiving waiver funding will not be granted the full array of supports and services they need to live their lives as independently as possible.

Transportation

Goal Three

- As the Olmstead Subcommittee is aware, transportation is one of the biggest barriers to people with disabilities being able to fully live and participate within their communities. Because of this, we believe that the Olmstead Plan should aim to have 100% of public transportation areas in greater Minnesota meeting the minimum service guidelines for access by 2025.
- Municipalities of every size should meet a baseline span of service, especially for weekend hours. We are concerned that weekend hours in county seat towns have no baseline span of service and thus no requirement to offer services. This is also the case for Sunday hours in municipalities with populations between 2,500-6,999. People with disabilities do not only need weekday transportation services-like everyone, they also go places on the weekends. We

suggest that all municipalities currently offering public transit options should conduct ridership demand assessments to better inform need for transit service hours, especially on weekends.

- We request some clarity about the baseline that is being added to this goal. Does the baseline list the percentage of time that communities are meeting minimum service guidelines or the percentage of public transportation service areas meeting minimum service guidelines for access? Since the goal is concerned with percentage of public transportation service areas meeting minimum service guidelines for access, we assume that is what the baseline is referring to; this could be worded more clearly. If only 12% of greater Minnesota is meeting Saturday minimum service guidelines and only 3% for Sunday minimum service guidelines, it seems that a goal of 90% across all days in a week isn't practical given the very low weekend baseline. It might be practical to expect 90% coverage for weekday services while lowering the goals for weekend services to a more manageable percentage.

Healthcare and Healthy Living

Goal Two

- Increases in dental payment rates for adults with disabilities should be a priority of not only OHS and MOH but of the Olmstead Plan. While there has been movement on increasing access to dental care for children, adults have not seen the same increase in access. Often times, adults forgo preventative care and even proper restorative care, opting to teeth extraction as a last resort. Also, the Medical Assistance (MA) benefit set for dental cleanings need to increase to twice a year to mirror what many private dental insurance plans offer. Without an increase in the benefit set to address preventative care gaps, a goal of increasing dental access for adults is less robust and not as impactful. Data shows that oral health is related to physical health, and if someone is experiencing a lack of oral health, their physical and mental health will decline. Proper oral care and access to that care for those with disabilities, especially developmental disabilities, has for too long been overlooked.
- One of the strategies listed is to implement the "Minnesota Oral Health Plan," but this is a five-year plan from 2013-2018. Has a follow-up plan been considered beyond 2018? It may be best to create goals and / or strategies to solicit feedback from adults with disabilities on gaps in coverage and access, especially in greater Minnesota, to better inform future plans.
- Improving access to information about in-network/ available dental providers for people with disabilities is also important. Care coordinators, case managers, health plans, county workers, and others who interact with people with disabilities need to be educated on the issues and options as they assist them in navigating dental care and providers. How can people with disabilities learn about a provider's experience, training, and expertise in working with the disability community?
- In the amendments to the "Strategies" section, why aren't children included in the efforts to monitor and report the number of enrollees who used an emergency department for non-traumatic dental services and the number of enrollees who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days?

General Health

- We believe that increasing access to preventive healthcare and dental care is as important as access to health insurance, especially programs like Medical Assistance. Applicants, if they want to qualify for MA on a disability basis, often must complete additional paperwork and have their application go through additional processes that add time and complexity to the application

process. People with disabilities' applications may get "stuck" in the MNsure system, and won't move forward without additional support from a professional such as a Navigator. Renewing healthcare coverage is another critical area where enrollees lose coverage, which disrupts services, and should be looked at more closely. Enrollees also may have difficulties knowing what services are covered with their insurance or how to find in-network providers.

Crisis Services

Goal Five

- How was it determined that 10 days should be the time period against which to measure this goal? We are concerned that 10 days is a long time for someone in crisis to wait for a placement when it is necessary.

Community Engagement

Goals One and Two

- We have some questions regarding the removal of language concerning the number of self-advocates. Rationale about why it was removed should be included in the amendments. Also, the Annual Report on Olmstead Plan Implementation states that 010 will develop a census survey for all known self-advocacy programs and other leadership programs. If this census is being developed, why is this goal being removed from the plan?
- Goals that measure participation of individuals with disabilities in established decision-making bodies that have the ability to impact policy affecting the disability community is necessary. Therefore, we support the modest goal of increasing individuals with disabilities on Governor-appointed Boards, Councils, and Commissions.
- We encourage more robust goals in this area of community and civic leadership that expands beyond Governor Appointments. Greater civic training and involvement of individuals with disabilities in local elected offices like city councils, school and park boards, as well as state legislative offices should be considered as goals if Minnesota's Olmstead Plan is to truly assist Minnesotans with disabilities in being change makers in our state. Elected officials across the state are seen as key decision-makers in creating responsive public policies that improve the lives of everyone in Minnesota. If those with disabilities are continuously denied these opportunities, policies will continue to discriminate against the disability community because their perspectives are not represented.

Preventing Abuse and Neglect

General

- We at [redacted text] appreciate the opportunity over the past several months to be involved with the Olmstead Abuse & Specialty Committee. We look forward to the committee's suggestions for a plan for comprehensive prevention of abuse and neglect of people with disabilities and to seeing how those suggestions will be incorporated into the Olmstead Plan in future amendments.

General Comments about the Olmstead Plan

- In the data reported in the Annual Report on Olmstead Plan Implementation and in the Olmstead Plan itself, we would like to see demographic and geographic breakdowns more often. We are concerned that the Olmstead Plan does not go far enough to consider disparities in progress toward integration based on race, ethnicity, gender, geographic location, type of disability, etc. We believe all agencies implementing the Olmstead Plan are responsible for ensuring that progress is distributed equally amongst all Minnesotans with disabilities.

We appreciate the opportunity to comment on the proposed waiver amendments. Please contact us with any questions you may have.

16) **Online Input form # 63938078:** Female, 40-59, Metro, family member, Caucasian or white

- **Person centered planning**

This is a topic near and dear to my heart. It is the only way we know how to live our lives and have had to fight for all our lives. I do believe that the state made a very grave error in focusing all its funding for training all these years toward residential providers and not involving parents/self advocates in their communities to disseminate through different ways of thinking about training and networking (train the trainer, community circles, network weaving) You don't have the support needed because you did not build the foundation you needed. Those agencies that have "gone through the training" don't see the larger system supporting it (parents/self advocates) so agencies are refusing to do what is required by law and licensing and without oversight it puts our son's/daughters at high risk. I believe the protocols are necessary seem tough to use when trying to make a case or use in appeal as they all seem to apply (interconnected). People in transition need to follow part 2 as well, and although you say Part 2 should not replace Part 1, presenting the entire document to providers is too overwhelming, and they discount it completely. Somehow this core information needs to make it into required documents that providers need to use as part of the process in "facilities" or AFC licensed for crisis respite so they actually have to do what they are required to do. Paying a provider an astronomical daily rate without a timeline in sight for discharge, who say they "don't have to follow these concepts" or adhere to transition plan or positive behavior supports requirements because this is a crisis placement not only is abusive to the individual but abusive to the system (fraud) while making a mockery of human rights and the work of the Olmstead Committee.

- **Transition Services**

See above re: transition services with no oversight by licensing. As parent who has spoken with other parents about transition services and now as one going through the process itself, it is shocking at the total disregard for the process with seemingly no guidance from the state to providers. Seems like these services so expensive and crucial for those in need they should be overseen with higher scrutiny. We that we have major system gaps, Hospital Systems, Guardian System (who are "placing our children/adults in open "beds", Court Appointed Attorneys and Judges, that need to participate and support the process who do not know what is required and completely discount all rights: Health Care Bill of Rights, Guardianship Bill of Rights, MAGIC Standards of Practice, ADA Rights for communication.

- **Housing and Services**

How can the Olmstead Committee implement these goals when the state has not clarified the IHO process promised long ago and assigned agency lead for an individual to live where they want to live, in the most integrated setting with supports and services needed? We cannot keep telling parents that they can go out and create individualized options when there is confusion on the steps, misinformation

from counties as well as total refusal by the counties to consider the option. I am also concerned to hear that "counties and providers are on hold" waiting for state direction on IHO implying that licensed settings are somehow superior and even "required" for certain individuals with higher level of care needs. Providers have even "dropped out" from wanting to provide IHO services leaving those who need higher level of care and/or those who need providers trained in core Autism concepts. We do not want to go back to creating group home "mini-institutions". You have not yet allowed parents/professionals to form a new infrastructure of microboards/businesses, become their own provider when many have and can show they can provide far superior services and training while retaining staff, to the traditional provider model. Staffing is does not seem to be a "crisis" when you allow parents/individuals to form relationships with them on a smaller scale that honors the individual/families morals, values, known quality of life and the individuals person-centered vision. People want to work for individuals, not just with an agencies that may require them work with many people at once and in settings they don't want to work in. Again, as stated in my comments in the person-centered section, infrastructure \$ to parents/self-advocates in their own communities using alternative networking methods can help you rise to the challenges we face together. People with disabilities will live, work, attend school, and conduct their daily lives in community settings even when experiencing a life crisis. If this is not possible, disruption to daily life will be brief, minimal, and targeted to meet the individual's choices and needs.

- **Crisis Services**

People with disabilities will live, work, attend school, and conduct their daily lives in community settings even when experiencing a life crisis. If this is not possible, disruption to daily life will be brief, minimal, and targeted to meet the individual's choices and needs. As stated in the Transition Services section above, without oversight and monitoring and training to promote "major systems attitude change" from the "states safety net" the counties and onsite mentoring for the providers they employ you are not meeting this goal. The attitude is "this is a crisis home" therefore it is a "short stay" we dont need to perform the required assessments, plans or requirements by timelines (state just extended to 180 days) positive support plans, outreach to the person's family/friends, a person is left to regress by being taken away from all rituals, routines, activities, goals, therapies and life they have known which of course is highly destabilizing in itself.

- **Community Engagement**

Suggestion may be to have self-advocates, Olmstead Academy etc. address all high school students and recruit and mentor students with disabilities from high school and transition programs (maybe even siblings). These groups could in turn address some of the system gaps identified above: Hospitals, Guardians, Court System, Court appointed attorneys for people with disabilities and judges.

- **Preventing Abuse and Neglect**

There needs to be major strengthening of the system for parents/self advocates to address ongoing licensing violations and abuse in residential housing. This is not unlike the new initiative going on with elder abuse that is getting all the attention now. The state needs to come up with a easy accessible, easy to understand form to fill out for DHS to follow up so you actually know how much abuse is really going on. Parents report violations, not understanding the process, having to go through great effort and sometimes a system of resolution through a providers grievance system (if they know about it) only to have the same serious issues repeated over and over again (sometimes for years). Same abusive staff, just transferred to another house. Same medication errors in reporting and cited in violation to that provider, happening again in a different house. Providers who have consistent violations in areas should be under greater scrutiny. Parents/self-advocates also need support at state level and advocacy supports to address these issues, currently there is not infrastructure.

- **Assistive Technology**

After investing considerable time in designing, implementing a successful AT program in my son's HCBS program at home, it has been very disappointing to know that very little support, training and understanding of the importance of AAC and its relationship to ADA communication rights there is among our residential providers and staff, and beyond that the larger community. Awareness and training is greatly needed, perhaps that could become a topic of speakers needed under community engagement goals

17) **Online Input form # 63949542:** Female, 60+, Metro, Family member, Caucasian or white

- **Housing and Services**

Having a limit of only four people under the age of 55 in a 245D-Community Residential Setting is having a negative effect on people trying to find housing. The biggest problem is finding qualified staff to work in the additional settings required because of this limitation. Even adding one more person to these settings could help immensely and make the staffing problem easier to manage. Zoning regulations allow up to six people to live together, why restrict to just four? There is a big need that cannot be met and a crisis in finding staff. Seniors have more options but the younger adults do not.

Deaf Senior Citizens Targeted Outreach Group – 11/15/2017

[125 of attendees, 80 who provided comments in small groups]

- **Person centered planning**

- o Regarding choice, integration vs. segregation and person-centered practices:
 - For Deaf/Hard of Hearing/DeafBlind who use ASL, integration requires communication access. Segregation is, for them, being out in the majority hearing community without communication access.
 - The Deaf seniors group is similar to other individuals and groups who prefer their group home or DT&H over a more “integrated setting.”

- **Housing**

- o Include services on site that the deaf need
 - Staff who sign
 - Apartment needs a video door bell
 - Signing community living... campus style

- **Community engagement**

- o Get on a board or commission
- o Express your concerns –Legislators, agency heads, OIO
- o Learn how to assert your rights/advocate for yourself and your community
- o Increasing the number of individuals involved... in ways that are meaningful to them.

- **Transportation**

- o Contact Metro Mobility directly
- o Consider encouraging Deaf individuals to apply for a job with Metro Mobility
- o Consider encouraging Deaf individuals to become an Uber or Lyft driver

- **Dispute referral**

-

- **General**

- The Deaf seniors group is similar to other individuals and groups who prefer their group home or DT&H over a more “integrated setting.”
 - “Most integrated” means access to information through ASL or:
 - ASL users (including hearing users of ASL)
 - Access to interpreters as needed
 - Housing providers and staff who sign

Itasca Targeted Outreach Group 1/31/18
[25 attendees, 8 who provided comments]

- **Employment**

- We have services to assist people acquire community work and provide job support however, we do not have employer buy in. There is very little incentive to hire a person with a disability. We have opportunities for people to have breaks for housing payments. Why can't there be an incentive to give breaks to employers?
- A huge barrier to employment is lack of accessible transportation.
- Employers are not educated that people with disabilities are capable and there is a stigma in their views on hiring people with disabilities. Smaller businesses often do not hire people with disabilities due to placing them into a different tax brackets and feared additional costs for hiring such disability.
- Why aren't supportive employment dollars being allocated to hiring a person with a disability like they are allocated to employment counselors for people on cash programs?
- Lack of affordable daycare options is a barrier to employment for people with disabilities.
- Multiple employers in the area have expressed the lack of transportation for second and third shifts as a barrier to employment.
- People with disabilities want meaningful jobs, to feel valued and work in the community. However, it appears there is more emphasis put on DT&H programs.
- Waivered services are required to increase our community employment rate vs. DT&H with waivered clients by so many each year, but it is very difficult to do due to the reasons listed.
- After years of support being provided for people with disabilities in community jobs, employers will not formally hire them as an employee with benefits. Why?
- For those who do receive community employment, they only get to work a few hours a week. There are not many full time opportunities.

- **Transportation**

- MNDot came to Grand Rapids a few months back and did a presentation. What we they told us is Grand Rapids is already receiving more services than any other rural community and if we want to increase options for people, we need to seek private funding such as grants and donations. In a community that has a 20% poverty rate, that would be difficult to do.
- Limited service area and limited hours of availability are a barrier for people that want community employment.
- There is possibility of waivered services to pay for transportation, however, due to the reason listed in #2, it is not possible. There are also very limited accessible transportation providers in our area.
- Multiple employers in the area have expressed the lack of transportation for second and third shifts as a barrier to employment.

- The community has tried to address a stop light problem with MNDot about a crosswalk of two major highways in town. People with physical disabilities are unable to cross in under 15 seconds. We were told “no” to increasing the time due to “maintaining traffic flow.”
- There is no taxi service for people to use, nor is the bus available outside of business hours. This impedes on social events, evening shifts at work, and all weekend activities.
- **Housing**
 - We need more housing with housing support dollars attached to it, along with more integrated housing options. We need people to have the ability to step down from waived services and secure integrated housing that is affordable with a new and different level of supports.
 - In this area, we lack suitable, affordable housing option for young adults with disabilities. They do not want to leave this area and desire to be with people that have like interests.
 - People with disabilities want to live in their own apartment, but there is a lack of staff available to support arrangement like these.
 - Landlords need incentive or “insurance funds” so that they are more open to working with people with disabilities.
- **Guardianship**
 - Education is needed for guardians of people with disabilities regarding their power and problems with honoring choice.
 - Education is needed for families on person centered thinking and the rights of individuals with disabilities.
 - Lack of knowledgeable guardians available for people who need a guardian.
- **Education**
 - Several IEP plans received for students automatically focus on DT&H placement following high school rather than community employment focus. More needs to happen at the school level about choice and community options.
 - Very few students with learning disabilities receive summer programming/ESY services. Standards for qualifying for services in the Northland seem more rigid in comparison to other school districts throughout the state. It needs to more fair and the same opportunities provided so kids up here are offered the same as kids in the cities.
- **Health**
 - There is no asset test for people that are on Medical Assistance and MinnesotaCare. Which means a person can have 5 million dollars in a checking account and still qualify for MA because they do not have a monthly income. However, the poor disabled person is subject to an asset test of \$3000. So many times, people that are disabled do not qualify for Medical Assistance because they may have an old camper sitting in the yard or heaven forbid have \$3001 in a savings account. This is just not fair that the others have no asset test at all for MA eligibility but the disabled person does.
- **Crisis Services**
 - Access is very limited, especially in Greater MN. Once someone has been hospitalized, there is nowhere else to go besides staying in the hospital.
 - We need to build a better system for those who are in crisis
 - This is also relevant for chemical dependency and mental illness; there are no places to go after treatment. There needs to be a “3/4 house.”
- **General**
 - Promote better trainings for city planners and engineers for accessibility.

- Small towns have the same expectations placed upon them, but do not have the money and resources to get there.
- The workforce shortage hits Greater MN harder than the metro.
- Greater MN struggles with access to the Internet, especially for those on limited incomes. In order to access the Internet, one must go to the library, but needs transportation to get there.
- Share more success stories of communities around MN so they can work together to try new, creative ideas.
- Guardianship is often a barrier to person centered planning.

Rochester Listening Session 2/5/18
(20 attendees, 16 provided comments)

- **Transportation**

- Too many people have to use transportation options out of pocket and cannot afford to do so on limited income
- Transportation problems limit people with disabilities participation in civic meetings
- There are no accommodations at city meetings
- Transportation is unreliable
- There needs to be regional transit hubs
- Greater public conception and knowledge about accessibility (city, county)

- **Housing**

- There is no affordable housing in Rochester for people with disabilities
- Getting creative with housing options is getting increasingly harder; better communication from DHS
- DHS and Minnesota Housing need to work with people who are pursuing creative housing options, not shut them down
- There is a waiting list for subsidized housing for people with disabilities (in Rochester) that is two to three years long. The average cost of the “affordable housing” is \$895/month, which is more than SSI.

- **Employment**

- Center-based employment must stay because it is some people’s choice
- There are no incentives for businesses to hire people with disabilities
- Stop shutting down and threatening center-based employment agencies
- There needs to be a balanced and healthy continuum of employment: from center-based employment to competitive employment
- Employers and people with disabilities are not necessarily ready to transition to competitive employment, both hiring people with disabilities and people with disabilities working competitively

- **Waiting Lists**

- There has been an accidental waiting list created as a result of the CADI waiver “being at zero”
 1. If someone qualifies for both the CADI and DD waiver, they must wait for the DD waiver instead of receiving the CADI waiver while they are waiting.
 2. This is working around the waiting list, and the true waiting list is not really at zero
 3. People are not getting the services they need

- **Transition Services**
 - o There needs to be more funding for transition services; where does the money come from?
 - o There are not enough group home spots
- **Crisis Services**
 - o There are no crisis services for children
 - o There needs to be more children's beds for mental health interim care (between hospital care and private residential): this was passed in legislation July 2017 and \$2.1 million was approved for these services, but where did that go? Where are the beds?
 - o There needs to be better communication around crisis services; better promotion of what resources are available, including the mobile unit
 - o When in crisis, it is so difficult to receive services. This does not help the crisis and emergency
- **Community Engagement**
 - o We want feedback, better accountability
 - o Share creative stories of how people are working together and figuring out the system
 - o People do not see choice in the Plan
 - o Communication needs to improve; people are told one thing, but the Plan says another. There are inconsistencies in the Plan
- **General**
 - o There is a severe lack of resources to follow the Plan and the mandates
 - o There is a large disconnect between the strategies and high level policy and those on the ground locally.
 - o The Olmstead Plan alienates providers and the public intellectually and financially. People are being punished for finding creative solutions, providers are not able to accommodate, and people are struggling.
 - o Communicate that the Olmstead Plan includes disabled veterans as well.