

**Exhibit 6-13: SS 2G- Report on Other Segregated Settings**

**Minnesota Olmstead Plan:  
Demographic Analysis, Segregated  
Settings Counts, Targets and Timelines**

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**Continuing Care Administration  
Children and Family Services Administration**

**September 30, 2014**

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## Olmstead Plan Language

### Housing section

*Action One: Identify people with disabilities who desire to move to more integrated housing, the barriers involved, and the resources needed to increase the use of effective best practices*

- *By September 30, 2014 data gathering and detailed analysis of the demographic data on people with disabilities who use public funding will be completed.*

-Minnesota's Olmstead Plan – November 1, 2013 (proposed modifications July 10, 2014), page 50.

### Supports and Services section

*Action Two: Support people in moving from institutions to community living, in the most integrated setting*

*For individuals in other<sup>1</sup> segregated settings:*

- *By September 30, 2014 DHS will identify a list of other segregated settings, how many people are served in those settings, and how many people can be supported in more integrated settings.*
- *By September 30, 2014 DHS will review this data and other states<sup>2</sup> plans for developing most integrated settings for where people work and live. Based on this review DHS will establish measurable goals related to demonstrating benefits to the individuals intended to be served and timelines for moving those individuals to the most integrated settings.*

-Minnesota's Olmstead Plan – November 1, 2013 (proposed modifications July 10, 2014), page 64.

## Introduction

Minnesota's Olmstead Plan goal is to ensure that Minnesota is a place where people with disabilities live, learn, work and enjoy life in the most integrated setting. Services and supports that enable people to exercise their right of self-determination, to live in the most-integrated settings and to be able to freely participate in their communities will be appropriate to their needs and of their choosing.

To achieve this, the Olmstead Plan sets goals and identifies strategic actions in the following areas: employment, housing, transportation, supports and services, lifelong learning and education, healthcare and health living, and community engagement.

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<sup>1</sup> In the Olmstead Plan, immediately preceding this quoted section, is a list of actions and measures related to certain segregated settings: Intermediate Care Facilities for Persons with Developmental Disabilities, nursing facilities (specifically for people under 65 who are there more than 90 days), Anoka Metro Regional Treatment Center, Minnesota Security Hospital and Minnesota Specialty Health System-Cambridge. The term used here, "other segregated settings", refers to places other than these previously listed five settings.

<sup>2</sup> "In particular, DHS will review plans from Massachusetts, Oregon, and Rhode Island."

This report focuses on moving people on increasing the number of people living in the most integrated settings and decreasing the number of people living unnecessarily in segregated settings.

The State must better align the design and provision of supports and services with these outcomes. The culture surrounding the delivery of supports and services will be based on a holistic approach to supporting people. Many factors influencing quality of life will have to come together, such as expectations and aspirations, skills developed over a lifetime, personal supports, location of one's home and transportation options.

Increasing flexibility and options in all of these areas will require collaboration among divisions within state agencies, across state agencies, with providers, businesses, community organizations and, of course, people with disabilities and their families.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase in the number of people living in most integrated settings
- Decrease in people living unnecessarily in segregated settings
- Increase in the quality of life as reported by people with disabilities, using indicators described in the Quality Assurance section of the plan
- People will have timely transitions back to their community from hospital care or short-term institutional care

## **Background Information**

People with disabilities in Minnesota receive long-term supports and services either in what we consider an institutional setting or through home and community based services. Home and community based services include home care and personal care assistant services covered through the Medicaid state plan, the Alternative Care program, the Elderly Waiver and the disability waivers.

In state fiscal year 2013, 93 percent of people with disabilities and 68 percent of older adults received their long-term supports and services through home and community based services (83 percent across both populations combined). Of those, 73 percent of people with disabilities and 76 percent of older adults received those services in their own homes.

### *Related Olmstead actions*

This report was produced in conjunction with the Olmstead Plan actions cited on page one. There are several other closely related Olmstead Plan actions. This report includes demographic and baseline data about people receiving services in potentially segregated settings and lays out targets and timelines for moving people to more integrated settings. The related actions are what the state is planning to do, or currently implementing, to achieve those goals.

The plan lays out several actions to promote person-centered practices which identify people who would like to move to a more integrated setting, and those who would not be opposed to such a move. The plan includes actions to support people in more integrated settings and improve the quality of life of people with disabilities.

The plan includes developing and implementing transition protocols to support successful transitions. There are specific, measurable targets for transitioning individuals from Intermediate Care Facilities for

Developmental Disabilities (ICF-DDs), nursing facilities, the Minnesota Specialty Health System facility in Cambridge, the Anoka Metro Regional Treatment Center and the Minnesota Security Hospital.

There are several actions in the plan that will identify people with disabilities who are exiting state correctional facilities, including youth who are leaving juvenile facilities, and connect them with appropriate services and supports upon release.

There are several actions in the plan related to increasing the use of positive practices. The plan also includes actions to increase planning in order to reduce crises and to respond quickly and effectively when crises do occur.

The plan directs the state to change the way prioritization for accessing limited services (waiver wait list) so that those who want to move to a more integrated setting will be able to access the necessary home and community-based supports in a reasonable amount of time.

The plan includes actions to increase flexibility of and access to certain services and supports.

The state has developed plans to provide training and technical assistance to services providers who have business models structured around segregated and non-competitive employment to transition their service delivery model to integrated, competitive employment models.

There are several Olmstead Plan actions related to housing that will facilitate meeting the state's targets and timelines for transitioning people from segregated to more integrated settings. One strategic action is to increase housing options that promote choice and access to integrated settings by reforming the Group Residential Housing (GRH) and Minnesota Supplemental Aid (MSA) Housing Assistance programs. The goal of the reform is to allow income supplement programs that typically pay for room and board in congregate settings to be more easily used in non-congregate settings. It is expected that this change would result in more people with disabilities transitioning from the potentially segregated settings identified in this report to more independent housing.

The plan also calls for increasing the availability of affordable housing. Another is to increase access to information about housing options. And, the plan includes actions to promote counties, tribes and other providers to use best-practices and person-centered strategies related to housing.

### *HCBS Settings Rule*

Simultaneous to Minnesota's Olmstead Plan implementation, the Centers for Medicare and Medicaid Services (CMS) published a rule, effective March 17, 2014, outlining new requirements for states' Medicaid home and community-based services.

The intent of the rule is to ensure that individuals receiving long-term services and supports through home and community-based services programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet the needs of the individual. The rule is designed to enhance the quality of home and community-based services and provide protections for people who use those services. The rule defines, describes and aligns requirements across the home and community-based services programs. It defines person-centered planning requirements for persons in home and community-based settings.

States have until March 17, 2019, to bring existing programs into compliance with the rule and must submit a plan to transition their existing home and community-based services waiver programs services

by that date. In Minnesota, this impacts the Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Individuals with Disabilities (CADI), Developmental Disabilities (DD), and Elderly Waiver (EW) programs. New programs under 1915(i), 1915(k) and any new 1915(c) will be required to be in full compliance from the date of implementation. In Minnesota, the new Community First Services and Supports (CFSS) program must meet this requirement.

The new federal HCBS rules require that individuals be afforded a real choice between settings in which they receive services. Minnesota's implementation of these rules will further the state's progress in implementing its Olmstead goals.

## **Process**

### *Internal work groups*

Two groups were convened to work on this project, one to develop the data set for measuring people in potentially segregated settings and another to analyze the data from a policy perspective and set the targets and timelines. The groups included data and policy experts from the Minnesota Department of Human Services Adult Mental Health, Children's Mental Health, Economic Assistance and Employment Support, Disability Services Division, Compliance Monitoring, and Chemical Health Divisions. The Department of Health and the Department of Employment and Economic Development also participated. This work has a direct link to the Olmstead Plan action to develop additional affordable housing and, therefore, included participation by the Minnesota Housing Finance Agency.

### *How people with disabilities were/will be involved in planning for community integration*

Individuals can have significant impact on realizing their personal goals when their preferences as well as their needs are incorporated into assessment and service planning. Minnesota is currently rolling out MnCHOICES, which continues and enhances Minnesota's person-centered approach tailoring services to individual's strengths, preferences and needs. This major reform has been underway for several years and is now in the final stages of its staged roll-out.

People with disabilities also have the opportunity to participate as advocates and planning partners in shaping the future of Minnesota's HCBS system. A series of meetings and input sessions around the state were held as part of the preliminary planning for the HCBS settings rule implementation. Meetings specifically targeted for self-advocates were held to seek input in addition to other forums.

DHS also engaged stakeholders in providing input to the GRH/MSA reform efforts. This effort focused on receiving feedback regarding current housing options and barriers and comments on proposed future directions for this program. For this effort, six listening sessions were held throughout the state with over 450 participants, including people with disabilities and their families.

The Minnesota Department of Human Services conducts a biennial process to gather information about the current capacity and gaps in services and housing needs to support people with long-term care needs in Minnesota. The gaps analysis was originally focused on the needs of older persons but in 2011 the needs of children and adults with disabilities and/or mental illness were added to the study. As part of this process, people with disabilities, people with mental illness, older people and their families participated in focus groups to provide insights about long-term services and supports, based upon their personal experience. For the 2012/2013 study, focus groups were held in 16 communities across the state, with 260 individuals taking part. There were 110 people who participated by completing a short



on-line survey. Twenty-three percent of survey respondents identified as having a disability and 23 percent as parents and caregivers.

As part of the six-year Pathways to Employment initiative, the Department of Human Services, in conjunction with other state agencies, engaged people with disabilities and other stakeholders in a public process to identify what it will take to increase the employment of people with disabilities in Minnesota. Pathways supported three summits which brought together people with disabilities and other stakeholders with one focus—how to make employment the first and preferred choice of youth and adults with disabilities. Pathways also supported a series of events around the state, conversations with various disabilities sub-populations, that yielded nine policy briefs in the following areas: brain injury, mental health, Deaf-blindness, Deaf and hard of hearing, blindness, Autism Spectrum Disorder, intellectual/developmental disabilities, and physical disabilities.

### *Review of other state's plans (Olmstead Plan item SS 2G.2)*

The policy work group that developed targets and timelines reviewed initiatives to reform state employment and day support services in Massachusetts, Oregon and Rhode Island. A chart showing their analysis of those plans is included in Appendix A.

The strategies that are being used by other states informed the development of Minnesota's implementation plans for increasing competitive employment and those plans informed the process for setting targets for competitive employment. The effort to support people to be competitively employed intersects with the targets to support people receiving day services in more integrated settings.

The strategies that Minnesota are pursuing include:

- Adopting an Employment First Policy
- Training and technical assistance to support day service providers to convert their service models from congregate and segregated, "sheltered workshop" day services to more individualized, person-centered approaches of community supports and competitive employment services
- Interagency collaboration to promote promising practices and coordinate services for transition-age youth
- Increasing expectations and work experiences
- Improved data system for tracking employment outcomes for students and adults with disabilities
- Documenting informed choice to enable tracking individuals' decisions and potential barriers to employment
- Service enhancements for people who are seeking competitive employment at minimum wages or higher
- Expanding self-advocacy and peer networks

Minnesota is using earned monthly income  $\geq$ \$600/month as an indicator of competitive employment.

Our data base contains information about individuals' income, including what is earned income and what is the amount and type of unearned income. We recognize that many people have earned income, but would not necessarily be employed in what we consider "competitive employment"—that is, employment that is part of the regular workforce, not in a segregated setting, and which is compensated at a market rate. Minnesota is setting a relatively high threshold of monthly earned income to separate

those who have jobs that pay sub-minimum wages (more likely to be in segregated settings) from those who have jobs that pay at least a minimum wage.

This is an important distinction to keep in mind, particularly when comparing Minnesota to other states which may be using another benchmark, such as having *any* earned income as an indicator of employment. To illustrate this point, in 2013, 15.8 percent of people on a disability waiver have earned income over \$250/month. (This is not the exact same population as used for the rest of our measures, but a number we've been tracking since 2007, and used here just for illustrative purposes).

## **Methodology**

### *Available data sources*

That data that is available comes from existing data systems that were designed for specific purposes. Therefore, there are many shortcomings with the data we have to inform and track our Olmstead implementation.

- Some data can only partially get at some questions
- Some data available for some of the people in the system but not for everyone
- Data fields that could be used, but which aren't reliably used or updated by the people who populate the data base.
- No data available to address some questions or track certain outcomes

### **MAXIS**

MAXIS is a computer system used by state and county workers to determine eligibility for public assistance and health care. For cash assistance and food support programs, MAXIS also determines the appropriate benefit level and issues benefits.

For the purposes of this report, data from MAXIS were used to identify people with disabilities who receive benefits through the Group Residential Housing (GRH) program. This program pays for room and board costs related to living in a licensed or registered setting, as well as services for some people. GRH recipients were included in this report if they reside in one of the following settings: adult foster care, boarding care, board and lodge, board and lodge with special services, homeless shelter, housing with services establishment, or supervised living facility. For settings other than adult foster care, the individual had to be on the program for at least 90 days to be counted. This control sorted out people who are more likely to be living in a segregated setting, rather than passing through one on a temporary basis.

### **MMIS**

Health care providers throughout the state – as well as DHS and county staff – use MMIS to pay the medical bills and managed care payments for over 525,000 Minnesotans enrolled in a Minnesota Health Care Program. These programs provide health care services to low-income families and children, low-income elderly people and individuals who have physical and/or developmental disabilities, mental illness or who are chronically ill.

For the purposes of this report, data from MMIS were used to identify people with disabilities who received long-term supports and services typically provided in licensed, and potentially segregated, settings.

### *Data limitations specific to this project*

1. Olmstead Plan does not have measureable definitions or criteria to identify segregated settings
2. Current data bases have limited information regarding the type of settings in which people receive services
3. Current databases do not identify people who want to move to a more integrated setting
4. Current databases lack information required to indicate the type of setting in which the individual is being served (e.g., day/employment services settings). Therefore, it is also difficult, if not impossible, to track movement between settings with current databases.
5. Setting types, as recorded in DHS data systems, represent a wide variety of actual places where people live, and do not necessarily indicate how “integrated” a person in any particular setting is. For example, a person may receive customized living services in an assisted living residence which is comprised entirely of older adults, being in this residence may give the individual more access to community life than the person may have had in their own home.
6. Providers have up to 12 months through MMIS to submit a claim so the claims data for fiscal year 2014 is subject to change through June 30, 2015
7. There is different data kept for people depending on the program they use. For example, people who apply for a Developmental Disabilities waiver will have extensive assessment information in their records. People who are in a nursing facility also have assessment data, but from a different assessment tool with different data points. People who are in the Group Residential Housing program may not have any assessment data.

### *Data development plan*

Because of the data which is currently available does not fully answer questions that could guide us in the process of assisting people move to the most integrate setting, we need to develop additional ways to get information. MMIS and MAXIS are large data bases that are central to the state’s operations in administering public programs. The demands upon them are great and changes are not easily made. It is not practical to build additional statewide data systems so we need to work with our existing systems. MnCHOICES is a new assessment system, currently being rolled out, which will provide much more person-centered data in the future.

We are taking short-term and long-term approaches to improving our data. The HCBS segregated settings transition plan will provide the basis for most of the short-term improvements.

1. Develop criteria for measuring a setting’s degree of segregation/integration.
2. HCBS waiver providers in potentially segregated settings will complete a self-assessment.
3. Develop a method for rating site-specific “integration-based” criteria using data from provider assessments.
4. Create short-term system for tracking numbers of people who make a move to more integrated setting.
5. Build long-term systems solution for identifying, verifying, collecting and sharing information about degree of integration/segregation.
6. Create long-term system for tracking numbers of people who move from to or from less integrated settings.

### *Data pull*

The baseline and demographic data were compiled using the following process.

1. Data used came from fiscal year 2014 (July 1, 2013 – June 30, 2014).
2. Data included all people, irrespective of age.
3. MMIS data was queried using claim codes of services that are delivered in a potentially segregated setting. Individuals were included in the counts if there was at least one claim meeting criteria within fiscal year 2014. This list included specific waiver services and services commonly accessed by people with serious mental illness or serious and persistent mental illness.
4. Data from MMIS does not include data about Group Residential Housing (GRH). GRH recipients must meet disability criteria to qualify for this program. Therefore, data was pulled from MAXIS to capture people receiving GRH.
5. Some people are only on GRH for a short stay in a temporary setting and therefore would not be considered someone living in a segregated setting. To control for that, we narrowed the MAXIS group, for every setting except adult foster care, to only include people who were in the setting for at least 90 days.
6. We combined the MAXIS group and the MMIS group to arrive at the people that we consider to have been in potentially segregated settings in fiscal year 2014.

## List of potentially segregated settings (requires further analysis)

### Criteria

There is nothing in current state statute, policy or rule that defines what constitutes a segregated setting in Minnesota. The Olmstead Plan provides the following definition of ‘segregated setting’, taken from the *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.*<sup>3</sup>

**Segregated settings:** Segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

This definition needs to be broken down into measurable criteria, e.g., what constitutes “lack of privacy or autonomy.”

The state will develop ways to measure these qualities. In the meantime, we identified settings that are *potentially segregating*. It is important to note that, in addition to developing measurable criteria, data, over and above that currently available to the State, will be required in order to identify segregated settings. Additionally, our current data systems do not necessarily identify the setting in which a person receives a service.

In light of these limitations, this is where we are starting the task of identifying people in segregated settings, recognizing that this work will need further analysis, including possibly looking at other settings that weren’t included in this first analysis.

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<sup>3</sup> [www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm)

The group divided settings into residential settings and day/employment services settings. The logic is that strategies for transitioning people to more integrated settings will be similar within those categories and different outside those categories. In other words, a strategy to help people change residence will likely be useful across residential settings but not necessarily in helping people change their day/employment services settings. Likewise, strategies to make day service settings more integrated will likely work across day/employment services but not necessarily with transition out of residential settings.

We included people who are homeless in the count of people living in segregated settings for two reasons. First, according to the U.S. Department of Housing and Urban Development, over 40 percent of America's homeless population is people with disabilities<sup>4</sup>. Second, we consider our goal to be not only decreasing the number of people living unnecessarily in segregated settings but also increasing the number of people living in the most integrated settings. From a quality of life perspective, the people who are homeless have fewer opportunities to participate in community life. Therefore, we chose to look for indicators of homelessness and include people who are likely to be homeless in the counts of being in potentially segregated settings.

The group then developed criteria to use to identify if settings and services in each group will be considered potentially segregated.

#### **Residential – potentially segregated/not integrated criteria**

- The setting is controlled by the service provider
  - The exception to this criterion is private family settings (i.e., family foster care)
- There are no limits to length of stay
- A person who is likely to be homeless is considered not well-integrated in their community

#### **Day/employment services settings – potentially segregated criteria**

- Services which are often delivered in a provider-controlled setting
- Services which are often delivered in settings with a predominance of other people with disabilities

#### *List of potentially segregated settings*

**Figure 1: List of potentially segregated settings and services (See Appendix B for definitions)**

<b>Residential settings/services delivered in potentially segregated settings</b>	<b>Day/employment services delivered in potentially segregated settings</b>
Adult foster care	Adult day services
Assisted living residence (customized living service)	Day training and habilitation center
Board and lodge (includes homeless shelters)	Family adult day services
Board and lodge with special services	Pre-vocational service
Boarding care	Structured day program
Child foster care	Supported employment services
Children's residential care (children's residential facilities- Rule 5)	
Crisis respite (foster care)	

<sup>4</sup> U.S. Department of Housing and Urban Development, 2013 Continuum of Care Homeless Populations and Subpopulations Report (See [www.hudexchange.info/reports/CoC\\_PopSub\\_NatITerrDC\\_2013.pdf](http://www.hudexchange.info/reports/CoC_PopSub_NatITerrDC_2013.pdf)).

Residential settings/services delivered in potentially segregated settings	Day/employment services delivered in potentially segregated settings
Housing with services establishment	
Supervised living facilities	
Supported living services	

## Data analysis

### Residential services/settings

**Figure 2: Residential settings by age and gender, fiscal year 2014**

Setting		Recipient	Age Group 0-13	Age Group 14-18	Age Group 19-26	Age Group 27-35	Age Group 36-64	Age Group 65+	Gender Female	Gender Male
M A X I S	Adult Foster Care	873	-	30	198	161	444	40	413	460
	Boarding Care	521	-	4	63	67	368	19	231	290
	Board and Lodge	3,070	-	36	616	758	1,627	33	765	2,305
	Board and Lodge w/ Special Serv	5,003	-	76	817	1,021	3,017	72	1,207	3,796
	Homeless Shelter	4,715	-	79	890	1,034	2,683	29	1,308	3,407
	Housing w/ Services Establ	2,690	-	21	340	401	1,832	96	920	1,770
	Supervised Living Facility	1,046	-	17	257	257	508	7	371	675
	<b>Unduplicated</b>	<b>10,562</b>	<b>-</b>	<b>152</b>	<b>1,804</b>	<b>2,079</b>	<b>6,281</b>	<b>246</b>	<b>3,132</b>	<b>7,430</b>
C I A I M S	Adult Foster Care	5,318	-	97	910	813	2,821	677	2,255	3,063
	Assisted Living	2,610	-	-	38	62	945	1,565	1,685	925
	Assisted Living w/ 24 Hr Care	8,282	-	-	43	98	1,264	6,877	6,017	2,265
	Child Foster Care	187	55	124	8	-	-	-	62	125
	Crisis Respite	188	34	30	64	25	33	2	56	132
	Children's Residential Care	462	221	241	-	-	-	-	174	288
	Supported Living Services	10,470	45	225	1,510	2,079	5,657	954	4,468	6,002
	<b>Unduplicated</b>	<b>27,517</b>	<b>355</b>	<b>717</b>	<b>2,573</b>	<b>3,077</b>	<b>10,720</b>	<b>10,075</b>	<b>14,717</b>	<b>12,800</b>
	<b>Total Unduplicated</b>	<b>38,079</b>	<b>355</b>	<b>869</b>	<b>4,377</b>	<b>5,156</b>	<b>17,001</b>	<b>10,321</b>	<b>17,849</b>	<b>20,230</b>

- A total of 38,079 individuals resided in other potentially segregated setting at some point during fiscal year 2014.
  - Of the GRH-only recipients, the largest group (47 percent) was in Board and Lodge with Special Services facilities. Of those with MA claims, the largest group (30 percent) was in Assisted Living with 24 hour care.
- Of the total, 72 percent were over the age of 35.
- Of the total number in all settings combined, nearly 47 percent were female; however, among the GRH-only recipients 70 percent were male.

Figure 3: Residential settings by race/ethnicity, fiscal year 2014

	Setting	Recipient	Race White	Race Black	Race Am Indian	Race Asian	Race Pac Island	Race Hispanic	Race 2+	Race Unknown
M A X I S	Adult Foster Care	873	697	89	29	25	2	15	6	10
	Boarding Care	521	391	82	12	11	1	14	4	6
	Board and Lodge	3,070	1,858	805	153	45	4	84	50	71
	Board and Lodge w/ Special Serv	5,003	3,048	1,256	324	60	2	133	77	103
	Homeless Shelter	4,715	2,375	1,653	322	51	4	129	90	91
	Housing w/ Services Establ	2,690	1,196	1,207	147	18	1	66	27	28
	Supervised Living Facility	1,046	666	228	59	15	4	27	22	25
	<b>Unduplicated</b>	<b>10,562</b>	<b>6,300</b>	<b>2,895</b>	<b>599</b>	<b>141</b>	<b>11</b>	<b>271</b>	<b>147</b>	<b>198</b>
C l a i m s	Adult Foster Care	5,318	4,533	344	137	91	6	91	38	78
	Assisted Living	2,610	2,263	173	38	59	-	26	6	45
	Assisted Living w/ 24 Hr Care	8,282	7,458	308	69	91	2	54	13	287
	Child Foster Care	187	116	24	13	1	-	14	12	7
	Crisis Respite	188	126	32	5	9	-	7	4	5
	Children's Residential Care	462	278	54	53	2	-	29	31	15
	Supported Living Services	10,470	9,528	424	181	123	1	109	26	78
	<b>Unduplicated</b>	<b>27,517</b>	<b>24,302</b>	<b>1,359</b>	<b>496</b>	<b>376</b>	<b>9</b>	<b>330</b>	<b>130</b>	<b>515</b>
<b>Total Unduplicated</b>		<b>38,079</b>	<b>30,602</b>	<b>4,254</b>	<b>1,095</b>	<b>517</b>	<b>20</b>	<b>601</b>	<b>277</b>	<b>713</b>

- Of individuals residing in other potentially segregated setting, blacks were overrepresented (11 percent versus 6 percent of Minnesota's entire population). This disparity increased in the GRH-only group, where 27 percent were black.
- American Indians were overrepresented among those residing in Children's Residential Care and Board and Lodge with Special Services (11 percent and 6 percent, respectively, versus 1 percent of Minnesota's entire population).

Figure 4: Residential settings by diagnosis, fiscal year 2014

	Setting	Recipient	Acquired Cognitive Disability	Austism Spectrum Disorder	Blind	IDD	Deaf	Hard of Hearing	Mental Illness	SMI	SPMI	Substance Abuse
M A X I S	Adult Foster Care	873	611	111	11	365	5	243	808	245	204	469
	Boarding Care	521	387	14	1	77	1	127	517	190	142	449
	Board and Lodge	3,070	2,017	64	3	157	3	544	2,695	633	447	2,736
	Board and Lodge w/ Special Serv	5,003	3,500	95	11	265	-	979	4,563	944	660	4,540
	Homeless Shelter	4,715	3,286	79	8	191	-	916	4,238	778	493	4,260
	Housing w/ Services Establ	2,690	1,928	41	6	147	-	596	2,432	260	158	2,310
	Supervised Living Facility	1,046	845	52	2	86	-	260	1,037	575	490	967
	<b>Unduplicated</b>	<b>10,562</b>	<b>7,304</b>	<b>298</b>	<b>28</b>	<b>914</b>	<b>9</b>	<b>2,177</b>	<b>9,534</b>	<b>1,958</b>	<b>1,418</b>	<b>9,053</b>
C l a i m s	Adult Foster Care	5,318	4,675	918	124	2,814	25	2,163	5,180	1,538	1,148	3,164
	Assisted Living	2,610	2,203	77	57	518	13	1,006	2,112	282	193	1,026
	Assisted Living w/ 24 Hr Care	8,282	7,280	119	179	966	17	2,665	6,511	408	277	2,100
	Child Foster Care	187	146	85	6	109	-	79	187	116	93	29
	Crisis Respite	188	134	125	1	186	2	85	181	30	6	24
	Children's Residential Care	462	309	119	1	78	-	165	459	424	414	155
	Supported Living Services	10,470	8,049	3,452	311	10,417	123	5,899	9,762	604	45	1,417
	<b>Unduplicated</b>	<b>27,517</b>	<b>22,796</b>	<b>4,895</b>	<b>679</b>	<b>15,088</b>	<b>180</b>	<b>12,062</b>	<b>24,392</b>	<b>3,402</b>	<b>2,176</b>	<b>7,915</b>
<b>Total Unduplicated</b>		<b>38,079</b>	<b>30,100</b>	<b>5,193</b>	<b>707</b>	<b>16,002</b>	<b>189</b>	<b>14,239</b>	<b>33,926</b>	<b>5,360</b>	<b>3,594</b>	<b>16,968</b>

- Individuals with an Intellectual/Developmental Disability were more likely to have an MA claim than were GRH-only recipients (55 percent versus 9 percent).
- Individuals with substance abuse issues were more likely to be GRH-only recipients (86 percent versus 28 percent of those with MA claims).
- Nearly all of the GRH-only recipients living in a Boarding Care facility had some history of mental illness, and 21 percent had a serious mental illness.



Figure 5: Residential settings by mobility, fiscal year 2014

Setting		Recipient	No Impairment	Walks Aided (i.e. walker)	Uses Wheelchair	Not Mobile	Unknown
M A X I S	Adult Foster Care	873	369	81	30	13	380
	Boarding Care	521	291	15	2	-	213
	Board and Lodge	3,070	362	59	28	7	2,614
	Board and Lodge w/ Special Serv	5,003	655	117	23	5	4,203
	Homeless Shelter	4,715	433	98	20	6	4,158
	Housing w/ Services Establ	2,690	307	117	17	7	2,242
	Supervised Living Facility	1,046	285	30	6	1	724
	<b>Unduplicated</b>	<b>10,562</b>	<b>1,791</b>	<b>353</b>	<b>88</b>	<b>26</b>	<b>8,304</b>
C I a m s	Adult Foster Care	5,318	3,520	723	576	498	1
	Assisted Living	2,610	833	1,286	327	164	-
	Assisted Living w/ 24 Hr Care	8,282	1,849	3,500	2,137	796	-
	Child Foster Care	187	170	1	15	1	-
	Crisis Respite	188	113	70	4	-	1
	Children's Residential Care	462	81	1	1	-	379
	Supported Living Services	10,470	5,868	3,861	624	110	7
	<b>Unduplicated</b>	<b>27,517</b>	<b>12,434</b>	<b>9,442</b>	<b>3,684</b>	<b>1,569</b>	<b>388</b>
<b>Total Unduplicated</b>		<b>38,079</b>	<b>14,225</b>	<b>9,795</b>	<b>3,772</b>	<b>1,595</b>	<b>8,692</b>

- 40 percent of individuals residing in other potentially segregated setting were assessed to have some sort of mobility impairment (15,162 individuals), indicating a *potential* need for a physically accessible unit.
- Nearly half of the individuals receiving assisted living services were assessed to need assistance with walking.

Figure 6: Residential settings by income source, fiscal year 2014

	Setting	Recipient	Earned Income	Unearned Income	Earned or Unearned Income	Income Unknown	Unearned Subgroup: RSDI	Unearned Subgroup: SSI	Unearned Subgroup: RSDI or SSI	Unearned Subgroup: Other
M A X I S	Adult Foster Care	873	384	614	728	145	421	284	601	50
	Boarding Care	521	87	369	421	100	269	157	366	19
	Board and Lodge	3,070	842	733	1,495	1,575	407	380	656	200
	Board and Lodge w/ Special Serv	5,003	1,075	1,368	2,378	2,625	797	726	1,278	299
	Homeless Shelter	4,715	1,046	995	2,045	2,670	469	600	900	286
	Housing w/ Services Establ	2,690	345	784	1,095	1,595	380	481	700	135
	Supervised Living Facility	1,046	262	479	681	365	272	289	462	65
	<b>Unduplicated</b>	<b>10,562</b>	<b>2,426</b>	<b>3,524</b>	<b>5,491</b>	<b>5,071</b>	<b>2,082</b>	<b>1,867</b>	<b>3,297</b>	<b>607</b>
C l a i m s	Adult Foster Care	5,318	2,197	4,966	5,238	80	3,707	2,049	4,959	229
	Assisted Living	2,610	209	2,503	2,598	12	2,214	598	2,501	93
	Assisted Living w/ 24 Hr Care	8,282	317	7,917	8,256	26	7,478	1,125	7,915	333
	Child Foster Care	187	16	86	119	68	23	73	86	28
	Crisis Respite	188	64	156	170	18	64	117	156	14
	Children's Residential Care	462	12	184	280	182	84	124	184	92
	Supported Living Services	10,470	7,626	10,043	10,430	40	8,025	3,834	10,030	342
	<b>Unduplicated</b>	<b>27,517</b>	<b>10,441</b>	<b>25,855</b>	<b>27,091</b>	<b>426</b>	<b>21,595</b>	<b>7,920</b>	<b>25,831</b>	<b>1,131</b>
	<b>Total Unduplicated</b>	<b>38,079</b>	<b>12,867</b>	<b>29,379</b>	<b>32,582</b>	<b>5,497</b>	<b>23,677</b>	<b>9,787</b>	<b>29,128</b>	<b>1,738</b>

- Around one-third of individuals residing in other potentially segregated setting reported some amount of earned income.
- 26 percent (9,787 individuals) reported only receiving income from SSI. The maximum monthly benefit for SSI is \$721; hence, people who receive SSI are likely to have limited ability to afford housing in the community.
- An additional 20 percent (10,968 individuals) were General Assistance recipients. This group has even less income. The General Assistance benefit for individuals living in the community is \$203 per month.

Figure 7: Residence by region, fiscal year 2014

	Setting	Recipient	1 North West	2 Head- waters	3 Arrow- head	4 West Central	5 North Central	6 South West Central	7 East Central	8 South West	9 South Central	10 South East	11 Twin Cities	Unkn	Frontier
MAXIS	Adult Foster Care	873	2	14	56	18	15	10	241	8	45	133	318	13	4
	Boarding Care	521	3	1	9	4	5	4	70	1	1	25	396	2	3
	Board and Lodge	3,070	4	7	142	65	90	46	159	39	75	336	2,076	31	7
	Board and Lodge w/ Special Serv	5,003	20	19	615	111	129	51	278	54	108	246	3,338	34	29
	Homeless Shelter	4,715	8	18	326	76	44	28	166	13	39	229	3,707	61	9
	Housing w/ Services Establ	2,690	3	9	111	14	39	4	37	1	58	41	2,363	10	1
	Supervised Living Facility	1,046	11	14	68	19	7	29	67	30	32	35	722	12	9
	<b>Unduplicated</b>	<b>10,562</b>	<b>37</b>	<b>54</b>	<b>833</b>	<b>191</b>	<b>204</b>	<b>100</b>	<b>676</b>	<b>87</b>	<b>258</b>	<b>669</b>	<b>7,361</b>	<b>92</b>	<b>44</b>
Clims	Adult Foster Care	5,318	107	134	470	469	199	231	637	135	261	505	2,166	4	56
	Assisted Living	2,610	105	64	268	230	146	142	170	49	151	234	1,046	5	37
	Assisted Living w/ 24 Hr Care	8,282	134	141	1,162	404	317	235	829	148	489	920	3,499	4	71
	Child Foster Care	187	6	1	26	14	8	8	27	9	14	11	62	1	6
	Crisis Respite	188	1	1	6	8	2	3	18	-	-	7	142	-	-
	Children's Residential Care	462	9	26	103	27	13	24	59	11	41	28	120	1	4
	Supported Living Services	10,470	286	163	920	520	338	505	856	396	587	1,253	4,643	3	174
	<b>Unduplicated</b>	<b>27,517</b>	<b>648</b>	<b>530</b>	<b>2,955</b>	<b>1,672</b>	<b>1,023</b>	<b>1,148</b>	<b>2,596</b>	<b>748</b>	<b>1,543</b>	<b>2,958</b>	<b>11,678</b>	<b>18</b>	<b>348</b>
	<b>Total Unduplicated</b>	<b>38,079</b>	<b>685</b>	<b>584</b>	<b>3,788</b>	<b>1,863</b>	<b>1,227</b>	<b>1,248</b>	<b>3,272</b>	<b>835</b>	<b>1,801</b>	<b>3,627</b>	<b>19,039</b>	<b>110</b>	<b>392</b>

- Half (50 percent) of individuals residing in other potentially segregated setting were in the Twin Cities Metro Area.
- Of GRH-only recipients, however, nearly three-quarters (70 percent) were in the Twin Cities Metro Area.

Figure 8: Unduplicated provider count by setting/service type (residential), fiscal year 2014

Residential setting/service	Unduplicated provider count
Adult Foster Care (MMIS)	1,074
Adult Foster Care (MAXIS)	491
Assisted living Residence (customized living service)	664
Assisted living Residence (24-hour customized living service)	1,047
Board and Lodge	173
Board and Lodge w/ Special Services	167
Boarding Care	18
Child Foster Care	91
Children's Residential Care (Children's Residential Facilities- Rule 5)	69
Crisis Respite (Foster Care)	18
Housing w/ Services Establishment	992
Supervised Living Facility (SLF)	31
Supported Living Services	708

## Day/employment services

Figure 9: Service utilization by age, fiscal year 2014

	Setting	Recipient	Age Group 0-13	Age Group 14-18	Age Group 19-26	Age Group 27-35	Age Group 36-64	Age Group 65+
Day	Adult Day Center	5,782	0	6	119	140	1271	4246
	Day Training & Habilitation	10,135	0	34	1940	2383	5134	644
	Family Adult Day Services	46	0	0	2	0	6	38
	Prevocational Services	2,556	0	23	539	461	1464	69
	Structured Day Program	182	0	0	13	39	123	7
	Supported Employment Services	2,827	0	15	719	721	1324	48
	<b>Unduplicated</b>	<b>20,055</b>	<b>0</b>	<b>70</b>	<b>3033</b>	<b>3411</b>	<b>8557</b>	<b>4984</b>

- The data pull included people of all ages and therefore included older Minnesotans using long-term supports and services whose need for those services may have resulted from conditions acquired as they aged and/or conditions that were disabling, independent of their aging.

Figure 10: Service utilization by diagnosis, fiscal year 2014

	Setting	Recipient	Acquired Cognitive Disability	Autism Spectrum Disorder	Blind	IDD	Deaf	Hard of Hearing	Mental Illness	SMI	SPMI	Substance Abuse
Day	Adult Day Center	5,782	4,780	232	129	1,338	32	2,724	5,043	261	160	1,230
	Day Training & Habilitation	10,135	7,302	3,363	287	10,135	124	5,352	9,095	394	13	963
	Family Adult Day Services	46	39	-	-	6	-	18	44	3	2	10
	Prevocational Services	2,556	2,175	557	66	1,733	34	1,104	2,449	596	400	1,261
	Structured Day Program	182	181	28	1	121	1	65	177	13	6	100
	Supported Employment Services	2,827	2,195	826	39	2,242	12	1,182	2,645	455	284	1,115
	<b>Unduplicated</b>	<b>20,055</b>	<b>15,461</b>	<b>4,634</b>	<b>497</b>	<b>14,467</b>	<b>194</b>	<b>9,788</b>	<b>18,066</b>	<b>1,466</b>	<b>698</b>	<b>4,084</b>

- Individuals may have more than one diagnosis so these are not unduplicated counts. The service called day training and habilitation is only covered under the Developmental Disabilities waiver, so everyone receiving that service had that diagnosis. Individuals may have had additional diagnoses, as well.

Figure 11: Service utilization by source of income, fiscal year 2014

	Setting	Recipient	Earned Income	Unearned Income	Earned or Unearned Income	Income Unknown	Unearned Subgroup: RSDI	Unearned Subgroup: SSI	Unearned Subgroup: RSDI or SSI	Unearned Subgroup: Other
Day	Adult Day Center	5,782	427	4944	5663	119	2036	3371	4933	717
	Day Training & Habilitation	10,135	8079	9794	10127	8	7395	4165	9785	300
	Family Adult Day Services	46	6	42	44	2	19	26	42	2
	Prevocational Services	2,556	2229	2445	2550	6	1839	956	2443	80
	Structured Day Program	182	121	175	182	0	139	65	175	7
	Supported Employment Services	2,827	2483	2669	2824	3	2122	925	2665	94
	<b>Unduplicated</b>	<b>20,055</b>	<b>12008</b>	<b>18666</b>	<b>19919</b>	<b>136</b>	<b>12437</b>	<b>9022</b>	<b>18641</b>	<b>1156</b>

- The chart shows only the source of income, not the amount of income. The 'earned income' category does not distinguish between competitive employment and earnings at sub-minimum wages.
- Individuals could have multiple sources of income so counts are not unduplicated, unless specified.

Figure 12: Service utilization by living arrangement, fiscal year 2014

	Setting	Recipient	Home	Family Foster Care	Corp Foster Care	ICF-DD	NF	Board and Lodge	Housing with Services	Corr Facility	Hospital	Unknown
Day	Adult Day Center	5,782	4,656	119	597	3	80	116	185	-	9	17
	Day Training & Habilitation	10,135	2,879	582	6,549	29	32	2	-	-	-	62
	Family Adult Day Services	46	36	-	5	-	1	4	-	-	-	-
	Prevocational Services	2,556	1,022	153	1,147	1	29	92	80	1	10	21
	Structured Day Program	182	36	4	118	-	3	12	9	-	-	-
	Supported Employment Services	2,827	1,423	155	1,090	1	23	53	43	-	6	33
	<b>Unduplicated</b>	<b>20,055</b>	<b>9,427</b>	<b>937</b>	<b>8,814</b>	<b>34</b>	<b>158</b>	<b>248</b>	<b>291</b>	<b>1</b>	<b>25</b>	<b>120</b>

Figure 13: Unduplicated provider count by service type (day/employment), fiscal year 2014

Day/employment services	Unduplicated provider count
Adult day services center (EW) & Adult Day Care	229
Family adult day services setting	14
Structured Day Program	57
Day Training and Habilitation center	246
Pre-Vocational Service	177
Supported Employment Services (SES)	187

## Targets and timelines

There are initiatives across the state agencies to support people moving to more integrated settings. While some are smaller in scale and targeted, others are larger and geared to systems-level changes. The systems changes take longer to implement and longer to see results, and will ultimately have a larger impact. The smaller projects will impact the lives of individuals quickly.

The targets given here set a base, but do not limit the number of people that can move. As strategies outlined in the Olmstead Plan, and reforms by DHS are implemented, such as those to promote community living and employment options, shift provider business models, peer mentoring to share their stories of moving to homes of their own or working, manage waiver resources differently, and support experiential learning of options to inform choice, momentum will build, needed community capacity and infrastructure will expand, and increasingly more people every year will seek and obtain community living and employment options.

The ability to transition people to more integrated settings will be affected by the availability of resources to support this work. The DHS will assess progress annually and will adjust targets as necessary to incent movement to the most integrated community living and employment.

These are targets for the settings identified in this report, and do not reflect targets that have been set elsewhere for Anoka Metro Regional Treatment Center, the Minnesota Security Hospital in St. Peter, Intermediate Care Facilities for Developmental Disabilities and nursing facilities.

These are some of the strategies the state is pursuing to reduce the number of people in segregated settings.

### *Residential interventions*

- Continuing moratoriums on development of new ICF-DDs and corporate adult foster care beds
- Reforms to the Group Residential Housing (GRH) and Minnesota Supplemental Assistance (MSA) programs
- Expansion of Housing Access Services
- Technology grants to assist people in developing ways to use technology to support them in the homes and to otherwise meet their needs and goals
- Local planning grants to counties to develop alternatives to corporate foster care
- Providing technical assistance to service providers
- Quality improvement processes
- Transition protocols
- New and modified services
- Changes in payment for services
- HCBS transition plan

### *Day services interventions*

- Working with school districts (Minnesota Department of Education to lead effort)
- Continue to develop and promote the use of Disability Benefits 101 (DB101), a benefits and work planning tool
- Provide technical assistance to providers
- Family outreach

- Develop opportunities for youth work experiences
- New and modified services
- Changes in payment for services
- HCBS transition plan
- Developing standards and managing capacity for day services

**Figure 14: Targets and timelines for "other segregated settings"**

RESIDENTIAL SETTINGS TARGETS	DAY SETTINGS TARGETS
In SFY 2015 Without additional resources: 50	In SFY 2015 Without additional resources: 50
In SFY 2016 Without additional resources: 125	In SFY 2016 Without additional resources: 150
In SFY 2017 Without additional resources: 300	In SFY 2017 Without additional resources: 200
In SFY 2018 Without additional resources: 350	In SFY 2018 Without additional resources: 500
In SFY 2019 Without additional resources: 400	In SFY 2019 Without additional resources: 500

## **Appendix A: Analysis of State Plans from Massachusetts, Oregon and Rhode Island**



**KEY ELEMENTS LEADING TO  
COMPETITIVE, COMMUNITY SUPPORTED EMPLOYMENT  
and  
COMMUNITY-BASED DAY SUPPORT SERVICES:**

**A Summary of Rhode Island, Oregon and Massachusetts State Reform Initiatives**

<b>KEY ELEMENTS LEADING TO COMPETITIVE, COMMUNITY SUPPORTED EMPLOYMENT and DAY SUPPORT SERVICES REFORM</b>	<b>RI Settlement Agreement</b>	<b>OR Governors Executive Order (<i>Lawsuit Pending</i>)</b>	<b>MASS Blue Print For Success</b>
Response to U.S.D.O.J. litigation of Title II-ADA, Olmstead.	Y (reactive)	Y (preemptive)	Y (proactive)
Response to CMS' HCBS Final Rule Regulation and Requirements.	Y (reactive)	N	Y (proactive)
Parties Involved in the Plan.	Human Services, VR & Education	ODHS-ODDS, ODE & ODVR	MADDS, MASS ARC MA Provider Org.
Develop and conduct a comprehensive, statewide educational outreach campaign directed at state and local government agencies, providers, schools, people with disabilities and their families.	Y	Y	Y
Close new referrals to congregate, segregated sheltered workshops and facility-based day service programs providers.	Y	Y	Y
Discontinue the purchase of congregate, segregated sheltered workshop services and facility-based day services.	Y	N	Y (within 5 years)
Require providers to convert from congregate, segregated sheltered workshop programs and facility-based day service providers to community-based, competitive employment service providers and day support service providers.	Y	N	Y
Provide comprehensive training, business consultation, strategic planning and technical assistance support to providers on redesigning services and restructuring organizations to convert from congregate, segregated sheltered workshop programs and facility-based day service providers into individualized, community-integrated employment service providers and individualized, community-integrated day support service providers.	Y	Y	Y
Adopt Employment First Policy, and align all provider service and support practices with Employment First Policy.	Y	Y	Y
Create a financial system or service rate structure that incentivizes integrated, community-based, competitive employment services, supports and outcomes.	Y	Y	Y
Develop transition or action plans for people to move from congregate, segregated sheltered workshops and facility-based day service programs to individualized, community-based, competitive employment services and supports or individualized, community-based day services and supports.	Y	Y	Y
Design and implement a community-based, competitive employment services and support plan that gradually phases out special/subminimum wage work and increases minimum wage or higher jobs for people.	Y (Variances are allowable)	N	Y
Construct a comprehensive, compendium of community-based services and supports that produce an individualized employment plan for assessing, exploring, acquiring and maintaining community-based, competitive employment.	Y	Y	Y
Construct a set of community-based services and supports that assist people in other supportive activities such as transportation training, learning independent living skills, teaching personally-effective social skills, recreation and leisure assistance.	Y	N	Y
Identify and implement services and supports for transition age school students and young adults that produce individualized employment plans for assessing, exploring, acquiring and maintaining community-based, competitive employment as well as other supportive activities that assist with life skills instruction.	Y	Y	N
Build a comprehensive employment database system to track community-based, competitive employment and progress on system reforms.	Y	Y	Y

<b>Establish and finance oversight positions that monitor outcomes and quality.</b>	Y	Y	Y
<b>Fund system transformation by converting existing funding, which supports congregate, segregated sheltered workshops programs and facility-based day service, to support individualized, community-based employment service and individualized, community-integrated day support services.</b>	Y	Y	Y
<b>Fund system reform and transformation initiatives with increased state dollars to possibly receive matched by federal financial participation money.</b>	Y	N	Y

# **RHODE ISLAND**

**RHODE ISLAND SETTLEMENT**  
**(Rhode Island Consent Decree)**

**BACKGROUND**

On January 14, 2013, the United States Department of Justice initiated an investigation into whether the State has violated Title II of the Americans with Disabilities Act and Olmstead v. L.C. through its administration and operation of its day activity services system, including employment, vocational, and sheltered workshop day services for individuals with intellectual and developmental disabilities.

**FINDINGS**

- 1.)** Approximately 80 percent of the people with I/DD (about 2,700 individuals) receiving state services are placed in segregated, sheltered workshops or congregate, facility-based, day service programs.
- 2.)** Only about 12 percent (approximately 385 people) participate in individualized, community-integrated employment.
- 3.)** Only about five percent of students with disabilities transitioned into jobs in community-integrated settings.
- 4.)** Placement in segregated settings is frequently permanent:
  - A.) nearly half (46.2 percent) of the individuals in sheltered workshops have been in that setting for ten years or more, and
  - B.) over one-third (34.2 percent) have been there for fifteen years or more.
- 5.)** Individuals with I/DD in sheltered workshops reportedly earn an average of about \$2.21 per hour.

**AGREEMENTS and ACTIONS**

- 1.)** Permanently stop placements and funding into sheltered workshops and facility-based, day service programs.
- 2.)** On a scheduled basis, conduct supported employment placements of about 2,000 individuals between January 2015 and January 2024, including:
  - A.) at least 700 people currently in sheltered workshops;
  - B.) at least 950 people currently in facility-based non-work programs; and
  - C.) approximately 300-350 students leaving high school.
- 3.)** Adults transitioning to supported employment services (SES) will receive:
  - A.) Person-centered career planning process that includes asset-based vocational assessments such as discovery, situational assessments and time-limited, trial work exploration experiences;
  - B.) Supports Intensity Scale (“SIS”) assessment;
  - C.) Benefits analysis and planning;
  - D.) Medicaid Buy-In program information and counseling; and an
  - E.) array of other vocational services and supports to ensure that they have meaningful opportunities to live and work in the community (**Appendix # 1, item # 1**).
- 4.)** School youth in transition (ages 14 – 21 years old), approximately 1,250 students, will receive:
  - A.) Person-centered, individual learning plans;
  - B.) Person-centered, school-to-work transition career plans;
  - C.) Integrated vocational and situational assessments including discovery, vocational assessment, situational assessment and time-limited trial work exploration experiences; and an
  - D.) array of other transitional services and supports to ensure that they have meaningful opportunities to live and work in the community after they exit school (**Appendix # 1, item # 2**).
- 5.)** SES placement in community integrated employment settings must:
  - A.) pay at least minimum wage;
  - B.) allow the person to work the maximum number of hours consistent with their abilities and preferences;

- C.) allow the person interact with peers without disabilities to the fullest extent possible;
  - D.) average 20 hours of work per week in integrated employment settings;
  - E.) allow access to community-integrated work and non-work day services and supports for a total of 40 hours per week; and
  - F.) receive transportation and other direct (face-to-face) and indirect (not-face-to-face) employment services and supports.
- 6.) Supported employment placements cannot be in group job enclaves, mobile work crews and time-limited work experiences.
  - 7.) No vocational or situational assessments shall be conducted in segregated, sheltered workshops and congregate day service program settings.
  - 8.) Employer-sponsored training or provider-subsidized trial work exploration experiences can only occur for 4 – 8 weeks prior to job placement.
  - 9.) Work compensated by any other entity than the employer of record will not qualify as a job placement.
  - 10.) Community-integrated, (non-work) day services and supports shall not be services provided as part of a sheltered workshop, day services facility, group home, or residential program service provider.
  - 11.) Develop an informational outreach campaign for schools and the general public that educates about the benefits of supported employment, and addresses families' concerns about supported employment.
  - 12.) Create an employment first advocacy task force of local stakeholders, advocacy organizations, business networks, individuals with I/DD and family representatives for oversight and monitoring.
  - 13.) Develop Interagency MOU Collaboration Agreements among human services, VR and education.
  - 14.) Adopt an Employment First Policies and presumptions that all people with disabilities can competitively work at jobs in the community given proper services and support.
  - 15.) Variances to SES placements can occur if the eligible person:
    - A.) makes a voluntary, informed choice for placement in a group work arrangement (e.g., enclaves, crews, etc.), segregated sheltered workshop facility, congregate day services program;
    - B.) receives one vocational or situational assessment;
    - C.) receives one trial work exploration experience, except when a documented medical condition poses an immediate and serious threat to their health or safety, or the health or safety of others;
    - D.) receives outreach educational information and counseling about SES;
    - E.) receives benefits planning;
    - F.) annual re-assessment for SES; and
    - G.) elects an integrated day supports-only placement in lieu of a SES placement.

#### **FUNDING and FINANCING PROJECT INITIATIVES**

- 1.) Establish a Sheltered Workshop Conversion Institute and Trust Fund (\$800,000) to assist providers of sheltered workshop services to convert to SES.
- 2.) Pursue and fund a contract for training and technical assistance vendors to provide leadership, competency and value based training and TA to state staff, employment, sheltered workshop and day service providers.
- 3.) Reallocate financial resources now spent on segregated sheltered workshop and congregate day service programs to instead fund SE and/or community-integrated day services. Allow funding to follow the person without an increase in cost (maintaining budget neutrality).
- 4.) Develop and implement performance-based contracts for SES providers to meet goals and objectives.
- 5.) Provide ongoing funding sources to sufficiently support a competent and qualified system of providers with the capacity to deliver effective SES and Integrated Day Services.

## **DATA COLLECTION, MONITORING and QUALITY ASSURANCE**

**1.)** Identify information and data elements to measure and collect for the U.S. DOJ and the court monitor:

- A.) number of individuals in segregated sheltered workshop programs, congregate day services facilities, group job enclaves, mobile work crews and time-limited trial work exploration experiences
- B.) number of completed career development plans
- C.) number of individuals referred to and receiving SES
- D.) number of transition youth exiting or graduating from school with career planning goals, and where they are transitioning to following their graduation or exit from school
- E.) number and client capacity of supported employment providers
- F.) number of qualified and trained SES professionals
- G.) number of qualified and trained vocational counselors and assessment professionals
- H.) number of hours worked per week, hourly wages paid, and job tenure in a community integrated employment setting
- I.) number and reason(s) for lost jobs and/or terminations from employment along with plans for re-employment
- J.) number and client capacity, hours per week, and tenure within community integrated day services providers, including the number of individuals participating in Integrated Day-Only Services
- K.) number of variances granted
- L.) number of outreach educational information campaign efforts performed

**2.)** Public reports to the U.S. DOJ and the selected court monitor on identified information and data elements also include:

- A.) findings and results of regularly conducted on-site reviews of converting sheltered workshops and day service programs;
- B.) identified program service provider deficiencies and required corrective action plans;
- C.) employment service and support outcomes and recommendations; and
- D.) compliance with the consent decree

## **Appendix # 1: Services and Supports**

### **1. Vocational services and supports**

job discovery and development, job-finding, job carving, job coaching, job training, job shadowing, co-worker and peer supports, reemployment supports, benefits planning and counseling, transportation services, environmental modifications and accessibility adaptations, behavioral supports, personal care services, case management services, assistive technology, social skills training, self-exploration, career exploration, career planning and management, job customization, time management training, self-employment opportunities and supports, adaptive behavior and daily living skills training.

### **2. Transitional services and supports**

career instruction, employment preparation training, school-based preparatory job experiences, integrated work-based learning experiences, business site visits, job shadowing, work skill development, internships, part-time employment, summer employment, youth leadership, self-advocacy, peer and adult mentoring, living skills training, teaching community services, post-secondary school educational opportunities, transportation instruction, benefits planning, and assistive technology.

## **Appendix # 2: Supported Employment and Integrated Day Services Placements Schedule**

### **Rhode Island Sheltered Workshop and Rhode Island Youth Exit Target Populations**

- a. By January 1, 2015, the State will provide Supported Employment Placements to at least 50 individuals in the Rhode Island Youth Exit Target Population who left during the 2013-2014 school year.
- b. By July 1, 2015, the State will provide Supported Employment Placements to all remaining individuals in the Rhode Island Youth Exit Target Population who left, or will leave, school during the 2013-2014 and 2014-2015.
- c. By January 1, 2016, the State will provide Supported Employment Placements to at least 50 individuals in the Rhode Island Sheltered Workshop Target Population.
- d. By July 1, 2016, the State will provide Supported Employment Placements to all individuals in the Rhode Island Youth Exit Target Population who left school during the 2015-2016 school year.
- e. By January 1, 2017, the State will provide Supported Employment Placements to at least an additional 50 individuals in the Rhode Island Sheltered Workshop Target Population.
- f. By January 1, 2018, the State will provide Supported Employment Placements to at least an additional 50 individuals in the Rhode Island Sheltered Workshop Target Population.
- g. By January 1, 2019, the State will provide Supported Employment Placements to at least an additional 50 individuals in the Rhode Island Sheltered Workshop Target Population.
- h. By January 1, 2020, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Sheltered Workshop Target Population.
- i. By January 1, 2021, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Sheltered Workshop Target Population.
- j. By January 1, 2022, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Sheltered Workshop Target Population.
- k. By January 1, 2023, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Sheltered Workshop Target Population.
- l. By January 1, 2024, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Sheltered Workshop Target Population.

### **Rhode Island Day Target Population**

- a. By January 1, 2016, the State will provide Supported Employment Placements to at least 25 individuals in the Rhode Island Day Target Population.
- b. By January 1, 2017, the State will provide Supported Employment Placements to at least an additional 25 individuals in the Rhode Island Day Target Population.
- c. By January 1, 2018, the State will provide Supported Employment Placements to at least an additional 50 individuals in the Rhode Island Day Target Population.
- d. By January 1, 2019, the State will provide Supported Employment Placements to at least an additional 50 individuals in the Rhode Island Day Target Population.
- e. By January 1, 2020, the State will provide Supported Employment Placements to at least an additional 75 individuals in the Rhode Island Day Target Population.
- f. By January 1, 2021, the State will provide Supported Employment Placements to at least an additional 100 individuals in the Rhode Island Day Target Population.
- g. By January 1, 2022, the State will provide Supported Employment Placements to at least an additional 200 individuals in the Rhode Island Day Target Population.
- h. By January 1, 2023, the State will provide Supported Employment Placements to at least an additional 200 individuals in the Rhode Island Day Target Population.
- i. By January 1, 2024, the State will provide Supported Employment Placements to at least an additional 225 individuals in the Rhode Island Day Target Population.



# OREGON

**OREGON EXECUTIVE ORDER**  
([Oregon Executive Order](#) )

**BACKGROUND**

On January 25, 2012, the first class action lawsuit case in the nation that challenges sheltered workshops as a violation of the integration mandates in Title II of the Americans with Disabilities Act and Olmstead v. L.C. was filed. The case, Lane v. Kitzhaber, was filed on behalf of eight named plaintiffs who are:

- 1.) stuck in sheltered workshops;
- 2.) spending years, and often decades in these congregate, segregated settings;
- 3.) qualified and prefer to work at real jobs in the community; and
- 4.) often paid less than a \$1.00/hour for their labor in the workshops.

The class action lawsuit case is brought on behalf of thousands of similarly situated and qualified persons with disabilities placed in Oregon's sheltered workshop system. The class action lawsuit case seeks an injunction to require the State of Oregon, and its' Department of Human Services, to end the segregation of persons with intellectual and development disabilities, and to assist them in obtaining integrated employment opportunities with supported employment services. The case is pending and proceeding to court, unless a settlement can be reached.

**FINDINGS**

1.) In October 2011, the United States Department of Justice concluded via a lengthy investigation that the State of Oregon has violated Title II of the Americans with Disabilities Act and Olmstead v. L.C. by funding, structuring, and administering its disability employment services system in a manner that segregates persons with intellectual and developmental disabilities in sheltered workshops.

2.) The U.S. DOJ determined that segregated workshops constitute an ADA violation and a Rehabilitation Act violation, and that the state's employment service system must be reformed in order to expand integrated employment opportunities.

3.) The DOJ claims that Oregon's disability employment service system perpetuates segregation of individuals with disabilities by unduly relying upon sheltered workshops rather than providing employment services in integrated settings, thus causing the unnecessary segregation of individuals who are capable of, and not opposed to, working at jobs in the community.

4.) 2,691 persons receive employment and vocational services. 1,642 – 61% – received at least some of those services in sheltered workshops. By contrast, only 422, or less than 16%, of these persons received services at any time in individual supported employment settings.

5.) The average hourly wage for sheltered workshop participants is currently \$3.72. Over 52% of participants earn less than \$3.00 per hour. By contrast, the overwhelming majority of persons with disabilities in individual supported employment earn Oregon's minimum wage of \$8.80 or above.

6.) The DOJ recommended that Oregon implement certain remedial measures, including the development of sufficient supported employment services to enable those individuals who are unnecessarily segregated, or at risk of unnecessary segregation, in sheltered workshops to receive services in individualized, integrated employment settings in the community.

7.) The DOJ determined that voluntary compliance was not possible after months of negotiations to reach a settlement and avoid litigation.

**OREGON GOVERNOR'S EXECUTIVE ORDER (July 1, 2013) – AN UNSUCCESSFUL REMEDY**

1.) The Oregon Department of Human Services (ODHS) and the Oregon Department of Education (ODE) shall work together to further improve Oregon's systems of designing and delivering employment services to those with intellectual and developmental disabilities.

- 2.) Oregon will make significant reductions in state support for sheltered work over time.
- 3.) Oregon will make increased investments in employment services and supports for people with disabilities.
- 4.) Employment services will be provided immediately to working age people with I/DD who receive sheltered workshop services. Employment services shall be individualized and evidence-based or recognized as effective practices.
- 5.) Employment services will be provided immediately to transition age young adults (@ 16 – 23). Employment services shall be individualized and evidence-based or recognized as effective practices.
- 6.) Individualized employment Services shall be based on an individual's capabilities, choices, and strengths.
- 7.) ODDS and OVRs will provide Employment Services to at least 2000 individuals in the ODDS/OVRs Target Population, in accordance with a schedule (please refer to Appendix 1).
- 8.) ODDS shall adopt and implement policies and procedures for developing individualized career development plans. The policies will include a presumption that all individuals in the ODDS/OVRs are capable of working in an integrated employment setting. The primary purpose of all vocational assessments shall be to determine an individual's interests, strengths, and abilities, in order to identify a suitable match between the person and an integrated employment setting.
- 9.) By January 1, 2014, ODDS and OVRs will establish competencies for the provision of Employment Services, and will adopt and implement competency-based training standards for career development plans, job creation, job development, job coaching, and coordination of those services.
- 10.) By July 1, 2016, ODDS and OVRs will purchase Employment Services for people with I/DD only from agencies or individual providers that are licensed, certified, credentialed or otherwise qualified as required by Oregon Administrative Rule. Such requirements for the provision of Employment Services will be competency-based and may include national credentialing programs as the APSE Certified Employment Support Professional exam or a substantial equivalent.
- 11.) By January 1, 2014, ODDS and OVRs will develop an outreach informational education campaign for all people receiving services from ODDS/OVRs that explains the benefits of employment, addresses family and perceived obstacle concerns to participating in employment services.
- 12.) Through a developed MOU agreement, ODE will partner with OVRs and ODDS to establish and implement a Statewide Transition Technical Assistance Network to assist high schools in providing Transition Services.

#### **FUNDING and FINANCING PROJECT INITIATIVES**

- 1.) By July 1, 2014, Oregon will no longer purchase or fund vocational assessments for individuals with I/DD that occur in sheltered workshop settings.
- 2.) By July 1, 2015, Oregon will no longer purchase or fund **NEW** sheltered workshop placements.
- 3.) State agencies will make good faith efforts, within available budgetary resources, to ensure that there are a sufficient number of qualified employment providers to deliver the services and supports necessary for individuals in the ODDS/OVRs system to receive competent employment services.
- 4.) By January 1, 2014, DHS will financially support new or existing technical assistance provider(s) or use other available training resources to provide leadership, training and technical assistance to counties, employment service providers, support service providers, and vocational rehabilitation staff.

#### **DATA COLLECTION, MONITORING and QUALITY ASSURANCE**

- 1.) By July 1, 2014, DHS will develop and implement a quality improvement initiative that is designed to promote Employment Services and to evaluate the quality of Employment Services provided to persons with I/DD.
- 2.) Starting January 1, 2014, an appointed State Employment Coordinator (as of 10/2013) and a newly formed Policy Review Committee (as of 07/2013) will monitor progress semi-annually through data

collection, data analysis, quality improvement activities and make annual recommendations to the Governor and legislature for performance improvements.

**3.)** Starting January 1, 2014, and semi-annually thereafter, ODDS and OVRs shall collect data and report to the Employment Coordinator and the Policy Review Committee data for working age individuals that will include:

- a. The number of individuals receiving Employment Services;
- b. The number of persons working in the following settings: individual integrated employment, self-employment, sheltered employment, and group;
- c. The number of individuals working in an integrated employment setting;
- d. The number of hours worked per week and hourly wages paid to those persons;
- e. The choices made by individuals between integrated work, sheltered work, and not working;
- f. Problems or barriers to placement and retaining employment in community-integrated settings;
- g. Service gaps;
- f. Complaints and grievances.

#### **Appendix # 1: Services and Supports**

- a. By July 1, 2014, ODDS and/or OVRs will provide Employment Services to at least 50 individuals.
- b. By July 1, 2015, ODDS and/or OVRs will provide Employment Services to at least an additional 100 individuals.
- c. By July 1, 2016, ODDS and/or OVRs will provide Employment Services to at least an additional 200 individuals.
- d. By July 1, 2017, ODDS and/or OVRs will provide Employment Services to at least an additional 275 individuals.
- e. By July 1, 2018, ODDS and OVRs will provide Employment Services to at least an additional 275 individuals.
- f. By July 1, 2019, ODDS and OVRs will provide Employment Services to at least an additional 275 individuals.
- g. By July 1, 2020, ODDS and OVRs will provide Employment Services to at least an additional 275 individuals.
- h. By July 1, 2021, ODDS and OVRs will provide Employment Services to at least an additional 275 individuals.
- i. By July 1, 2022, ODDS and OVRs will provide Employment Services to at least an additional 275 individuals.

# Massachusetts

## **MASS. - Blueprint for Success: Employing Individuals with Intellectual Disabilities in Massachusetts**

### **BACKGROUND**

In response to recent United States Department of Justice (DOJ) litigation regarding Title II of the Americans with Disabilities Act and Olmstead v. L.C., and CMS' "HCBS Final Rule" requirements regulating size and settings of non-residential service settings; a group of Massachusetts (MA) disability service providers, advocates, and the Department of Developmental Services (DDS) examined day and employment support service programs for adults with intellectual disabilities (ID). As a result of their analysis, the Massachusetts Association of Developmental Disabilities (ADDP), the Arc of Massachusetts, and the Massachusetts Department of Developmental Services (DDS) entered into a proactive plan to increase community-integrated competitive employment opportunities for people with intellectual disabilities (ID). The plan emphasizes the importance and benefits of having a job and contributing to community businesses through work.

### **ACTION STEPS**

- 1.)** Inform providers that purchasing sheltered workshop services will discontinue within five years.
- 2.)** Require providers to submit business plans on how they are going to increase community-integrated, competitive employment and phase out sheltered workshop services.
- 3.)** Require providers to make concerted efforts to assist people to enter into community-based, supported employment (individual or group), and re-structure their programs into employment services.
- 4.)** Define and align all provider service practices with Employment First Policy.
- 5.)** Develop, establish and implement a new standardized services rate structure that incentivizes integrated, community-based, supported employment (individual or group) services and outcomes (please refer to Appendix 2).
- 6.)** Close new referrals to sheltered workshop programs as of January 1, 2014 as a first step to phase out by June 30, 2015.
- 7.)** During fiscal year 2015, individuals currently in sheltered workshop programs will gradually transition into individual supported employment, group supported employment, and/or community-based day services (CBDS) programs (please refer to Appendix 1). Facility-based, day training and habilitation will only be a service option when it has been determined the most appropriate service option for the person.
- 8.)** Increase the number of people who participate in community integrated individual and group supported employment that pays minimum wage or higher in fiscal years 2016, 2017 and 2018. Gradually phase out group employment settings that pay less than minimum wage.
- 9.)** Expand the scope of CBDS programs to include service options with a career exploration/planning component to serve as a pathway to employment through use of a variety of different volunteer, internships (e.g., Project Search), situational assessments/discovery opportunities, skills training or other community-based experiences. Continue to transition individuals from CBDS into community-integrated work opportunities that pay minimum wage or higher. The CBDS model will also be used to provide complementary supports for individuals who work part-time and need and want to be engaged in structured, program services for the remainder of the work week.
- 10.)** Develop and implement a common framework for a planning and assessment process that allows informed choice as an integral part of the development of a person-centered career plan.
- 11.)** Recruit and fund state advocacy organizations to develop and conduct a comprehensive, statewide educational outreach campaign directed at people with disabilities and their families that includes informational resources, regional forums, family-to-family connection groups and peer support groups.
- 12.)** Create via appointment an Employment First review council to facilitate implementation and monitor ongoing progress of the transition plan.

## **TRAINING AND SYSTEM DEVELOPMENT**

- 1.) Engage in business consultation, strategic planning and technical assistance to providers on redesigning services and restructuring organizations to convert from congregate and segregated, sheltered workshops into individualized, community-integrated employment services and support provider, including Community-Based Day Services (CBDS).
- 2.) Develop comprehensive training for employment specialists/job developers with curriculum and field work experiences that are aligned with credentialing //certification entities for employment specialist professionals.
- 3.) Design educational material and resources for benefits analysis, planning and work incentives.
- 4.) Produce training on (a) career exploration and discovery approaches; (b) customized job development; (c) systematic instruction techniques, (d) working with specific populations; (e) technology on the job, and (f) other relevant topic areas to be identified.
- 5.) Create communities of practice that provide in-service learning courses.
- 6.) Conduct Peer-to-Peer learning sessions for providers to work together on common issues.
- 7.) Build and fund a coalition of regional employment collaboratives across the state to maximize resources, share best practices, share lessons learned, conduct macro-level job development and provide opportunities for partnership among state agencies, employment service provider organizations and employers. Central Massachusetts Employment Collaborative uncovered over 248 employment opportunities and 136 individuals with disabilities were hired at minimum wage or higher by businesses in the community.
- 8.) Draft a comprehensive MOU agreement that cooperatively collaborates and coordinates inter-agency responsibilities, resources, services and funding to achieve a unified effort toward getting youth and adults competitively employed in the community.
- 9.) UMass-Boston ICI will establish a consultant pool consisting of individuals and/or qualified organizations as subject matter experts and technical advisors.

## **FUNDING and FISCAL STRATEGY (please refer to Appendix #2)**

- 1.)\* A total investment of \$26.7 million over four fiscal years, from 2015 through 2018 is projected.
- 2.) Cost analyses are based on the number of people who are receiving facility-based, sheltered workshop services on a full-time basis or part-time basis as of July 1, 2013. The total number of individuals participating in sheltered workshop services is 2,608: 1,251 attend sheltered workshops full-time (typically 30 hours/week) and 1,357 attend part-time (52%).
- 3.) An investment of new funding is needed to provide resources and opportunities for people to move from sheltered workshop services (rate = \$8.42/hour) to individual (rate = \$47.96/hour) or group (rate = \$13.80/hour) supported employment, and/or CBDS programs (rate = average \$12.92/hour). These services have higher rates due to service design and staffing ratio requirements. The incremental infusion of new funding provides a “bridge” to new service options for individuals currently receiving sheltered workshop services.

*\*Important Note: The net cost to the state would only be approximately \$13 million dollars due to Medicaid HCBS waiver reimbursement via federal financial participation at almost 50%. for these services.*

## **DATA COLLECTION, MONITORING and QUALITY ASSURANCE**

With UMass – Boston ICI, continue to develop and implement an employment outcome data collection system that:

- 1.) effectively records and reports relevant information and data on new job placements and movement within the service system in order to track and document progress; and
- 2.) informs the planning processes and transformation initiatives.

## **Appendix # 1: Services Descriptions**

### **Center-Based Work Services (activity code 3169)**

Center-based work services (“sheltered workshops”) are essentially work preparatory services that are delivered in segregated settings and that provide supports leading to the acquisition, improvement, and retention of skills and abilities that prepare an individual for work and community participation. Services are not predominantly job-task oriented, but are intended to address underlying generalized habilitative goals, such as increasing a participants attention span and completing assigned tasks, goals that are associated with the successful performance of compensated work. It is intended that the service should be time-limited to assist individuals to move into supported employment options. This service must be provided in compliance with Department of Labor (DOL) requirements for compensation.

### **Individual Supported Employment (activity code 3168)**

An individual receives assistance from a provider to obtain a job based on identified needs and interests. Individuals may receive supports at a job in the community or in a self-employed business. Regular or periodic assistance, training and support are provided for the purpose of developing, maintaining and/or improving job skills, and fostering career advancement opportunities. Natural supports are developed by the provider to help increase inclusion and independence of the individual within the community setting. Employees should have regular contact with co-workers, customers, supervisors and individuals without disabilities and have the same opportunities as their non-disabled co-workers. Individuals are generally paid by the employer, but in some circumstances may be paid by the provider agency.

### **Group Supported Employment (activity code 3181)**

A small group of individuals, (typically 2 to 8), working in the community under the supervision of a provider agency. Emphasis is on work in an integrated environment, with the opportunity for individuals to have contact with co-workers, customers, supervisors, and others without disabilities. Group Supported Employment may include small groups in industry (enclave); provider businesses/small business model; mobile work crews which allow for integration, and temporary services which may assist in securing an individual position within a business. Most often, the individuals are considered employees of the provider agency and are paid and receive benefits from that agency.

### **Community-Based Day Supports (activity code 3163)**

This program of supports is designed to enable an individual to enrich his or her life and enjoy a full range of community activities by providing opportunities for developing, enhancing, and maintaining competency in personal, social and community activities. Services include, but are not limited to, the following service options: career exploration, including assessing interests through volunteer experiences or situational assessments; community integration experiences to support fuller participation in community life; skill development and training; development of activities of daily living and independent living skills; socialization experiences and support to enhance interpersonal skills; and pursuit of personal interests and hobbies. This service is intended for individuals of working-age who may be on a “pathway” to employment; as a supplemental service for individuals who are employed part-time and need a structured and supervised program of services during the day when they are not working, which may include opportunities for socialization and peer support; and individuals who are of retirement-age and who need and want to participate in a structured and supervised program of services in a group setting.



## **Appendix # 2: Funding and Fiscal Strategy**

**FY 2014:** This is an important planning year to conduct assessments and develop plans with individuals in sheltered workshop programs to determine which alternative service option(s) will best meet their needs.

**FY 2015:** The largest investment is needed this year to facilitate transition to individual or group supported employment, and/or to CBDS programs for **all** participants in center-based/sheltered workshops. It is expected a majority of individuals will initially move to CBDS programs, which will provide opportunities to explore work-related possibilities. This will enable DDS to reach the goal of phasing out sheltered workshop services and removing the concern of sub-minimum wage payments related to sheltered work programs by June 30, 2015. (Proposed investment: \$11.1 million; Net state cost: 5.55 million).

**FY 2016:** It is expected that a larger number of individuals will move to individual or group supported employment options this year from CBDS programs. In addition, funding will provide participation in CBDS for individuals who work part-time. (Proposed investment: \$6.3 million; Net state cost: \$3.15 million).

**FY 2017:** There will be continued movement of individuals from CBDS programs to individual and/or group supported employment services to provide integrated employment opportunities for all individuals who had previously been participating in sheltered workshop programs. (Proposed investment: \$8.3 million; Net state cost: \$4.15 million).

**FY 2018:** The final year of investment is used to solidify gains made in integrated employment services for individuals in CBDS and also facilitate movement of individuals to group supported employment earning above minimum wage. (Proposed investment: \$1 million; Net state cost: \$500,000).

### **Results**

- Ends the purchasing of sheltered workshop services and successfully transition individuals into other employment or service options by the end of fiscal year 2015.
- Eliminates sub-minimum wage payments used by sheltered workshops.
- This funding investment would support individuals to:
  - (a) obtain community-integrated, competitive jobs through individualized supported employment services, and
  - (b) facilitate movement of individuals in group supported employment to earning minimum wages or higher.
- Develops an employment services provider network and system of supports that are more responsive in meeting the needs of people with ID.
- Establishes a system of inclusive employment and day service options that support people with disabilities in competitive, community employment and life pursuits.

## **Appendix B: Service and settings definitions**

Residential Setting/Service	Description
Adult foster care	<p>Licensed, living arrangement that provides food, lodging, supervision, and household services. They may also provide personal care and medication assistance. Adult foster care providers may be licensed to serve up to four adults or five adults if all foster care residents are age 55 or older, have no serious or persistent mental illness, nor any developmental disability.</p> <p>There are two types of adult foster care: Family Adult Foster Care is an adult foster care home licensed by the Minnesota Department of Human Services. It is the home of the license holder and the license holder is the primary caregiver. Non-Family Adult Foster Care (Corporate Adult Foster Care) is an adult foster care home licensed by the Minnesota Department of Human Services that does not meet the definition of Family Adult Foster Care because the license holder does not live in the home and is not the primary caregiver. Instead, trained and hired staff generally provide services. The same foster care license requirements apply to both family and non-family homes. BI, CAC and CADI waiver recipients may use waiver services of adult foster care when the scope of services assessed and identified in the service plan exceeds the scope of services provided through the foster care payment rate paid from the person's assessed resources and the Group Residential Housing rate.</p>
Assisted living residence	<p>Assisted Living residences generally combine housing, support services, and some kind of health care. Individuals who choose assisted living can customize the services they receive to meet their individual needs. To be considered an assisted living residence, the facility must provide or make available, at a minimum, specified health-related and supportive services. Examples include: assistance with self-administration of medication or administration of medication, supervised by a registered nurse; two meals daily; daily check system; weekly housekeeping and laundry services; assistance with three or more activities of daily living (dressing, grooming, bathing, eating, transferring, continence care, and toileting); and assistance in arranging transportation and accessing community and social resources. Every assisted living facility must have a license from the Minnesota Department of Health in order to operate</p>
Board and lodge	<p>Board and Lodge vary greatly in size, some resemble small homes and others are more like apartment buildings. They are licensed by the Minnesota Department of Health (or local health department). Board and lodges provide sleeping accommodations and meals to five or more adults for a period of one week or more. They offer private or shared rooms with a private or attached bathroom.</p> <p>Substance abuse - Board and Lodge can provide housing for up to six months for clients who need stable supportive housing, and strives to provide its residents with additional support services, including Peer Support Services, yet many of these additional services are not currently reimbursable. Often, the client will reside in a "Sober House" while at the same time receive outpatient services from another provider.</p> <p>Homeless shelters are a subset of board and lodge facilities.</p>
Board and lodge with special services	<p>Many Board and Lodge facilities offer a variety of supportive services (housekeeping or laundry) or home care services (assistance with bathing or medication administration) to residents</p>
Boarding care	<p>Boarding Care homes are licensed by the Minnesota Department of Health and are homes for persons needing minimal nursing care. They provide personal or custodial care and related services for five or more older adults or people with disabilities. They have private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities.</p>
Child foster care	<p>Children under the age of 18 - BI, CAC and CADI waiver recipients may use the waiver service of child foster care when the scope of services assessed and identified in the service plan exceeds both the scope of services provided in the Out of Home Placement Plan and the payment rate that the lead agency is required to cover.</p>
Children's residential care (Children's residential facilities – Rule 5)	<p>Children's residential facilities standards (Minnesota Rules, Chapter 2960) govern the licensing of providers of residential care and treatment or detention or foster care services for children in out-of-home placement. These standards contain the licensing requirements for residential facilities and foster care and program certification requirements for program services offered in the licensed facilities. Statutory language defines "certification" as meaning the commissioner's written authorization for a license holder licensed by the Commissioner of Human Services or the Commissioner of Corrections to serve children in a residential program and provide specialized services based on certification standards in Minnesota Rules. The term "certification" and its</p>

	derivatives have the same meaning and may be substituted for the term "licensure" and its derivatives.
Crisis respite (foster care)	Short-term care and intervention strategies to an individual for both medical and behavioral needs that support the caregiver and/or protect the person or others living with that person. Crisis respite services may be provided: <ul style="list-style-type: none"> <li>• In-home or</li> <li>• Out-of-home in a specialized licensed foster care facility developed for the</li> </ul>
Housing with services establishment	Generally apartment building settings with individual units. Family adult day services must meet standards in Minn. Stat. §245A.143 or Minn. R. 9555, parts 5105 to 6265. If you hold a license as an adult foster care provider and meet the family adult day services standards, DHS does not require you to obtain a separate family adult day services license.
Supervised living facilities	Group home setting serving five or more people with disabilities. SLF provides supervision, lodging, meals, counseling, developmental habilitation or rehabilitation services under a Minnesota Department of Health license to five or more adults who have a developmental disability, chemical dependency, mental illness, or a physical disability.
Supported living services	Developmental disability waiver services provided in a foster care setting are called Supported Living Services (SLS) under Residential Habilitation. Residential Habilitation: Services provided to a person who cannot live in his or her home without such services or who need outside support to remain in his or her home. Habilitation services are provided in the person's residence and in the community, and should be directed toward increasing and maintaining the person's physical, intellectual, emotional and social functioning.
<b>Employment/Day Service/Setting</b>	
Adult day services/Adult day care	Adult day services /Adult day care: Services provided to persons who are 18 years of age or older that are designed to meet the health and social needs of the person. The plan identifies the needs of the person and is directed toward the achievement of specific outcomes.
Family adult day services	A family adult day service program is a program that operates fewer than 24 hours per day and provides functionally impaired adults, none of which is under age 55, have serious or persistent mental illness or people with developmental disabilities or a related condition, with an individualized and coordinated set of services including health services, social services and nutritional services that are directed at maintaining or improving the participants' capabilities for self-care.  A family adult day services license is only issued when the services are provided in the license holder's primary residence, and the license holder is the primary provider of care. The license holder may not serve more than eight adults at one time, including residents, if any, served under an adult foster care license issued under Minnesota Rules, parts 9555.5105 to 9555.6265.
Structured day program	Service designed for persons who may benefit from continued rehabilitation and community integration directed at the development and maintenance of community living skills. (Only available through the Brain Injury waiver.)
Day training & habilitation	Licensed supports to provide persons with help to develop and maintain life skills, participate in community life and engage in proactive and satisfying activities of their own choosing.
Pre-vocational service	Services designed to prepare persons for paid or unpaid employment, as reflected in the plan of care.
Supported employment services	Services for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, needs intensive ongoing support to perform in a work setting. The person receiving services must be in a paid employment situation.